

## Summary of Utilization Management (UM) Program Changes

April #2 2021

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
<i>Forteo Teriparatide (in Teriparatide Products)</i>	teriparatide	This drug is now approved to use for more than 2 years during a lifetime.  Initial criteria now allow approval if the patient remains or returns to having a high risk of fracture despite use of 24 months of parathyroid hormones, such as teriparatide or Tymlos.	Update	7/1/2021
<i>Apralast NP Glassia Prolastin-C Zemaira (in Alpha-1 Proteinase Inhibitors)</i>	alpha-1 proteinase inhibitor	An additional optional approval criterion has been added.  Initial approval includes the previous lab values OR a diagnosis of necrotizing panniculitis (new).	Update	7/1/2021
<i>Lupron (in Gonadotropin- Releasing Hormone Agonists)</i>	leuprolide	Leuprolide acetate (generic Lupron; brand Lupron has been discontinued) will be removed from criteria section that allows use for central precocious puberty since it is not FDA approved or compendia supported for this use.	Update	7/1/2021
<i>Endari</i>	L-glutamine	Removed the requirement of concomitant hydroxyurea therapy or contraindication/intolerance to hydroxyurea.	Update	7/1/2021
<i>Harvoni</i>	ledipasvir-sofosbuvir	Added a clarification that prerequisite options may not be appropriate due to patient's age or weight. The criteria now read: "Trial and failure, contraindication (e.g., safety concerns, not indicated for patient's age/weight) or intolerance to".	Update	7/1/2021
<i>Sovaldi</i>	sofosbuvir	Added a clarification that prerequisite options may not be appropriate due to patient's age or weight. The criteria now read: "Trial and failure, contraindication (e.g., safety concerns, not indicated for patient's age/weight) or intolerance to".	Update	7/1/2021
<i>Enspryng</i>	satralizumab-mwge	An ophthalmologist has been added as one of the specialists who may prescribe the drug.	Update	7/1/2021
<i>Uplinza</i>	inebilizumab-cdon	An ophthalmologist has been added as one of the specialists who may prescribe the drug.	Update	7/1/2021
<i>Soliris</i>	eculizumab	New dosing limits for Paroxysmal Nocturnal Hemoglobinuria (PNH), as defined by the manufacturer will become part of the guideline:  Dose will not exceed 600 mg weekly for the first 4 weeks, then 900 mg at week 5 (induction doses), and then 900 mg weekly (maintenance dose).	Update	7/1/2021

<i>Ultram ER Conzip (in Extended-Release Tramadol Products)</i>	tramadol	Tramadol ER has been added to the Conzip guideline with a name change to "Extended-Release Tramadol Products."  Initial criteria change to: Trial and failure ( <u>of a minimum 30 day supply</u> ), or intolerance to an <u>immediate release</u> tramadol containing product [e.g., Ultram (tramadol), Ultracet (tramadol/acetaminophen)]	Update	7/1/2021
<i>Adakveo</i>	crizanlizumab-tmca	The patient age requirement has been removed from the criteria.	Update	7/1/2021
<i>Oxbryta</i>	voxelotor	The patient age requirement has been removed from the criteria. The requirement to try hydroxyurea prior to Oxbryta now states "Trial and failure, or <u>inadequate response</u> , contraindication or intolerance."	Update	7/1/2021
<i>Ravicti</i>	Glycerol phenylbutyrate	Updated criteria to require a trial and failure of sodium phenylbutyrate prior to Ravicti.	Update	7/1/2021