

Summary of Utilization Management (UM) Program Changes

August 2020

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
<i>DHE Migranal</i>	Dihydroergotamine injection and nasal spray	<p>Initial criteria for <i>migraines</i>:</p> <ol style="list-style-type: none"> 1) Diagnosis of migraine headaches with or without aura; 2) Will be used for the acute treatment of migraine; 3) Patient is 18 years of age or older; 4) Trial and failure to two triptans (such as eletriptan, rizatriptan, sumatriptan) OR a contraindication to all triptans; 5) If patient has 4 or more headache days per month, patient must be treated with one of the following drug: a) Elavil (amitriptyline) or Effexor (venlafaxine) OR b) Depakote/Depakote ER (divalproex sodium) or Topamax (topiramate) OR c) currently being treated with a beta blocker (i.e., atenolol, propranolol, nadolol, timolol, or metoprolol) unless there is a contraindication or intolerance to all of these medications; and 6) Prescribed by one of the following specialists: neurologist, pain specialist. <p>Initial criteria for <i>cluster headaches</i>:</p> <ol style="list-style-type: none"> 1) Diagnosis of cluster headache; 2) Patient is 18 years of age or older; 3) Trial and failure to sumatriptan injection; and 4) Prescribed by one of the following specialists: neurologist, pain specialist. 	New	10/15/2020
<i>Scenesse</i>	afamelanotide	<p>Initial criteria requires:</p> <ol style="list-style-type: none"> 1) Diagnosis of erythropoietic protoporphyria (EPP) confirmed by laboratory or genetic testing; 2) Patient has history of phototoxic reactions (skin damage from exposure to light, such as sunlight); and 3) Prescribed by a dermatologist or hepatologist (liver specialist). 	New	10/15/2020
<i>Nerlynx</i>	neratinib	<p>Nerlynx has a new indication for advanced or metastatic breast cancer. Initial criteria for this indication requires:</p> <ol style="list-style-type: none"> 1) Diagnosis of advanced or metastatic breast cancer; 2) Disease is human epidermal growth factor receptor 2 (HER2)-positive; 	Update	10/15/2020

		<p>3) Patient has received two or more prior anti-HER2 based regimens (e.g., trastuzumab + pertuzumab + docetaxel, ado-trastuzumab, etc.);</p> <p>4) Used in combination with capecitabine; and</p> <p>5) Prescribed by an oncologist.</p>		
<i>Bonest</i> <i>Diclegis</i>	doxylamine and pyridoxine	Criteria will now read: trial and failure of generic doxylamine and generic pyridoxine taken together .	Update	10/15/2020
<i>Provigil</i> <i>Nuvigil</i> (combined guideline)	modafinil armodafinil	Approval of Nuvigil (brand) will now require a trial of generic armodafinil.	Update	10/15/2020
<i>Belprazo</i> <i>Treanda</i> <i>bendamustine</i>	bendamustine	One of the following: a) Trial and failure of Bendeka, OR b) Continuation of therapy for patients	Update	10/15/2020
<i>Restasis</i> <i>Xiidra</i> <i>Cequa</i> (3 guidelines)	cyclosporine lifitegrast cyclosporine	For each drug, the criteria that currently requires: "Trial and failure or intolerance to at least one over-the-counter eye lubricant used at an optimal dose and frequency for at least two weeks (e.g., artificial tears, lubricating gels/ointments, etc.)" will be removed .	Update	10/15/2020
<i>Cimzia</i>	certolizumab	1. Added objective measures to the <i>psoriasis</i> reauthorization criteria which states, "Documentation of positive clinical response to therapy as evidenced by ONE of the following: • Reduction the body surface area (BSA) involvement from baseline • Improvement in symptoms (e.g., pruritus, inflammation) from baseline".	Update	10/15/2020
<i>Enbrel</i>	Etanercept	1. Added objective measures to the <i>psoriasis</i> reauthorization criteria which states, "Documentation of positive clinical response to therapy as evidenced by ONE of the following: • Reduction the body surface area (BSA) involvement from baseline • Improvement in symptoms (e.g., pruritus, inflammation) from baseline".	Update	10/15/2020
<i>Compounded Drugs</i>	Acyclovir ointment 5% ointment Doxepin cream 5%	Specific criteria for <i>acyclovir ointment</i> 5% requires: • Age of 18 years or old • Treatment of initial genital herpes OR non-life-threatening skin herpes simplex virus infection in people with weakened immune systems AND	Update	10/15/2020

		<ul style="list-style-type: none">• The final dose is not commercially available AND• The patient has tried and failed at least 3 commercially available prescription alternatives. <p>Specific criteria for <i>doxepin cream 5%</i> requires:</p> <ul style="list-style-type: none">• Age of 18 years or old• Treatment of eczema or lichen simplex chronicus (a type of chronic skin inflammation) AND• The final dose is not commercially available AND• The patient has tried and failed at least 3 commercially available prescription alternatives.		
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