Summary of Utilization Management (UM) Program Changes

October 2021

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Empaveli	pegcetoplan	Indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH). Initial criteria: 1) Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH); and 2) Trial and failure of Ultomiris (ravulizumab).	New	12/15/2021
Rybrevant	amivantamab-vmjw	Indicated for treatment of adult patients w/locally advanced or metastatic non-small cell lung cancer (NSCLC) w/epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, disease has progressed on or after platinum-based chemotherapy. Initial criteria: 1) Diagnosis of non-small cell lung cancer (NSCLC); 2) Disease is either locally advanced or metastatic; 3) Patient's disease has epidermal growth factor receptor (EGFR) exon 20 insertion mutations as detected by a U.S. Food and Drug Administration (FDA)-approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA); 4) Disease has progressed on or after platinum-based chemotherapy (e.g., carboplatin, cisplatin); 5) Prescribed by an oncologist.	New	12/15/2021
Jemperli	dostralimab-gxly	Indicated for treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer (EC), as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen. Initial criteria: 1) Diagnosis of endometrial cancer 2) Disease is one of the following: advanced or recurrent 3) Disease is mismatch repair deficient (dMMR) as detected by a U.S. Food and Drug Administration (FDA) -approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA); 4) Patient has progressed on or following prior treatment with a platinum-containing regimen (e.g., carboplatin, cisplatin); and 5) Prescribed by an oncologist.	New	12/15/2021
Truseltiq	infigratatinib	Indicated for the treatment of adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test.	New	12/15/2021

		Initial criteria: 1) Diagnosis of cholangiocarcinoma; 2) Disease one of the following: unresectable locally advanced or metastatic 3) Disease has presence of a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA) 4) Patient has been previously treated; and 5) Prescribed by: hepatologist, gastroenterologist, or oncologist.		
Zynlonta	loncastuximab tesirine-lpyl	Indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, DLBCL arising from low grade lymphoma, and high-grade B-cell lymphoma. Criteria requires: 1) One of the following diagnoses: diffuse large B-cell lymphoma (DLBCL), DLBCL arising from low-grade lymphoma, or high-grade B-cell lymphoma 2) Disease is one of the following: relapsed or refractory 3) Patient has received at least two prior systemic therapies (e.g., rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone, dexamethasone, cisplatin, cytarabine); and 4) Prescribed by hematologist/oncologist.	New	12/15/2021
Exservan in Riluzole Products	riluzole	New film formulation of riluzole indicated for treatment of amyotrophic lateral sclerosis (ALS). Exservan will be added to the existing guidelines for Rilutek and Tiglutik, with criteria that requires a diagnosis of ALS and a trial of generic riluzole tablets.	Update	12/15/2021
Banzel	rufinamide	Approval of brand Banzel (tablet or suspension) will require a trial of a generic anticonvulsant on formulary AND a trial of the generic rufinamide. Approval of generic rufinamide requires a trial of a generic anticonvulsant on formulary or continuation of rufinamide use.	Update	12/15/2021
Nurtec ODT in CGRP Inhibitors	rimegepant	For the preventive treatment of episodic migraine in adults. Dosing is 75 mg every other day. FDA approval allows for both acute and preventive therapy in the same patient. Criteria will be updated due to the new indication. Initial criteria: 1) Both of the following: a) Diagnosis of episodic migraines, and b) Patient has 4 to 18 migraine days per month, but no more than 18 headache days per month; 2) Patient is 18 years of age or older; 3) Two of the following: a) History of failure (after at least a two month trial) or intolerance to Elavil (amitriptyline) or Effexor (venlafaxine) OR patient has	Update	12/15/2021

		a contraindication to both Elavil (amitriptyline) and Effexor (venlafaxine); b) History of failure (after at least a two month trial) or intolerance to Depakote/Depakote ER (divalproex sodium) or Topamax (topiramate) OR patient has a contraindication to both Depakote/Depakote ER (divalproex sodium) and Topamax (topiramate), or c) History of failure (after at least a two month trial) or intolerance to one of the following beta blockers: atenolol, propranolol, nadolol, timolol, or metoprolol OR patient has a contraindication to all of the following beta blockers: atenolol, propranolol, nadolol, timolol, or metoprolol; 4) Prescribed by one of the following specialists: neurologist, pain specialist, headache specialist; and 5) Medication will not be used in combination with an injectable CGRP inhibitor.		
Ferriprox	diferiprone	Expanded indications: 1) Treatment of transfusional iron overload in adult and pediatric patients 3 years of age and older with thalassemia syndromes. 2) Treatment of transfusional iron overload in adult and pediatric patients 3 years of age and older with sickle cell disease or other anemias. Previously indicated for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate. Initial authorization criteria will be updated to allow for sickle cell disease or other transfusion-dependent anemias: - Diagnosis of transfusional iron overload due to one of the following: a) Thalassemia syndromes, b) sickle cell disease, or c) other transfusion-dependent anemias. Trial/failure requirement will also be reworded to list out as "one of the following chelation therapies: generic deferoxamine or generic deferasirox."	Update	12/15/2021
Tepmetko	tepotinib	A trial of Tabrecta will be required for approval for new users; current users may continue therapy with Tepmetko.	Update	12/15/2021
Cinryze *Haegarda* *Orladeyo* *Takhzyro in Hereditary Angioedema Agents*	C1 esterase inhibitor (human) berotralstat lanadelumab-flyo	Criteria for the prophylaxis agents will be updated to include "Not used in combination with other approved treatments for prophylaxis against HAE attacks".	Update	12/15/2021
Olumiant	baricitinib	Confirmation of trial and therapy of required drugs will require paid claims or submission of medical records. Continuation of therapy will be defined as no more than a 45-day gap in therapy.	Update	12/15/2021
Truxima in Rituximab Products	Rituximab-abbs	Confirmation of trial and therapy of required drugs will require paid claims or submission of medical records.	Update	12/15/2021

		Continuation of therapy will be defined as no more than a 45-day gap in therapy.		