

## Summary of Utilization Management (UM) Program Changes

**April 2023**

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
<i>Imjudo</i>	tremellimumab-actl	<p>New indication: In combination with Imfinzi (durvalumab) and platinum-based chemotherapy, for the treatment of adult patients with metastatic non-small cell lung cancer with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.</p> <p>Initial criteria will require:</p> <p>1) One of the following:</p> <ul style="list-style-type: none"> <li>a) Diagnosis of Non-Small Cell Lung Cancer (NSCLC) OR</li> <li>b) Provider attests that the drug is being prescribed as indicated by an FDA approved use or NCCN supported use with a Category of Evidence and Consensus of 1, 2A, or 2B;</li> </ul> <p>2) Prescribed by or in consultation with an oncologist;</p> <p>Program update to revise Unresectable Hepatocellular Carcinoma initial criteria to the following:</p> <p>1) One of the following:</p> <ul style="list-style-type: none"> <li>a) Diagnosis of Unresectable Hepatocellular Carcinoma (uHCC) OR</li> <li>b) Provider attests that the drug is being prescribed as indicated by an FDA approved use or NCCN supported use with a Category of Evidence and Consensus of 1, 2A, or 2B;</li> </ul> <p>2) Prescribed by or in consultation with an oncologist.</p>	Update	7/1/2023
<i>Daliresp</i>	roflumilast	Approval of the brand will require a trial and failure of the generic.	Update	7/1/2023
<i>Keveyis</i>	dichlorphenamide	<p>Initial criteria requires:</p> <p>1) Diagnosis of one of the following:</p> <ul style="list-style-type: none"> <li>a) Primary hyperkalemic periodic paralysis</li> <li>b) Primary hypokalemic periodic paralysis</li> <li>c) Paramyotonia Congenita with periodic paralysis</li> <li>d) Andersen-Tawil syndrome;</li> </ul> <p>2) One of the following:</p> <ul style="list-style-type: none"> <li>a) Patient has positive genetic panel for periodic paralysis OR</li> <li>b) One of the following tests demonstrated positive results for periodic paralysis</li> <li>i) EMG/nerve conduction studies</li> </ul>	Update	7/1/2023

		ii) Long exercise test iii) Muscle biopsy iv) Muscle MRI; 3) Patient has distinct, regular episodes of weakness at least once a week 4) Trial and inadequate response, contraindication or intolerance to acetazolamide 5) Provider attests that other known causes of potassium fluctuations have been excluded (e.g., thyrotoxic periodic paralysis, drugs that cause potassium abnormalities, etc); 6) One of the following: a) If new to therapy, dose will be initiated at 50mg twice daily OR b) Medication is being prescribed as continuation of therapy; 7) Prescribed by or in consultation with a neurologist		
<i>Byetta</i> <i>Bydureon</i> <i>Rybelsus</i>	exenatide exenatide semaglutide	The step therapy guideline will be converted into a prior authorization guideline.  Initial criteria requires a diagnosis of Type 2 diabetes mellitus, not using the medication solely for weight loss, and at least a 3-month trial of metformin at a dose of 1500 mg/day or higher.  Alternate approval criteria are an intolerance to metformin, a contraindication to metformin, or an initial HgA1c of 8.5% or greater.	Update	7/1/2023
<i>Ozempic</i> <i>Victoza</i> <i>Trulicity</i>	semaglutide liraglutide dulaglutide	The step therapy guideline will be converted into a prior authorization guideline.  Initial criteria requires a diagnosis of Type 2 diabetes mellitus, not using the medication solely for weight loss, and at least a 3-month trial of metformin at a dose of 1500 mg/day or higher.  Alternate approval criteria are an intolerance to metformin, a contraindication to metformin, or an initial HgA1c of 8.5% or greater.  Alternate approval criteria require the presence of atherosclerotic cardiovascular disease, severe chronic kidney disease or high risk for atherosclerotic cardiovascular disease.	Update	7/1/2023
<i>Taltz</i>	ixekizumab	For use for plaque psoriasis, the minimum age is 6 years.	Update	7/1/2023

<i>Gilenya</i> <i>Tascenso ODT</i> <i>Aubagio</i>	fingolimod fingolimod teriflunomide	Requires a trial and failure of the generic and documentation why the brand is expected to work better.	Update	7/1/2023
<i>Sucraid</i>	sacrosidase	Initial criteria requires: 1) Diagnosis of sucrase deficiency 2) Disease confirmed by ONE of the following: <ul style="list-style-type: none"> <li>Disaccharidase assay via a small bowel biopsy</li> <li>Carbon-13 breath test</li> <li>Molecular genetic testing confirms mutation in the SI gene</li> <li>Stool pH less than 6, an increase in breath hydrogen of greater than 10 parts-per-million when challenged with sucrose after fasting and a negative lactose breath test</li> </ul> 3) Prescribed by a gastroenterologist or geneticist	New	7/1/2023
<i>Temodar</i> <i>Xeloda</i> <i>Zytiga</i> <i>Gleevec</i> <i>Nityr</i> <i>Carbaglu</i> <i>Northera</i> <i>Esbriet</i> <i>Afinitor, Afinitor</i> <i>Disperz</i>	temozolamide capecitabine abiraterone imatinib nitisinone carglumic acid droxidopa perfinidone everolimus	Requires a trial and failure of the generic and documentation why the brand is expected to work better.	Update	7/1/2023
<i>Belsomra</i> <i>Dayvigo</i> <i>Quviviq</i>	surovexant lemborexant daridorexant	A new step therapy will be in place. For Belsomra and Dayvigo, a trial and failure of 30 days of a generic insomnia medication that is on the formulary will be required.  For Quviviq, a trial and failure of two generic insomnia medications on formulary plus a trial and failure of Belsomra or Dayvigo.  If age is 65 years or older, only a trial and failure of ONE of the following: ramelteon, Belsomra, Dayvigo, or doxepin.	New	7/1/2023