Summary of Utilization Management (UM) Program Changes

December 2021

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Rezurock	belumosudil	For the treatment of adult and pediatric patients 12 years and older with chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy. Initial criteria: 1) Diagnosis of chronic graft-versus-host disease; 2) Trial and failure of two or more lines of systemic therapy (e.g., corticosteroids, mycophenolate, etc.); 3) Prescribed by one of the following: hematologist, oncologist, physician experienced in the management of transplant patients.	New	3/1/2022
Bylvay	odevixibat	For the treatment of pruritus in patients 3 months of age and older with progressive familial intrahepatic cholestasis (PFIC). Initial criteria: 1) Diagnosis of itching and scratching associated with progressive familial intrahepatic cholestasis (PFIC); 2) Confirmed lab diagnosis of PFIC type 1, 2, or 3; 3) Patient is 3 months of age or older; 4) Prescribed dose is consistent with FDA-approved package labeling and does not exceed a total daily dose of 6 mg; and 5) Prescribed by a hepatologist (liver specialist).	New	3/1/2022
Padcev	enfortumab vedotin-ejfv	Expanded indications for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who: 1) have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and platinum-containing chemotherapy, or 2) are ineligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy. Criteria will be updated. Initial criteria: 1) Diagnosis of locally advanced or metastatic urothelial cancer (mUC); 2) Both of the following: a) Patient has received prior treatment with one of the following immune checkpoint inhibitors (CPI): 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)]; AND b) One of the following: i) Patient has received prior treatment with a platinum-based chemotherapy (e.g., carboplatin, cisplatin), locally advanced or metastatic, or ii) Patient is ineligible for cisplatin-containing chemotherapy; and 3) Prescribed by an oncologist.	Update	3/1/2022

Nucala	mepolizumab	Add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adult patients 18 years of age and older with inadequate response to nasal corticosteroids. Criteria will be updated. Initial criteria: 1) Diagnosis of chronic rhinosinusitis with nasal polyps (CRSwNP); and 2) Unless contraindicated, the patient has had an inadequate response to 2 months of treatment with an intranasal corticosteroid (e.g., fluticasone, mometasone); 3) Presence of at least 2 of the following symptoms for at least 12 weeks: a) nasal blockage/obstruction/congestion b) nasal discharge (anterior/posterior nasal drip c) facial pain/pressure d) reduction or loss of smell and 4) Corticosteroid treatment by mouth or injection for nasal polyps at least once in the last two years or prior nasal polyp surgery > 6 months ago and 5) Used in combination with another agent for CRSwNP; and 6) Prescribed by one of the following: allergist/immunologist, otolaryngologist, pulmonologist.	Update	3/1/2022
Nurtec ODT (in CGRP Inhibitors)	rimegepant	Criteria that state Nurtec "will not be used for preventive treatment of migraine" will be removed from the acute use criteria section, since Nurtec is now also approved for preventive treatment of episodic migraine.	Update	3/1/2022
Ajovy (in CGRP Inhibitors)	fremanezumab-vfrm	Criteria will additionally require: - “Submission of medical records (e.g., chart notes) confirming” the diagnosis and migraine/headache days per month. - “Paid claims or submission of medical records (e.g., chart notes) confirming” for each required drug before Ajovy can be considered (conventional preventive agents and preferred CGRPs).	Update	3/1/2022
Istodax (in Romidepsin Products)	romidepsin	The indication for the treatment of peripheral T-cell lymphoma (PTCL) in adult patients who have received at least one prior therapy has been withdrawn from the Istodax approved prescribing information. The criteria for PTCL will be removed from the guideline and will no longer apply for Istodax and Romdepsin.	Update	3/1/2022
Absorica and Absorica LD in Isotretinoin Products	isotretinoin	Only the branded Absorica and Absorica LD will require the trial and failure, intolerance, or contraindication to 3 of the formulary products: Amnesteem, Accutane, Claravis, Myorisan, Zenatane, and generic isotretinoin.	Update	3/1/2022
Finacea	Azelaic acid	Approval of the brand Finacea, will also require a trial and failure of generic azelaic acid gel	Update	3/1/2022