Summary of Utilization Management (UM) Program Changes

January 2022

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Kerendia	finerenone	Indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D). Initial criteria requires: 1) Diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2D) defined by one of the following lab tests: a) Urinary albumin-to-creatinine ratio (UACR) of 30 to 300 mg/g, estimated glomerular filtration rate (eGFR) 25 to 60 mL/min/1.73 m2, and diabetic retinopathy, OR b) UACR of greater than or equal to 300 mg/g AND eGFR of 25 to 75 mL/min/1.73 m2; and 2) One of the following: a) Minimum 30-day supply trial of a maximally tolerated dose and will continue therapy with one of the following: generic angiotensin-converting enzyme (ACE) inhibitor (e.g., benazepril, lisinopril) or generic angiotensin II receptor blocker (ARB) (e.g., losartan, valsartan), OR b) Patient has a contraindication or intolerance to ACE inhibitors and ARBs.	New	3/15/2022
Saphnelo	anifrolumab-fnia	Indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE), who are receiving standard therapy. Initial criteria requires: 1) Diagnosis of moderate to severe systemic lupus erythematosus (SLE); 2) Currently receiving standard of care treatment for systemic lupus erythematosus (e.g., Plaquenil (hydroxychloroquine)], corticosteroids [e.g., prednisone], or immunosuppressants [e.g., methotrexate, Imuran (azathioprine)]); and 3) Prescribed by a rheumatologist.	New	3/15/2022
Rylaze	asparaginase erwinia chrysanthemi recombinant-rywn	Indicated as a component of a multi-drug chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) in adult and pediatric patients 1 month or older who have developed hypersensitivity to E. coli-derived asparaginase. Initial criteria requires: 1) Diagnosis of acute lymphoblastic leukemia (ALL) or lymphoblastic lymphoma (LBL); 2) Used as a component of a multi-drug chemotherapeutic regimen; 3) Patient has experienced a hypersensitivity reaction, defined as urticaria, bronchospasm,	New	3/15/2022

		angioedema, or anaphylaxis, to an E. coli-derived asparaginase product (e.g., Asparlas, Oncaspar); and 4) Prescribed by a hematologist or oncologist.		
Uptravi injectable (in Pulmonary Arterial Hypertension Agents)	selexipag	New IV formulation indicated for treatment of pulmonary arterial hypertension (PAH, WHO Group I) to delay disease progression and reduce the risk of hospitalization for PAH. Prescribing information indicates that this formulation should be used for patients who are temporarily unable to take oral therapy. Previously only available as an oral tablet. Criteria mirrors the requirements for the tablets except for the addition of requirement that the patient is unable to take oral medications.	Update	3/15/2022
Letairis brand and Adcirca brand (in Pulmonary Arterial Agents)	ambrisentan tadalafil	For reauthorization of either branded product, the patient must have a trial and failure, contraindication, or intolerance to the generic and documentation of inadequate or allergic response to the generic; why the response to the brand name drug is expected to be better than the generic product.	Update	3/15/2022
Jardiance (in SGLT-2 Inhibitors Step Therapy)	empagliflozin	Jardiance received a new FDA indication to reduce the risk of cardiovascular (CV) death plus hospitalization for heart failure (HHF) in adults with heart failure and reduced ejection fraction. The step therapy will be modified to indicate that for a diagnosis of heart failure with reduced ejection fraction, a trial of, contraindication, or intolerance to one of the following generics will be required: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol IR, carvedilol ER, metoprolol ER, spironolactone, eplerenone [aligns with Farxiga].	Update	3/15/2022
Tibsovo	ivosidenib	For treatment of adult patients with previously treated, locally advanced or metastatic cholangiocarcinoma with an isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test. Initial criteria requires: 1) Diagnosis of cholangiocarcinoma; 2) Disease is locally advanced or metastatic; 3) Patient has an isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved lab test; 4) Patient has been previously treated; and 5) Prescribed by a hepatologist, gastroenterologist, or oncologist.	Update	3/15/2022
Xywav	calcium oxybate/magnesium oxybate/postassium oxybate/sodium oxybate	New FDA indication for the treatment of idiopathic hypersomnia (IH) in adults. Dose is titrated up to a maximum total nightly dose of 6 grams given once nightly or 9 grams divided over two doses. Initial criteria requires: 1) Diagnosis of idiopathic hypersomnia as confirmed by sleep study and documentation submitted	Update	3/15/2022

		2) Symptoms of excessive daytime sleepiness (e.g., nap duration of longer than 60 minutes) are present; and 3) Prescribed by one of the following: Neurologist, Psychiatrist, Sleep medicine specialist.		
Zeposia	ozanimod	Zeposia was removed from the Multiple Sclerosis guideline and put into single drug guideline. The criteria for use in multiple sclerosis are unchanged. For the new indication for ulcerative colitis, initial criteria requires: 1) Diagnosis of moderately to severely active ulcerative colitis; 2) Trial and failure, contraindication, or intolerance to one of the following conventional therapies: a) 6-mercaptopurine (Purinethol), b) Aminosalicylates (e.g., mesalamine [Asacol, Pentasa, Rowasa], osalazine [Dipentum], Sulfasalazine [Azulfidine, Sulfazine]), c) Azathioprine (Imuran), or d) Corticosteroids (e.g., prednisone, methylprednisolone); 3) One of the following: a) Trial and failure, contraindication, or intolerance to TWO of the following, or attestation demonstrating a trial may be inappropriate: Humira, Simponi, or Stelara, OR b) For continuation of prior therapy; and 4) Prescribed by a gastroenterologist.	New	3/15/2022
Exservan (in Riluzole Products)	riluzole	Exservan approval will require a trial of both generic riluzole tablets and Tiglutik oral suspension. Criteria will additionally require paid claims or submission of records to confirm the trial of the two products.	Update	3/15/2022
Truxima (in Rituximab Products)	rituximab--abbs	For Truxima (for rheumatoid arthritis use only), to confirm continuation of therapy, paid claims or submission of medical records, with no more than a 45-day gap will be required.	Update	3/15/2022
Olumiant	baricitinib	To confirm continuation of therapy, paid claims or submission of medical records, with no more than a 45-day gap will be required.	Update	3/15/2022
Ocaliva	obeticholic acid	Removed criterion that allows dose adjustment for patients with severe liver disease as the drug should no longer be given to patients with this problem.	Update	3/15/2022
Ampyra	dalfampridine	For initial authorization and reauthorization of the branded product, the patient must have a trial and failure, contraindication, or intolerance to the generic and documentation of allergic or inadequate response to the generic; why the response to the brand name drug is expected to be better than the generic product.	Update	3/15/2022
Tecfidera	dimethyl fumarate	For reauthorization of the branded product, the patient must have a trial and failure, contraindication, or intolerance to the generic and documentation of inadequate or allergic response to the generic and why the response to the brand name drug is expected to be better than the generic product.	Update	3/15/2022

Onfi *Sympazan*	clobazam	For authorization and reauthorization of either branded product, the patient must have a trial and failure, contraindication, or intolerance to the generic and documentation of allergic or inadequate response to the generic; why the response to the brand name drug is expected to be better than the generic product.	Update	3/15/2022