## Summary of Utilization Management (UM) Program Changes

## February 2024

Brand Name	Generic Name	Utilization Update Summary	Туре	Effective Date
Veopoz	pozelimab	<ul> <li>For the treatment of adult and pediatric patients 1 year of age and older with CD55-deficient protein-losing enteropathy (PLE), also known as CHAPLE disease.</li> <li>Initial criteria require: <ol> <li>Diagnosis of active CD55-deficient protein-losing enteropathy (PLE), also known as CHAPLE disease;</li> <li>Patient has a confirmed genotype of biallelic CD55 loss-of-function mutation;</li> <li>Patient has hypoalbuminemia (serum albumin concentration of ≤3.2 g/dL);</li> <li>Patient has at least one of the following signs or symptoms within the last six months: <ol> <li>a) abdominal pain</li> <li>d) diarrhea</li> <li>peripheral edema</li> <li>for the disease</li> </ol> </li> </ol></li></ul>	New	5/1/2024
		of the following: a) Immunologist, b) Geneticist, c) Hematologist		
Daxxify	daxibotulinumtoxinA- lanm	For the treatment of cervical dystonia in adult patients. Initial criteria requires:	New	5/1/2024
Zurzuvae	zuranolone	<ol> <li>Diagnosis of cervical dystonia;</li> <li>For the treatment of PPD in women 18 years of age and older.</li> <li>Criteria requires:         <ol> <li>One of the following:</li></ol></li></ol>	New	4/1/2024

		informed that they may not be able to		
		assess their own driving competence or the degree of driving impairment caused by Zurzuvae.		
Ilaris	canakinumab	Symptomatic treatment of adult patients with gout flares in whom non-steroidal anti-inflammatory drugs (NSAIDs) and colchicine are contraindicated, are not tolerated, or do not provide an adequate response, and in whom repeated courses of corticosteroids are not appropriate.	Update	5/1/2024
		<ul> <li>Initial criteria require:</li> <li>1) Diagnosis of gout flares;</li> <li>2) Trial and failure, contraindication, or intolerance to ALL of the following: a) Nonsteroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen), b) Colchicine, c) Corticosteroids (e.g., prednisone);</li> <li>3) Patient has not received llaris in the last 12 weeks; and</li> <li>4) Prescribed by or in consultation with one of the following: rheumatologist or nephrologist.</li> </ul>		
Ingrezza	valbenazine	For the treatment of adults with chorea associated with Huntington's disease. Initial criteria require: 1) Diagnosis of chorea in patients with Huntington's disease; 2) Prescribed by or in consultation with a neurologist	Update	5/1/2024
Reblozyl	luspatercept-aamt	<ul> <li>Treatment of anemia without previous erythropoiesis stimulating agent use (ESA- naïve) in adult patients with very low- to intermediate-risk myelodysplastic syndromes who may require regular red blood cell transfusions.</li> <li>Initial criteria require: <ol> <li>Diagnosis of very low- to intermediate- risk myelodysplastic syndromes (MDS);</li> <li>Patient does not have previous erythropoiesis stimulating agent use (ESA- naïve);</li> <li>Patient requires transfusions of 2 or more red blood cell (RBC) units over 8 weeks; and</li> </ol> </li> </ul>	Update	5/1/2024
		4) Prescribed by or in consultation with one of the following: hematologist or oncologist.		
Mekinist	trametinib	In combination with Tafinlar (dabrafenib), for treatment of adult and pediatric patients 1 year of age and older with unresectable or metastatic solid tumors with BRAF V600E mutation who have progressed following prior treatment and	Update	5/1/2024

		have no satisfactory alternative treatment options. Previously indicated for age 6 and older. Criteria will be updated to allow use in		
Tafinlar	dabrafenib	patients 1 year of age and older.In combination with Mekinist (trametinib), for treatment of adult and pediatric patients 1 year of age and older with unresectable or metastatic solid tumors with BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options. Previously indicated for age 6 and older.Criteria will be updated to allow use in patients 1 year of age and older.	Update	5/1/2024
Veozah	fezolinetant	Trial and failure, contraindication, or         intolerance to ONE of the following: a)         Menopausal hormone therapy (e.g.,         Premarin, Bijuva, Estrogel, etc.), OR b) Non-         hormonal therapy (e.g. paroxetine         mesylate, venlafaxine, clonidine, etc.).         Previously the GL required a trial of two         agents.	Update	5/1/2024
Xeljanz, Xeljanz XR	tofacitinib	Avoid concomitant use with other JAK inhibitors	Update	5/1/2024