

## Summary of Utilization Management (UM) Program Changes

January 2024

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
<i>Apokyn</i> in Apomorphine Products	apomorphine	Brand Apokyn will require a trial and failure of the generic formulation	Update	3/15/2024
<i>Miebo</i>	perfluorohexyloctane ophthalmic solution	<p>Indicated for the treatment of the signs and symptoms of dry eye disease.</p> <p>Initial criteria requires:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of dry eye disease confirmed by one of the following diagnostic tests:               <ol style="list-style-type: none"> <li>a) Schirmer test</li> <li>b) Ocular surface dye staining (e.g., rose bengal, fluorescein, lissamine green)</li> <li>c) Tear function index/fluorescein clearance test</li> <li>d) Tear break up time</li> <li>e) Tear film osmolarity</li> <li>f) Slit lamp lid evaluation</li> <li>g) Lacrimal gland function;</li> </ol> </li> <li>2) Trial and failure, contraindication, or intolerance to at least one OTC ocular lubricant (e.g., artificial tears, lubricating gels/ointments);</li> <li>3) [Comm] Trial and failure, contraindication, or intolerance to both of the following: a) Restasis (cyclosporine 0.05%) and b) Xiidra (lifitegrast);</li> <li>4) Prescribed by or in consultation with one of the following: a) Ophthalmologist or b) Optometrist</li> </ol>	New	3/15/2024
<i>Bylvay</i>	odevixibat	<p>Indicated for the treatment of cholestatic pruritus in patients 12 months of age and older with Alagille syndrome.</p> <p>Initial criteria requires:</p> <ol style="list-style-type: none"> <li>1) Both of the following:               <ol style="list-style-type: none"> <li>a) Diagnosis of Alagille Syndrome (ALGS);</li> <li>b) Molecular genetic testing confirms mutations in the JAG1 or NOTCH2 gene;</li> </ol> </li> <li>2) Patient is experiencing both of the following:               <ol style="list-style-type: none"> <li>a) Moderate to severe cholestatic pruritus</li> <li>b) Patient has a serum bile acid concentration above the upper limit of the normal reference for the reporting laboratory;</li> </ol> </li> <li>3) Patient has had an inadequate response to at least two of the following treatments used for the relief of pruritus:               <ol style="list-style-type: none"> <li>a) Ursodeoxycholic acid (e.g., Ursodiol)</li> <li>b) Antihistamines (e.g., diphenhydramine, hydroxyzine)</li> </ol> </li> </ol>	Update	3/15/2024

		<p>c) Rifampin d) Bile acid sequestrants (e.g., Questran, Colestid, Welchol) 4) Patient is 12 months of age or older; 5) Prescribed by or in consultation with a hepatologist or gastroenterologist</p>		
<i>Invokana.</i> <i>Invokamet/XR</i>	canagliflozin; canagliflozin-metformin	<p>Criteria will be updated to allow a bypass of the metformin trial as canagliflozin can be used as first line agent for T2DM in patients with ASCVD per the latest 2023 AACE guideline update.</p> <p>1) Requested drug is being used for a Food and Drug Administration (FDA)-approved indication; 2) One of the following: a) Trial and failure of a minimum 30-day supply, contraindication or intolerance to one of the follow generics: metformin/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin OR b) Patient has one of the following: i) History of atherosclerotic cardiovascular disease (ASCVD) ii) High risk for ASCVD with multiple risk factors (e.g., obesity, hypertension, smoking, dyslipidemia, albuminuria) iii) Established chronic kidney disease (CKD) iv) Heart failure; 3) Trial and failure of a minimum 90 day supply, or intolerance to any one of the following preferred brands: a) Farxiga or b) Xigduo XR; 4) Trial and failure of a minimum 90 day supply, or intolerance to one of the following: a) Glyxambi, b) Jardiance, c) Synjardy, d) Synjardy XR, e) Trijardy XR</p>	Update	3/15/2024
<i>Esbriet</i> in Idiopathic Pulmonary Fibrosis (IPF) Agents	pirfenidone	Criteria will be updated to require a trial and failure, or intolerance to the generic formulation	Update	3/15/2024
<i>Imbruvica</i>	ibrutinib	Criteria for Imbruvica 140 mg and 280 mg tablets will be updated to require trial and failure, or intolerance to Imbruvica 140 mg capsule.	Update	3/15/2024
<i>Olpruva</i> in Urea Cycle Disorder Agents	sodium phenylbutyrate	<p>Indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients weighing 20 kg or greater and with a body surface area (BSA) of 1.2 m<sup>2</sup> or greater, with urea cycle disorders (UCDs) involving deficiencies of carbamylphosphate synthetase (CPS), ornithine transcarbamylase (OTC), or argininosuccinic acid synthetase (AS).</p> <p>Olpruva criteria will mirror Ravicti.</p>	Update	3/15/2024

<i>Moxobil</i>	plerixafor	<p>New generic is available. Indicated in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells (HSCs) to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM).</p> <p>Brand Mozobil criteria will be updated to require a trial of its generic.</p> <p>A specialist prescriber is no longer required.</p>	Update	3/15/2024
<i>Talzenna</i>	talazoparib	<p>Indicated in combination with enzalutamide for the treatment of adult patients with homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC).</p> <p>Initial criteria requires:  1) Diagnosis of metastatic castration-resistant prostate cancer (mCRPC);  2) Disease is homologous recombination repair (HRR) gene-mutated;  3) Taken in combination with Xtandi (enzalutamide)</p>	Update	3/15/2024
<i>Dacogen; Inqovi</i>	decitabine; decitabine and cedazuridine	Criteria will be updated to add an additional trial and failure, contraindication or intolerance to one of the following: Cotellic or Makinist. Continuation of therapy is allowed.	Update	3/15/2024
<i>Ilaris</i>	cankinumab	"Other medical specialist" has been removed from list of required specialist.	Update	3/15/2024
<i>Lumakras</i>	sotorasib	A specialist prescriber is no longer required	Update	3/15/2024
<i>Prolia</i>	denosumab	Updated criteria for glucocorticoid induced osteoporosis to align with 2022 update from American College of Rheumatology to include GC dosing of at least 30 mg or cumulative GC dose of at least 5 grams per year for high risk stratification of patients.	Update	3/15/2024
<i>Targretin</i>	bexarotene	A specialist prescriber is no longer required	Update	3/15/2024
<i>Tazverik</i>	tazemetostat	A specialist prescriber is no longer required	Update	3/15/2024