## Summary of Utilization Management (UM) Program Changes

## June 2023

| Brand Name | Generic Name | Utilization Update Summary | Type | Effective Date |
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| *Invokana*<br>*Invokamet/XR*<br>*In SGLT2 Inhibitors step therapy* | canagliflozin<br>canagliflozin/metformin | Invokana and Invokamet/XR will require a trial and failure, contraindication, or intolerance to a preferred product: Jardiance or a Jardiance combination **and** Farxiga or Farxiga combination. | Update | 9/1/2023 |
| *Jadenu tablets* | deferasirox | The branded and generic tablets will not require prior authorization. All other deferasirox products (such as Exjade) remain under the Deferasirox guideline. | Update | 9/1/2023 |
| *Brukinsa* | zanubrutinib | Treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).<br><br>Initial criteria requires:<br>1) Diagnosis of ONE of the following: a) Chronic Lymphocytic Leukemia (CLL) or b) Small Lymphocytic Lymphoma (SLL);<br>2) Prescribed by a hematologist/oncologist | Update | 9/1/2023 |
| *Odactra* in Sublingual Allergen Immunotherapy Products | Dust mite mixed extract | Expanded indication: Treatment of house dust mite-induced allergic rhinitis, with or without conjunctivitis, confirmed by positive in vitro testing for IgE antibodies to Dermatophagoides farinae or Dermatophagoides pteronyssinus house dust mites, or by positive skin testing to licensed house dust mite allergen extracts. Odactra is approved for use in persons 12 through 65 years of age. Previously only approved for this use in adults age 18 through 65 years of age.<br><br>Criterion will be revised to confirm patient is 12 to 65 years of age. | Update | 9/1/2023 |
| *Tukysa* | tucatanib | In combination with trastuzumab, for the treatment of adult patients with RAS wild-type, HER2-positive unresectable or metastatic colorectal cancer that has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.<br><br>Initial criteria requires:<br>1) Diagnosis of colorectal cancer;<br>2) Disease is one of the following: a) Unresectable or b) Metastatic;<br>3) Disease is human epidermal growth factor receptor 2 (HER2)-positive;<br>4) Patient has RAS wild-type tumors;<br>5) Used in combination with trastuzumab;<br>6) Patient has progressed following treatment with ONE of the following: | Update | 9/1/2023 |

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| | | a) Fluoropyrimidine-based chemotherapy<br>b) Oxaliplatin-based chemotherapy<br>c) Irinotecan-based chemotherapy;<br>7) Prescribed by an oncologist | | |
| *Xeloda* | capecitabine | Revised FDA approved indications<br>- Colorectal Cancer: Indicated for (1) for the adjuvant treatment of patients with Stage III colon cancer as a single agent or as a component of a combination chemotherapy regimen; 2) the perioperative treatment of adults with locally advanced rectal cancer as a component of chemoradiotherapy; 3) Indicated for the treatment of patients with unresectable or metastatic colorectal cancer as a single agent or as a component of a combination chemotherapy regimen.<br><br>- Breast Cancer: Indicated for 1) the treatment of patients with advanced or metastatic breast cancer as a single agent if an anthracycline- or taxane-containing chemotherapy is not indicated; 2) the treatment of patients with advanced or metastatic breast cancer in combination with docetaxel after disease progression on prior anthracycline-containing chemotherapy.<br><br>New FDA approved indications<br>- Gastric, Esophageal, or Gastroesophageal Junction Cancer: Indicated for the 1) treatment of adults with unresectable or metastatic gastric, esophageal, or gastroesophageal junction cancer as a component of a combination chemotherapy regimen; 2) treatment of adults with HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma who have not received prior treatment for metastatic disease as a component of a combination regimen.<br><br>- Pancreatic Cancer: Indicated for the adjuvant treatment of adults with pancreatic adenocarcinoma as a component of a combination chemotherapy regimen.<br><br>For each diagnosis, the criteria require the diagnosis, appropriate stage of disease as approved by the FDA, and prescribed by an oncologist. | Update | 9/1/2023 |
| *Ibrance* | palbociclib | Indication update: For the treatment of HR-positive, HER2-negative advanced or metastatic breast cancer in combination | Update | 9/1/2023 |

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| | | with: (1) an aromatase inhibitor as initial endocrine based therapy in postmenopausal women or in men, or (2) fulvestrant in patients with disease progression following endocrine therapy. Initial criteria will be revised as follows.<br><br>Initial criteria requires:<br>1) Diagnosis of advanced or metastatic breast cancer;<br>2) Disease is hormone-receptor (HR)-positive;<br>3) Disease is human epidermal growth factor receptor 2 (HER2)-negative;<br>4) One of the following:<br>a) Used in combination with an aromatase inhibitor (e.g., anastrozole, letrozole, exemestane);<br>OR<br>b) Both of the following:<br>i) Used in combination with Faslodex (fulvestrant);<br>ii) Disease has progressed following endocrine therapy;<br>5) Prescribed by an oncologist | | |
| *Rubraca* | rucaparib | Indication update: Maintenance treatment of adult patients with a deleterious BRCA mutation (germline and/or somatic)-associated recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy. This update restricts maintenance treatment of recurrent ovarian cancer indication to only the patient population with a deleterious BRCA mutation. Initial criteria will be revised as follows:<br><br>Initial criteria requires:<br>1) Diagnosis of one of the following: a) Epithelial ovarian cancer, b) Fallopian tube cancer, or c) Primary peritoneal cancer;<br>2) All of the following:<br>a) Disease is recurrent;<br>b) Used for maintenance treatment in patients who are in a complete or partial response to platinum-based chemotherapy (e.g., cisplatin, carboplatin);<br>c) Presence of deleterious BRCA-mutation (germline and/or somatic);<br>3) Prescribed by an oncologist;<br>4) One of the following:<br>a) Trial and failure, contraindication, or intolerance to one of the following: a) Lynparza or b) Zejula;<br>OR<br>b) For continuation of prior therapy | Update | 9/1/2023 |

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| *Buphenyl*<br>*Pheburane*<br>*Ravicti* in Urea Cycle Disorder Agents | sodium phenylbutyrate<br>sodium phenylbutyrate glycerol phenylbutyrate | A trial of generic sodium phenylbutyrate for approval of the brand, will now require documentation through paid claims for chart notes. | Update | 9/1/2023 |
| *Tezspire* | tezepelumab-ekko | Add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma (administered as a subcutaneous injection).<br><br>Initial criteria requires:<br>1) Diagnosis of severe asthma;<br>2) Patient is 12 years of age or older;<br>3) One of the following: a) Patient has had two or more asthma exacerbations requiring systemic corticosteroids (e.g., prednisone) within the past 12 months, OR<br>b) Prior asthma-related hospitalization within the past 12 months;<br>4) Patient is currently being treated with one of the following unless there is a contraindication or intolerance to these medications:<br>a) Both of the following: High-dose inhaled corticosteroid (ICS) (i.e., greater than 500 mcg fluticasone propionate equivalent/day) and Additional asthma controller medication (e.g., leukotriene receptor antagonist [e.g., montelukast], long-acting beta-2 agonist [LABA] [e.g., salmeterol], tiotropium), OR<br>b) One maximally-dosed combination ICS/LABA product (e.g., Advair [fluticasone propionate/salmeterol], Symbicort [budesonide/formoterol], Breo Ellipta [fluticasone/vilanterol]);<br>5) Prescribed by or in consultation with one of the following: Pulmonologist or Allergist/Immunologist;<br>6) If the medication will be used to treat eosinophilic asthma the patient has tried and failed TWO of the following: Dupixent, Fasenra, or Nucala<br>7) If the medication will be used to treat oral corticosteroid-dependent asthma, the patient has tried and failed Dupixent<br>8) If the medication will be used to treat persistent allergic asthma the patient has tried and failed Xolair. | New | 9/1/2023 |
| *Zejula* | niraparib | Label update for Maintenance Treatment of Recurrent Ovarian Cancer: For the maintenance treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAmut) recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in complete or partial response to platinum-based chemotherapy. | Update | 9/1/2023 |

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| | | Initial criteria requires:<br>1) Diagnosis of one of the following:<br>a) Recurrent epithelial ovarian cancer<br>b) Recurrent fallopian tube cancer<br>c) Recurrent primary peritoneal cancer<br>2) Used for maintenance treatment in patients who are in a complete or partial response to platinum-based chemotherapy (e.g., cisplatin, carboplatin);<br>3) Presence of deleterious or suspected deleterious germline BRCA-mutation;<br>4) Prescribed by an oncologist | | |
| *Cibinqo* | abrocitinib | New age approval down to 12 years of age. Guideline updated with new age. | Update | 9/1/2023 |
| *Jakafi* | ruxolitinib | Drug is approved for ages 12 and older for graft-versus-host disease. Age has been added to the guideline. | Update | 9/1/2023 |