Summary of Utilization Management (UM) Program Changes

January #2 2024

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Litfulo	ritlecitinib	Indicated for the treatment of adult and adolescent patients 12 years and older with severe alopecia areata. Not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants. Initial criteria requires: 1) Diagnosis of alopecia areata; 2) Patient has at least 50% scalp hair loss; 3) Other causes of hair loss have been ruled out (e.g., other types of alopecia, scalp disease, active systemic disease); 4) Patient is 12 years of age or older; 5) Prescribed by or in consultation with a dermatologist; 6) Not used in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants	New	4/1/2024
Vanflyta	quizartinib	Indicated in combination with standard cytarabine and anthracycline induction and cytarabine consolidation, and as maintenance monotherapy following consolidation chemotherapy, for the treatment of adult patients with newly diagnosed acute myeloid leukemia (AML) that is FLT3 internal tandem duplication (ITD)-positive as detected by an FDA-approved test. Initial criteria requires: 1) Diagnosis of acute myeloid leukemia (AML); 2) Patient has a FMS-like tyrosine kinase 3 (FLT3) internal tandem duplication (FLT3-ITD) mutation as detected by a U.S. Food and Drug Administration (FDA)-approved test (e.g., LeukoStrat CDx FLT3 Mutation Assay) or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA); 3) Both of the following: a) Used in combination with standard cytarabine and anthracycline (e.g., daunorubicin, idarubicin) induction and cytarabine consolidation b) Used as maintenance monotherapy following consolidation chemotherapy	New	4/1/2024

Lonsurf	trifluridine/tipiracil	Single agent or in combination with bevacizumab, for the treatment of adult patients with metastatic colorectal cancer previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF biological therapy, and if RAS wild-type, an anti-EGFR therapy. Previously approved as a single agent for this indication. Criteria will be updated as follows: Initial criteria requires: 1) Diagnosis of metastatic colorectal cancer (mCRC); 2) One of the following: a) Used as a single agent OR b) Used in combination with bevacizumab; 3) Trial and failure, intolerance or contraindication to fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy (e.g., FOLFOX, FOLFIRI, FOLFOXIRI); 4) Trial and failure, intolerance or contraindication to an anti-VEGF therapy (e.g., Avastin [bevacizumab], Zaltrap [ziv-aflibercept]); 5) One of the following: a) Patient has RAS mutant tumors OR b) Both of the following: i) Patient has RAS wild-type tumors; ii) Trial and failure, intolerance or contraindication to an anti-EGFR therapy (e.g., Vectibix [panitumumab], Erbitux [cetuximab])	Update	4/1/2024
Curvior *Syprine* in Copper Chelating Agents	trientine	For an initial approval duration of 12 months, criteria will require: 1) Diagnosis of Wilson's disease (i.e., hepatolenticular degeneration); 2) Documentation of one of the following: a) Presence of Kayser-Fleisher rings b) Serum ceruloplasmin (CPN) less than 20 mg/dL c) 24-hour urinary copper excretion greater than 100 mcg d) Liver biopsy with copper dry weight greater than 250 mcg/g e) ATP7B mutation via genetic testing; 3) Trial and failure, contraindication, or intolerance to Depen (penicillamine) tablets; 4) Trial and failure, or intolerance to generic trientine; 5) Prescribed by or in consultation with one of the following: Gastroenterologist or Hepatologist	Update	4/1/2024

Synagis	palivizumab	Criteria for all indications will be updated to require Synagis is "not taken in combination with Beyfortus (nirsevimab)." For children with Cystic Fibrosis, criteria will be updated to require Synagis is "used for the prevention of serious lower respiratory tract disease caused by RSV during the RSV season for the patient's geographic region" to be consistent with criteria for other indications. For immunocompromised children, criteria that required "Received or will receive a solid organ transplant, hematopoietic stem cell transplant, or chemotherapy during the RSV season" and "Lymphocyte count is below the normal range for patient's age" will be replaced with "Provider attests patient is immunocompromised.	Update	4/1/2024