Summary of Utilization Management (UM) Program Changes

July 2024

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Augtyro	reprotrectinib	Indicated for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC). Initial approval requires: 1) Diagnosis of non-small cell lung cancer (NSCLC); 2) Disease is one of the following: a) Locally advanced or b) Metastatic; 3) Patient has ROS1 rearrangement positive tumor(s)	New	9/15/2024
Fabhalta	iptacopan	Indicated for the treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH). Initial approval requires: 1) Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH); 2) Hemoglobin level of less than 10 g/dL; 3) Trial and inadequate response, contraindication, or intolerance to one of the following: Soliris, Ultomiris, or Empaveli; 4) Prescribed by or in consultation with a hematologist/oncologist	New	9/15/2024
Iwilfin	eflornithine	Indicated to reduce the risk of relapse in adult and pediatric patients with high-risk neuroblastoma (HRNB) who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy. Initial approval requires: 1) Diagnosis of high-risk neuroblastoma (HRNB); 2) Patient has shown at least a partial response to prior multiagent, multimodality therapy; 3) Prior therapy included anti-GD2 immunotherapy (e.g., Danyelza (naxitamab-gqgk), Unituxin (dinutuximab))	New	9/15/2024
Ogsiveo	nirogacestat	Indicated for adult patients with progressing desmoid tumors who require systemic treatment. Initial approval requires: 1) Diagnosis of desmoid tumor; 2) Disease is progressive; 3) Patient requires systemic treatment	New	9/15/2024

Vevye	cyclosporine	For the treatment of the signs and symptoms of dry eye disease. Initial approval requires: 1) Diagnosis of dry eye disease; 2) Trial and failure, contraindication, or intolerance to both of the following: a) Restasis (cyclosporine 0.05%) and b) Xiidra (lifitegrast)	New	9/15/2024
Jaypirca	pirtobrutinib	Treatment of adult patients with chronic lymphocytic leukemia or small lymphocytic lymphoma (CLL/SLL) who have received at least two prior lines of therapy, including a BTK inhibitor and a BCL-2 inhibitor. Initial approval requires: 1) Diagnosis of one of the following: a) Chronic Lymphocytic Leukemia (CLL) or b) Small Lymphocytic Lymphoma (SLL); 2) Patient has received treatment for CLL/ SLL with both of the following therapies: a) BTK inhibitor therapy [e.g., Calquence (acalabrutinib), Brukinsa (zanubrutinib)] b) B-cell lymphoma 2 (BCL-2) inhibitor therapy [e.g., Venclexta (venetoclax)]	Update	9/15/2024
Welireg	bezutifan	Indicated for treatment of adult patients with advanced renal cell carcinoma (RCC) following a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and a vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI). Initial approval requires: 1) Diagnosis of advanced renal cell carcinoma; 2) Disease has progressed after treatment with both of the following: a) One of the following: i) Programmed death receptor-1 (PD-1) inhibitor [e.g., Keytruda (pembrolizumab), Opdivo (nivolumab)] ii) Programmed death-ligand 1 (PD-L1) inhibitor [e.g., Bavencio (avelumab), Imfinzi (durvalumab)] b) Vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI) [e.g., Votrient (pazopanib), Inlyta (axitinib)]	Update	9/15/2024
Sotyktu	deucravacitinib	Update to remove the trial of Taltz and to add Otezla as an additional preferred alternative. Initial criteria will be updated as follows: 1) Diagnosis of moderate to severe plaque psoriasis;	Update	9/15/2024

		2) One of the following: a) At least 3% body surface area (BSA) involvement, b) Severe scalp psoriasis, or c) Palmoplantar (i.e., palms, soles), facial, or genital involvement; 3) Minimum duration of a 4-week trial and failure, contraindication, or intolerance to one of the following topical therapies: a) corticosteroids (e.g., betamethasone, clobetasol), b) vitamin D analogs (e.g., calcitriol, calcipotriene), c) tazarotene, d) calcineurin inhibitors (e.g., tacrolimus, pimecrolimus), e) anthralin, f) coal tar; 4) Prescribed by or in consultation with a dermatologist; 5) Paid claims or submission of medical records (e.g., chart notes) confirming a trial and failure, contraindication, or intolerance to TWO of the following: i) Cimzia (certolizumab pegol) ii) Enbrel (etanercept) iii) Humira (adalimumab), Cyltezo, Hadlima, or Brand Adalimumab-adbm iv) Skyrizi (risankizumab-rzaa) v) Stelara (ustekinumab) vi) Tremfya (guselkumab) vii) Otezla (apremilast) 6) Not used in combination with other potent immunosuppressants (e.g., azathioprine, cyclosporine, biologic disease-modifying antirheumatic drugs [DMARDs])		
Adbry	tralokinumab-ldrm	Indicated for the treatment of moderate-to-severe atopic dermatitis in patients aged 12 years and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. This indication was previously approved in adults. Age criterion will be updated to require patient is 12 years of age or older.	Update	9/15/2024
Cresemba capsule	isavuconazonium	Expanded indication: For treatment of Invasive Aspergillosis and Invasive Mucormycosis in adults and pediatric patients 6 years of age and older who weigh 16 kg and greater. Criteria will be updates as follows: 1) Diagnosis of one of the following fungal infections: a) Invasive aspergillosis or b) Invasive mucormycosis; 2) Both of the following: a) Patient is 6 years of age or older and b) Patient weighs 16 kilograms or greater	Update	9/15/2024

Makena	Hydroxyprogesterone caproate	Guideline is being retired as both brand Makena and generic products have been discontinued.	Retirement	9/15/2024
Nexletol *Nexlizet*	bempedoic acid bempedoic acid/ezetimibe	Updates to streamline criteria for HeFH/ASCVD/Primary Hyperlipidemia: Criteria consolidated to include approved diagnosis, statin use, ezetimibe use, and check for LDL levels not at goal. Nexilzet: removed history of intolerance or contraindication to ezetimibe criteria as product contains ezetimibe. Addition of diagnosis of "Primary Hyperlipidemia" to align with recent label update.	Update	9/15/2024
Orgovyx	relugolix	Requirement for a specialist prescriber has been removed.	Update	9/15/2024
Repatha *Praluent* in PCSK9 Inhibitors	evolocumab alirocumab	Updates to streamline criteria for HeFH/ASCVD/Primary Hyperlipidemia: Criteria consolidated to include approved diagnosis, statin use, ezetimibe use, and check for LDL levels not at goal or at goal with previous PCSK9 use.	Update	9/15/2024