Summary of Utilization Management (UM) Program Changes

May 2024

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Fruzaqla	fruqunitinib	For the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with fluoropyrimidine, oxaliplatin, and irinotecan-based chemotherapy, an anti VEGF therapy, and, if RAS wild type and medically appropriate, an anti-EGFR therapy. initial criteria requires: 1) Diagnosis of metastatic colorectal cancer; 2) Patient has been previously treated with both of the following: a) Fluoropyrimidine-, oxaliplatin-, irinotecan-based chemotherapy (e.g., FOLFOX, FOLFIRI, FOLFOXIRI) b) Anti-VEGF biological therapy (e.g., Avastin [bevacizumab], Zaltrap [ziv-aflibercept]); 3) One of the following: a) Patient has RAS mutant tumors OR b) Both of the following: i) Patient has RAS wild-type tumors; ii) Patient has been previously treated with both of the following: - An anti-EGFR biological therapy (e.g., Vectibix [panitumumab], Erbitux [cetuximab]) - One of the following: Lonsurf (trifluridine/tipiracil) or Stivarga (regorafenib)	New	8/1/2024
Truqap	capivasertib	Indicated, in combination with fulvestrant for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations as detected by an FDA-approved test following progression on at least one endocrine-based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy. Initial criteria requires: 1) Diagnosis of breast cancer; 2) Disease is one of the following: a) Locally advanced or b) Metastatic; 3) Will be taken in combination with fulvestrant;	New	8/1/2024

		4) Disease is hormone receptor (HR)-positive; 5) Disease is human epidermal growth factor receptor 2 (HER2)-negative; 6) Patient has one or more PIK3CA/AKT1/PTEN-alterations as detected by a U.S. Food and Drug Administration (FDA)-approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA); 7) One of the following: a) Following progression on at least one endocrine-based regimen in the metastatic setting (e.g., anastrozole, letrozole, exemestane, tamoxifen, etc) OR b) Recurrence on or within 12 months of completing adjuvant therapy (e.g., chemotherapy)		
Voquezna in Vonoprazin-Containing Agents	vonoprazan	Indicated 1) for healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults; 2) to maintain healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults; 3) In combination with amoxicillin and clarithromycin or in combination with amoxicillin for the treatment of H. pylori infection in adults. Helicobacter pylori (H. pylori) Infection criteria requires: 1) Diagnosis of Helicobacter pylori infection; 2) One of the following: a) Used in combination with amoxicillin and clarithromycin for the treatment of H. pylori infection OR b) Used in combination with amoxicillin for the treatment of H. pylori infection; 3) Trial and failure, contraindication, or intolerance to ONE of the following first line treatment regimens: a) Clarithromycin based therapy (e.g., clarithromycin based triple therapy, clarithromycin based concomitant therapy) OR b) Bismuth quadruple therapy (e.g., bismuth and metronidazole and tetracycline and proton pump inhibitor [PPI]) Healing and Relief of Heartburn associated with Erosive Esophagitis criteria requires: 1) Diagnosis of erosive esophagitis;	Update	8/1/2024

		2) Used for healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis; 3) Trial of a minimum 8-week supply and inadequate response within the last 365 days, contraindication, or intolerance to TWO of the following generic proton pump inhibitors (PPI's): a) omeprazole, b) esomeprazole, c) pantoprazole, d) lansoprazole, e) rabeprazole, or f) dexlansoprazole Maintenance of Healing and Relief of Heartburn associated with Erosive Esophagitis criteria requires: 1) Used to maintain healing and relief of heartburn associated with erosive esophagitis; 2) Trial of a minimum 8-week supply and inadequate response within the last 365 days, contraindication, or intolerance to TWO of the following generic proton pump inhibitors (PPI's): a) omeprazole, b) esomeprazole, c) pantoprazole, d) lansoprazole, e) rabeprazole, or f) dexlansoprazole		
Forteo in Teriparatide Products	teriparatide	For the treatment of postmenopausal women with osteoporosis at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy; To increase bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy; For the treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy. For approval of brand Forteo, a trial of generic teriparatide will be added to guideline to mirror brand Teriparatide.	Update	8/1/2024
Xtandi	enzalutamide	For the treatment of patients with non-metastatic castration sensitive prostate cancer (nmCSPC) with biochemical recurrence at high risk for metastasis (high-risk BCR). Initial approval requires: 1) Diagnosis of non-metastatic castration sensitive prostate cancer (nmCSPC); 2) Patient has high-risk biochemical recurrence (BCR) defined by a PSA	Update	8/1/2024

		doubling time less than or equal to 9 months and one of the following: a) PSA values greater than or equal to 1 ng/mL if the patient had prior prostatectomy (with or without radiotherapy) OR b) PSA values at least 2 ng/mL above the nadir if the patient had prior radiotherapy only		
Dacogen	decitabine	Prior authorization guideline is being retired.	Update	8/1/2024
Simlandi *Adalimumab-aacf* *Cordavis Hyrimoz*	adalimumab	Added to guideline to mirror other non-formulary adalimumab products	Update	8/1/2024
Lodoco	colchicine	Criteria will require a trial of generic colchicine tablet	Update	8/1/2024
GLP-1 Agonists (Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza)		Age requirement was added to align with FDA labeling: Bydureon, Trulicity, and Victoza are approved for ages 10 years and older. The other drugs are approved for ages 18 and older.	Update	8/1/2024