Summary of Utilization Management (UM) Program Changes

February 2021

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Blenrep	belantamab mafodotin-blmf	Treatment in adults with relapsed or refractory multiple myeloma (RRMM). Initial criteria requires: 1) Patient has received at least four prior therapies which include **all** of the following: **a)** An anti-CD38 monoclonal antibody (e.g., daratumumab), **b)** A proteasome inhibitor (e.g., bortezomib, carfilzomib), **c)** An immunomodulatory agent (e.g., lenalidomide, thalidomide), and **3)** Prescribed by: Oncologist/Hematologist.	New	4/15/2021
Enspryng	satralizumab-mwge	Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive. Initial criteria requires: 1) Diagnosis of neuromyelitis optica spectrum disorder (NMOSD); 2) Patient is anti-aquaporin-4 (AQP4) antibody positive; and 3) Prescribed by: Neurologist.	New	4/15/2021
Evrysdi	risdiplam	Indicated for the treatment of spinal muscular atrophy (SMA) in adults and children. Initial criteria requires: 1) Diagnosis of spinal muscular atrophy (SMA) Type I, II, or III; 2) A specific gene mutation or deletion known to cause SMA 3) Patient is not dependent on Invasive ventilation or tracheostomy, and use of non-invasive ventilation is not required beyond use for naps and nighttime sleep;	New	3/15/2021

		4) Patient is at least 2 months of age or older to age 25 5) At least **ONE** of the following exams (based on patient age and motor ability) has been conducted to establish baseline motor ability* *Baseline assessments for patients less than 2 months of age requesting risdiplam proactively are not necessary in order to not delay access to initial therapy in recently diagnosed infants. Initial assessments shortly post-therapy can serve as baseline]: **a)** Hammersmith Infant Neurological Exam (HINE), **b)** Hammersmith Functional Motor Scale Expanded (HFMSE), **c)** Upper Limb Module (ULM) Test (Non ambulatory), **d)** Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND), **e)** Motor Function Measure 32 (MFM-32) Scale; 6) Prescribed by a neurologist with expertise in the diagnosis and treatment of SMA; 7) Patient is not to receive concomitant chronic survival motor neuron (SMN) modifying therapy for the treatment of SMA (e.g., Spinraza); and 8) One of the following: a) Patient has not previously received gene replacement therapy for the treatment of SMA (e.g., Zolgensma), OR b) Both of the following: i) Patient has previously received gene therapy for the treatment of SMA (e.g., Zolgensma) and ii) Provider attests that there has been an inadequate response to gene therapy (e.g., sustained decrease in at least one motor test score over a period of 6 months).		
Inqovi	decitabine/cedazuridine	Indicated for treatment of adult patients with myelodysplastic syndromes (MDS), including previously treated and untreated,	New	4/15/2021

		de novo and secondary MDS with the following French-American-British subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, and chronic myelomonocytic leukemia [CMML]) and intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups. Initial criteria requires: 1) Diagnosis of myelodysplastic syndrome; 2) Patient has **one** of the following French-American-British subtypes: a) Refractory anemia, b) Refractory anemia with ringed sideroblasts, c) refractory anemia with excess blasts, or d) chronic myelomonocytic leukemia (CMML); and 3) Prescribed by: Hematologist/Oncologist.		
Monjuvi	tafasitamab-cxix	In combination with lenalidomide for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant (ASCT). Initial criteria requires: 1) Diagnosis of diffuse large B-cell lymphoma (DLBCL); 2) Disease is one of the following: relapsed or refractory; 3) Used in combination with lenalidomide; 4) Patient is not eligible for autologous stem cell transplant (ASCT); **and** 5) Prescribed by: Oncologist/ Hematologist.	New	4/15/2021
Upneeq	oxymetazoline	Indicated for the treatment of acquired blepharoptosis in adults, also known as ptosis or droopy eyelid.	New	4/15/2021

		Initial criteria requires: 1) **Both** of the following: **a)** Diagnosis of acquired blepharoptosis, and **b)** Patient has obstructed visual field in primary gaze or down gaze due to blepharoptosis: 2) One of the following: **a)** Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in primary gaze, **b)** Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in down gaze, **c)** Superior visual field loss of at least 12 degrees or 24 percent; 3) Other treatable causes of blepharoptosis have been ruled out (e.g., recent botulinum toxin injection, myasthenia gravis); and 4) Prescribed by: ophthalmologist or optometrist.		
Epidiolex	cannibidiol	Treatment of seizures associated with Lennox-Gastaut syndrome (LGS), Dravet syndrome (DS), or tuberous sclerosis complex (TSC) in patients 1 year of age and older. Previously only indicated for seizures associated with LGS and DS for age 2 years and older. Initial criteria requires: 1) Diagnosis of seizures associated with tuberous sclerosis complex (TSC); **and** 2) Prescribed by: neurologist.	Update	4/15/2021
Spravato	esketamine	In conjunction with an oral antidepressant, for treatment of depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior. Previously only approved in conjunction with an oral antidepressant, for the treatment of treatment-resistant depression in adults. Criteria update: Allow approval for new indication; 1) Both of the following:	Update	4/15/2021

		a) Diagnosis of major depressive disorder, **and** **b)** Both of the following: depressive symptoms **and** acute suicidal ideation or behavior.		
Kynmobi *Apokyn*	apomorphine	Removal of the criteria "advanced" from the diagnosis of Parkinson's disease to align with the FDA-approved labeling.	Update	4/15/2021
HIV Pre-exposure Prophylaxis (section In Healthcare Reform Copay Waiver)		Removal of the criteria: "drug will be used as part of a comprehensive prevention strategy including other prevention measures. "	Update	4/15/2021
Otezla	apremilast	Removal of the following criteria for plaque psoriasis: One of the following: greater than 10% body surface area involvement, palmoplantar involvement, or severe scalp psoriasis.	Update	4/15/2021