Summary of Utilization Management (UM) Program Changes

March #2 2024

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Akeega	Niraparib/abiraterone	In combination with prednisone, indicated for the treatment of adult patients with deleterious or suspected deleterious BRCA-mutated (BRCAm) metastatic castration-resistant prostate cancer (mCRPC). Select patients for therapy based on an FDA-approved test for Akeega. Initial criteria requires: 1) Diagnosis of prostate cancer; 2) Disease is all of the following: a) Metastatic, b) Castration-resistant, and c) Deleterious or suspected deleterious BRCA-mutated (BRCAm); 3) Used in combination with prednisone; 4) One of the following: a) Used in combination with a gonadotropin-releasing hormone (GnRH) analog or b) Patient has had a bilateral orchiectomy	New	5/15/2024
Jesduvroq	daprodustat	Indicated for the treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least four months. Initial criteria requires: 1) Diagnosis of chronic kidney disease (CKD); 2) Patient has been on dialysis for at least 4 months; 3) Adequate iron stores confirmed by both of the following: a) Patient's ferritin level is greater than 100mcg/L and b) Patient's transferrin saturation (TSAT) is greater than 20%; 4) Hemoglobin level less than 11 g/dL; 5) Trial and failure, contraindication or intolerance to one of the following: a) Retacrit, b) Procrit, or c) Aranesp; 6) Prescribed by or in consultation with one of the following: a) hematologist or b) nephrologist; 7) Patient is not on concurrent treatment with an Erythropoietin Stimulating Agent [ESA] (e.g., Aranesp, Epogen, Procrit)	New	5/15/2024
Lodoco	colchicine	Indicated to reduce the risk of myocardial infarction (MI), stroke, coronary revascularization, and cardiovascular death in adult patients with established atherosclerotic disease or with multiple risk factors for cardiovascular disease. Initial criteria requires:	New	5/15/2024

		1) Diagnosis of atherosclerotic disease; 2) Used for the secondary prevention of cardiovascular disease events (e.g., very high-risk patients); 3) Patient is on maximally tolerated therapy with at least two agents for coronary disease [e.g., antiplatelet (aspirin), lipid-lowering agent (statin [atorvastatin], ezetimibe, PCSK-9 inhibitor [evolocumab], beta-blocker (atenolol) or renin-angiotensin-aldosterone system blockers (lisinopril)]		
Ojjaara	momelotinib	Indicated for the treatment of intermediate or high risk myelofibrosis (MF), including primary MF or secondary MF [post-polycythemia vera (PV) and post-essential thrombocythemia (ET)], in adults with anemia. Initial criteria requires: 1) Diagnosis of one of the following: a) Primary myelofibrosis, b) Post-polycythemia vera myelofibrosis, or c) Post-essential thrombocythemia myelofibrosis; 2) Disease is intermediate or high risk; 3) Patient has anemia	New	5/15/2024
Sohonos	palovarotene	Indicated for reduction in the volume of new heterotopic ossification in adults and children aged 8 years and older for females and 10 years and older for males with fibrodysplasia ossificans progressiva (FOP). Initial criteria requires: 1) Diagnosis of Fibrodysplasia Ossificans Progressiva (FOP); 2) Molecular genetic testing confirms mutation in the ACVR1 gene; 3) One of the following: a) Both of the following: i) Patient is female and ii) Patient is 8 years of age or older OR b) Both of the following: i) Patient is male and ii) Patient is 10 years of age or older; 4) Prescribed by or in consultation with one of the following: a) geneticist, b) orthopedic physician, c) rheumatologist, or d) endocrinologist	New	5/15/2024
Cinryze *Haegarda* *Orladeyo* *Takhzyro* *Berinert* *Firazyr* *Sajazir* *Ruconest* *Kalbitor*		Criteria update for Cinryze, Haegarda, Orladeyo, Takhzyro for prophylaxis of Hereditary Angioedema attacks: An additional diagnosis has been confirmed by both of the following Patient has normal C1-INh levels (HAE-n1-C1INH previously referred to as HAE Type 3); ○ One of the following:	Update	5/15/2024

In Hereditary Angioedema Agents		- Confirmed presence of a FXII, plasminogen gene mutation, angiopoietin-1 mutation, or kininogen mutation OR - Patient has recurrent angioedema attacks that are refractory to high-dose antihistamines (e.g., cetirizine) with a confirmed family history of recurrent angioedema; 1) For prophylaxis against HAE attacks; 2) Not used in combination with other approved treatments for prophylaxis against HAE attacks Criteria update for Berinert, Cinryze, Brand Firazyr, Generic icatibant, Sajazir, Ruconest, Kalbitor for treatment of acute HAE attacks. Diagnosis criteria will be added for patients with normal C1-INh levels to confirm both of the following: 1) Patient has normal C1-INh levels and 2) One of the following: a) Confirmed presence of a FXII, plasminogen gene mutation, angiopoietin-1 mutation, or kininogen mutation OR b) Patient has recurrent angioedema attacks that are refractory to high-dose antihistamines (e.g., cetirizine) with a confirmed family history of recurrent angioedema.		
Kerendia	finerenone	Added a trial of SGLT2 inhibitor (such as Farxiga or Jardiance) as first-line drug therapy together with ACE inhibitor/ARB for treatment of Type 2 diabetes and chronic kidney disease. Trial requires patient is on a stabilized dose and will continue therapy with an SGLT2 inhibitor or has a contraindication or intolerance to an SGLT2 inhibitor.	Update	5/15/2024
Somavert	Pegvisomant	Requirement for a trial of generic octreotide to allow for any somatostatin analog (such as lanreotide) and also allow pathways for: 1) when Somavert can be used as first line therapy and 2) as an add on after inadequate treatment with a somatostatin analog.	Update	5/15/2024