Summary of Utilization Management (UM) Program Changes

October 2022

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Mounjaro	tirzepatide	Indicated adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Limitations of use: Mounjaro has not been studied in patients with a history of pancreatitis. Initial criteria requires: 1) Used for an FDA-approved indication 2) Not being solely used for weight loss 3) Trial and failure to a 90-day supply, or contraindication, or intolerance to metformin, metformin ER, glipizide-metformin, glyburide-metformin, or pioglitazone-metformin 4) Trial and failure of a 90-day supply at the maximum FDA-approved dose or highest tolerated dose of an TWO of the following or contraindication to all: Ozempic, Rybelsus, Trulicity, and Victoza 5) HgA1c is above patient-specified goal	New	1/1/2023
Ozempic *Trulicity* *Victoza in GLP-1 Agonists Step Therapy*	semaglutide dulaglutide liraglutide	Members who have a history of 90 days of therapy of metformin, metformin ER, glipizide-metformin, glyburide-metformin, or pioglitazone-metformin will allow the prescription to be filled. If not allowed to fill at the pharmacy initially, other requirements require: 1) Diagnosis of diabetes mellitus type 2 AND 2) Drug is not being solely used for weight loss AND 3) One of the following: a) Patient has atherosclerotic cardiovascular disease or chronic kidney disease stage III or higher OR b) Is high risk for atherosclerotic cardiovascular disease OR b) Initial HgA1c is 8.5% or higher	New	1/1/2023
Rybelsus	semaglutide	Members who have a history of 90 days of therapy of metformin, metformin ER, glipizide-metformin, glyburide-metformin, or pioglitazone-metformin will allow the prescription to be filled. If not allowed to fill at the pharmacy initially, other requirements require: 1) Diagnosis of diabetes mellitus type 2 AND 2) Drug is not being solely used for weight loss	New	1/1/2023
Farxiga *Xigduo XR* *Jardiance* *Invokana in SGLT2 Inhibitors Step Therapy*	dapagliflozin dapagliflozin/metformin empagliflozin canagliflozin canagliflozin/metformin	Approval of these drugs for the treatment will require a trial of at least 90 days of metformin or metformin combination. This is an increase from the previous 30-day trial. Jardiance may also be approved for the diagnosis of heart failure with mildly reduced ejection fraction (a new indication)	Update	1/1/2023
Olumiant	baricitinib	Treatment of adult patients with severe alopecia areata.	Update	12/1/2022

		Criteria will be updated for this new indication. 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., androgenetic alopecia, trichotillomania, tinea capitis, psoriasis); 4) Prescribed by a dermatologist; 5) Trial and failure to one previous treatment for alopecia areata (e.g., topical, intralesional, or systemic corticosteroids, topical immunotherapy); 6) Not used in combination with other Janus kinase (JAK) inhibitors, biologic immunomodulators, cyclosporine, or potent immunosuppressants (e.g., azathioprine)		
Adbry	tralokinumab-ldrm	The requirement to try Dupixent before approval of Adbry will be removed.	Update	12/1/2022
Opzelura	ruxolitinib	For the treatment of atopic dermatitis, the body surface area and sensitive skin areas have been removed. A trial of another topical treatment prior to approval has been decreased from two to one. Criteria will be updated for this new indication of vitiligo. Initial criteria requires: 1) Diagnosis of nonsegmental vitiligo; 2) Skin involvement includes facial vitiligo; 3) Patient is 12 yrs of age or older 4) Prescribed by a dermatologist	Update	12/1/2022
Igalmi	dexmedetomidine	Indicated for the acute treatment of agitation associated with schizophrenia or bipolar I or II disorder in adults. New PA guideline will be created. For an approval duration of 14 days, criteria requires: 1) One of the following diagnoses: a) Schizophrenia or b) Bipolar I or II disorder; 2) For the treatment of acute agitation; 3) Trial and failure, contraindication or intolerance to at least two products used in acute agitation (e.g., olanzapine, ziprasidone); 4) Patient is currently being managed with maintenance medication for their underlying disorder (e.g., aripiprazole, olanzapine, quetiapine, lithium, valproic acid)	New	1/1/2023
Voquezna Triple Pak *Voquezna Dual Pak*	vonoprazan tablets, amoxicillin capsules, clarithromycin tablets; vonoprazan tablets, amoxicillin capsules	Indicated for the treatment of Helicobacter pylori (H. pylori) in adults. Initial criteria requires: 1) Diagnosis of Helicobacter pylori infection; 2) 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	New	1/1/2023

		b) Bismuth quadruple therapy (e.g., bismuth and metronidazole and tetracycline and proton pump inhibitor)		
Vtama	tapinarof	Indicated for the topical treatment of plaque psoriasis in adults. Initial criteria requires: 1) Diagnosis of plaque psoriasis; 2) One of the following: a) Minimum duration of a 4 week trial and failure, contraindication, or intolerance to two of the following topical therapies: i) Corticosteroids (e.g., betamethasone, clobetasol), ii) Vitamin D analogs (e.g., calcitriol, calcipotriene), iii) Tazarotene, iv) Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus), v) Anthralin, vi) Coal tar; OR 3) Prescribed by or in consultation with a dermatologist	New	1/1/2023
Evrysdi	risdiplam	Expanded indication for use in pediatric patients under two months of age with spinal muscular atrophy (SMA). Previously, Evrysdi was approved in patients 2 months of age and older. Criteria will be updated to remove the age criterion that previously required patient is at least 2 months of age or older	Update	1/1/2023
Riabni in Rituximab Products	rituximab-arrx	Riabni is another Rituxan biosimilar product. In combination with methotrexate, for the treatment of adult patients with moderately- to severely-active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies. Criteria will apply to mirror Rituxan and Truxima..	Update	1/1/2023
Rubraca	rucaparib camsylate	Indication withdrawal: Treatment of adult patients with a deleterious BRCA mutation (germline and/or somatic)-associated epithelial ovarian, fallopian tube, or primary peritoneal cancer who have been treated with two or more chemotherapies. Criteria for this indication will be removed.	Update	1/1/2023
Dupixent	dupilumab	There are two indication updates: 1) New indication: Treatment of adult and pediatric patients aged 12 years and older, weighing at least 40 kg, with eosinophilic esophagitis (EoE); 2) Expanded indication: Treatment of adult and pediatric patients aged 6 months and older with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Previously, patients aged 6 years and older were approved for this indication. New indication for EoE Initial criteria requires: 1) Diagnosis of eosinophilic esophagitis (EoE);	Update	1/1/2023

		2) Patient has symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, gastroesophageal reflux disease [GERD]/heartburn symptoms, chest pain, abdominal pain); 3) Patient has at least 15 intraepithelial eosinophils per high power field (HPF); 4) Other causes of esophageal eosinophilia have been excluded; 5) Both of the following: a) Patient is at least 12 years of age and b) Patient weighs at least 40 kg; 6) Trial and failure to at least an 8-week trial of one of the following: a) Proton pump inhibitors (e.g., pantoprazole, omeprazole) OR b) Topical (esophageal) corticosteroids (e.g., budesonide, fluticasone); 7) Prescribed by one of the following: a) Gastroenterologist or b) Allergist/Immunologist Expanded Indication for Atopic Dermatitis Criteria will be updated with the age criterion to state patient is 6 years months of age or older. For eosinophilic asthma, initial authorization criteria will be updated to align with the definition of uncontrolled asthma per the 2022 GINA guideline. The following updates will be made: One of the following: 1) Patient has had at least one two or more asthma exacerbations requiring systemic corticosteroids (e.g., prednisone) within the past 12 months or 2) Prior asthma-related hospitalization within the past 12 months. Any prior intubation for an asthma exacerbation criterion was removed.		
Cibinqo	abrocitinib	Criteria updated to revise the trial requirement for topical agents to require just one instead of two from the following: 1) Medium or higher potency topical corticosteroid, 2) Pimecrolimus cream, 3) Tacrolimus ointment, or 4) Eucrisa (crisaborole) ointment.	Update	1/1/2023
Tezspire	tezepelumab-ekko	Criteria for eosinophilic asthma updated to require a trial of two from the following: Dupixent, Fasenra, or Nucala. For allergic asthma, a trial of Xolair will be required. For oral corticosteroid dependent asthma, a trial of Dupxient will be required. Because the drug is non-formulary the addition of paid claims or submission of medical records to confirm trial requirements will be required.	Update	1/1/2023
Kanuma	sebelipase alfa	Expanded upon objective measures used to confirm diagnosis (e.g., enzymatic blood test, genetic testing). Added lipidologist and gastroenterologist as additional specialists.	Update	1/1/2023
Xifaxan	rifaximin	For traveler's diarrhea, added criterion to confirm disease is moderate or severe.	Update	1/1/2023