

Summary of Utilization Management (UM) Program Changes

June #2 2021

| Brand Name | Generic Name | Utilization Update Summary | Type | Effective Date |
|--|--------------|---|--------|----------------|
| <i>Lupkynis</i> | voclosporin | New drug approved for use with other immunosuppressive therapy for adults with active lupus nephritis. Initial criteria requires: 1) Diagnosis of active lupus nephritis; 2) Used in combination with immunosuppressive therapy (e.g., mycophenolate mofetil, methylprednisolone); and 3) Prescribed by one of the following: nephrologist or rheumatologist | New | 9/1/2021 |
| <i>Accutane in Isotretinoin guideline</i> | isotretinoin | Accutane has been relaunched into the marketplace. It has been added to the Isotretinoin guideline with the same requirements as the other products on formulary. | Update | 9/1/2021 |
| <i>Xeljanz Oral Solution</i> | tofacitinib | The new oral solution will have the same requirements as the Xeljanz tablets for the treatment polyarticular juvenile idiopathic arthritis (PJIA). | Update | 9/1/2021 |
| <i>Kuvan</i> | sapropterin | The branded Kuvan product will require a trial and failure of the generic sapropterin. | Update | 9/1/2021 |
| <i>Orgovyx</i> | relugolix | Indicated for the treatment of advanced prostate cancer. Initial criteria requires: 1. Diagnosis of advanced prostate cancer; 2. One of the following: a) Evidence of relapse based on laboratory results or physical examination after an initial attempt to cure the cancer OR b) Newly diagnosed metastatic disease that is responding to male hormones OR c) Advanced local disease that is unlikely to be cured by local treatment (like surgery) 3. Prescribed by urologist or oncologist | New | 9/1/2021 |
| <i>Long-acting Opioids in Opioid Risk Management Guideline</i> | various | Updated criteria for long-acting opioids to indicate that the following criterion should apply to every review and not just the non-neuropathic pain section: "None of the following: a) for use as an as-needed analgesic, b) For pain that is mild or not expected to last for an extended period of time, c) For acute pain, d) For postoperative pain, unless the patient is already receiving chronic opioid therapy prior to surgery, or if postoperative pain is expected to be moderate to severe and persist for an extended period of time" | Update | 9/1/2021 |
| <i>Dupixent</i> | dupilumab | Added age requirement for treatment of Atopic Dermatitis of ages 6 years and older. For treatment of Chronic Rhinosinusitis with Nasal Polyposis, removed the requirement to submit the | Update | 9/1/2021 |

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| | | details of the intranasal corticosteroid product tried. The specialist prescriber now includes the option of a pulmonologist (in addition to allergist/immunologist or otolaryngologist) | | |
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