

## Summary of Utilization Management (UM) Program Changes

**August 2020**

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
<i>DHE Migranal</i>	Dihydroergotamine injection and nasal spray	<p>Initial criteria for <i>migraines</i>:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of migraine headaches with or without aura;</li> <li>2) Will be used for the acute treatment of migraine;</li> <li>3) Patient is 18 years of age or older;</li> <li>4) Trial and failure to two triptans (such as eletriptan, rizatriptan, sumatriptan) OR a contraindication to all triptans;</li> <li>5) If patient has 4 or more headache days per month, patient must be treated with one of the following drug: a) Elavil (amitriptyline) or Effexor (venlafaxine) OR b) Depakote/Depakote ER (divalproex sodium) or Topamax (topiramate) OR c) currently being treated with a beta blocker (i.e., atenolol, propranolol, nadolol, timolol, or metoprolol) unless there is a contraindication or intolerance to all of these medications; and</li> <li>6) Prescribed by one of the following specialists: neurologist, pain specialist.</li> </ol> <p>Initial criteria for <i>cluster headaches</i>:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of cluster headache;</li> <li>2) Patient is 18 years of age or older;</li> <li>3) Trial and failure to sumatriptan injection; and</li> <li>4) Prescribed by one of the following specialists: neurologist, pain specialist.</li> </ol>	New	10/15/2020
<i>Scenesse</i>	afamelanotide	<p>Initial criteria requires:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of erythropoietic protoporphyria (EPP) confirmed by laboratory or genetic testing;</li> <li>2) Patient has history of phototoxic reactions (skin damage from exposure to light, such as sunlight); and</li> <li>3) Prescribed by a dermatologist or hepatologist (liver specialist).</li> </ol>	New	10/15/2020
<i>Nerlynx</i>	neratinib	<p>Nerlynx has a new indication for advanced or metastatic breast cancer. Initial criteria for this indication requires:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of advanced or metastatic breast cancer;</li> <li>2) Disease is human epidermal growth factor receptor 2 (HER2)-positive;</li> </ol>	Update	10/15/2020

		<p>3) Patient has received two or more prior anti-HER2 based regimens (e.g., trastuzumab + pertuzumab + docetaxel, ado-trastuzumab, etc.);</p> <p>4) Used in combination with capecitabine; and</p> <p>5) Prescribed by an oncologist.</p>		
<i>Bonest</i> <i>Diclegis</i>	doxylamine and pyridoxine	Criteria will now read: trial and failure of generic doxylamine and generic pyridoxine <b>taken together</b> .	Update	10/15/2020
<i>Provigil</i> <i>Nuvigil</i> <i>(combined guideline)</i>	modafinil armodafinil	Approval of Nuvigil (brand) will now require a trial of generic armodafinil.	Update	10/15/2020
<i>Belprazo</i> <i>Treanda</i> <i>bendamustine</i>	bendamustine	One of the following: a) Trial and failure of Bendeka, OR b) Continuation of therapy for patients	Update	10/15/2020
<i>Restasis</i> <i>Xiidra</i> <i>Cequa</i> <i>(3 guidelines)</i>	cyclosporine lifitegrast cyclosporine	For each drug, the criteria that currently requires: "Trial and failure or intolerance to at least one over-the-counter eye lubricant used at an optimal dose and frequency for at least two weeks (e.g., artificial tears, lubricating gels/ointments, etc.)" <b>will be removed</b> .	Update	10/15/2020
<i>Cimzia</i>	certolizumab	1. Added objective measures to the <i>psoriasis</i> reauthorization criteria which states, "Documentation of positive clinical response to therapy as evidenced by ONE of the following: • Reduction the body surface area (BSA) involvement from baseline • Improvement in symptoms (e.g., pruritus, inflammation) from baseline".	Update	10/15/2020
<i>Enbrel</i>	Etanercept	1. Added objective measures to the <i>psoriasis</i> reauthorization criteria which states, "Documentation of positive clinical response to therapy as evidenced by ONE of the following: • Reduction the body surface area (BSA) involvement from baseline • Improvement in symptoms (e.g., pruritus, inflammation) from baseline".	Update	10/15/2020
<i>Compounded Drugs</i>	Acyclovir ointment 5% ointment Doxepin cream 5%	Specific criteria for <i>acyclovir ointment 5%</i> requires: • Age of 18 years or old • Treatment of initial genital herpes OR non-life-threatening skin herpes simplex virus infection in people with weakened immune systems AND	Update	10/15/2020

		<ul style="list-style-type: none"><li>• The final dose is not commercially available AND</li><li>• The patient has tried and failed at least 3 commercially available prescription alternatives.</li></ul> <p>Specific criteria for <i>doxepin cream 5%</i> requires:</p> <ul style="list-style-type: none"><li>• Age of 18 years or old</li><li>• Treatment of eczema or lichen simplex chronicus (a type of chronic skin inflammation) AND</li><li>• The final dose is not commercially available AND</li><li>• The patient has tried and failed at least 3 commercially available prescription alternatives.</li></ul>		
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