Summary of Utilization Management (UM) Program Changes

April #2 2021

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Forteo Teriparatide (in Teriparatide Products)	teriparatide	This drug is now approved to use for more than 2 years during a lifetime. Initial criteria now allow approval if the patient remains or returns to having a high risk of fracture despite use of 24 months of parathyroid hormones, such as teriparatide or Tymlos.	Update	7/1/2021
Apralast NP Glassia Prolastin-C Zemaira (in Alpha-1 Proteinase Inhibitors)	alpha-1 proteinase inhibitor	An additional optional approval criterion has been added. Initial approval includes the previous lab values OR a diagnosis of necrotizing panniculitis (new).	Update	7/1/2021
Lupron (in Gonadotropin-Releasing Hormone Agonists)	leuprolide	Leuprolide acetate (generic Lupron; brand Lupron has been discontinued) will be removed from criteria section that allows use for central precocious puberty since it is not FDA approved or compendia supported for this use.	Update	7/1/2021
Endari	L-glutamine	Removed the requirement of concomitant hydroxyurea therapy or contraindication/intolerance to hydroxyurea.	Update	7/1/2021
Harvoni	ledipasvir-sofosbuvir	Added a clarification that prerequisite options may not be appropriate due to patient's age or weight. The criteria now read: "Trial and failure, contraindication (e.g., safety concerns, not indicated for patient's age/weight) or intolerance to".	Update	7/1/2021
Sovaldi	sofosbuvir	Added a clarification that prerequisite options may not be appropriate due to patient's age or weight. The criteria now read: "Trial and failure, contraindication (e.g., safety concerns, not indicated for patient's age/weight) or intolerance to".	Update	7/1/2021
Enspryng	satralizumab-mwge	An ophthalmologist has been added as one of the specialists who may prescribe the drug.	Update	7/1/2021
Uplinza	inebilizumab-cdon	An ophthalmologist has been added as one of the specialists who may prescribe the drug.	Update	7/1/2021
Soliris	eculizumab	New dosing limits for Paroxysmal Nocturnal Hemoglobinuria (PNH), as defined by the manufacturer will become part of the guideline: Dose will not exceed 600 mg weekly for the first 4 weeks, then 900 mg at week 5 (induction doses), and then 900 mg weekly (maintenance dose).	Update	7/1/2021

Ultram ER Conzip (in Extended-Release Tramadol Products)	tramadol	Tramadol ER has been added to the Conzip guideline with a name change to "Extended-Release Tramadol Products." Initial criteria change to: Trial and failure (of a minimum 30 day supply), or intolerance to an immediate release tramadol containing product [e.g., Ultram (tramadol), Ultracet (tramadol/acetaminophen)]	Update	7/1/2021
Adakveo	crizanlizumab-tmca	The patient age requirement has been removed from the criteria.	Update	7/1/2021
Oxbryta	voxelotor	The patient age requirement has been removed from the criteria. The requirement to try hydroxyurea prior to Oxbryta now states "Trial and failure, or inadequate response, contraindication or intolerance."	Update	7/1/2021
Ravicti	Glycerol phenylbutyrate	Updated criteria to require a trial and failure of sodium phenylbutyrate prior to Ravicti.	Update	7/1/2021