P&T Committee Meeting Minutes
Commercial, Exchange, CHIP
August 2024 e-Vote

DRUG REVIEWS

RELEXXII (methylphenidate HCl Tab ER Osmotic Release)

Review: Relexxii is a central nervous system stimulant indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in adults (up to the age of 65 years) and pediatric patients 6 years of age and older. The recommended dosage for patients new to methylphenidate varies by age. For pediatric patients, the starting dosage is 18 mg once daily. The dosage may be increased by 18 mg once per day at weekly intervals. For patients aged 6 to 12, the maximum dosage is 54 mg once daily while the maximum dosage for patients aged 13 to 17 is 72 mg once daily. The recommended starting dosage for adults (up to 65 years) is 18 mg or 36 mg once daily with a maximum dosage of 72 mg once daily. Relexxii is supplied, branded and generically, in 18 mg, 27 mg, 36 mg, 45 mg, 54 mg, 63 mg, and 72 mg tablets. The approval of Relexxii introduces smaller increments of dosages between each tablet, which may offer clinicians the potential to prescribe a single tablet to achieve a specific dosage, prescribe a slower titration, and achieve a more exact dosing schedule. Once daily administration with tablets of smaller dosage increments may be more convenient for patients, thus increasing adherence with medication treatment and allowing for more individualized treatment.

The efficacy of Relexxii is based upon studies of another formulation of methylphenidate hydrochloride extended-release tablets. Three double-blinded, active and placebo-controlled trials were conducted in 416 pediatric patients aged 6 to 12 years old. These randomized controlled trials compared methylphenidate hydrochloride extended-release tablets given once daily (18 mg, 36 mg, or 54 mg), methylphenidate given three times daily over 12 hours (15 mg, 30 mg, or 45 mg total daily dose), and placebo in two single-center, 3-week crossover studies, and in a 4-week multicenter parallel-group comparison. All three studies evaluated symptoms using the Inattention/Overactivity with Aggression (IOWA) Conners scale and two studies also evaluated symptoms using the Swanson, Kotkin, Agler, M-Fynn, and Pelham (SKAMP) laboratory school rating scale; all results demonstrated statistically significant improvements in attention and behavior in patients treated with methylphenidate hydrochloride extended-release tablets.

In a study evaluating the effectiveness of methylphenidate hydrochloride extended-release tablets in pediatric patients aged 13 to 17 at doses up to 72 mg once daily, mean scores on the ADHD rating scale demonstrated statistical significance for superiority over placebo. In two studies conducted in adults aged 18 to 65, at doses up to 108 mg once daily and up to 72 mg once daily, scores on the ADHD investigator rating scale (AISRS) and Conners' adult ADHD rating scale (CAARS), respectively demonstrated statistical significance for superiority over placebo.

Additionally, a bioavailability study in healthy adults was performed comparing plasma exposures of 72 mg Relexxii and 72 mg (2x36 mg) methylphenidate ER tablets. The peak concentration of both tablets was 19.7 ng/mL and 19.3 ng/mL, respectively with an area under the curve of 206.1 ng·h/mL and 200.9 ng·h/mL, respectively. This bioavailability study demonstrates bioequivalence amongst branded strengths and its generics available.

Relexxii is a schedule II substance with a high potential for abuse and misuse which may lead to the development of a substance use disorder, including addiction. Before prescribing, a patient's risk for abuse, misuse, and addiction should be assessed. Additionally, patients should be educated about these risks and proper disposal of any unused drug. Throughout treatment, reassessment of each patient's risk of abuse, misuse, and addiction should occur. The safety of Relexxii is based on adequate and well-controlled studies of another formulation of methylphenidate hydrochloride extended-release tablets for which adverse effects were derived.

The 2018 National Institute of Health and Care Excellence (NICE) Guidelines recommend offering methylphenidate (short or long acting) as the first-line pharmacological treatment for attention deficit hyperactivity disorder (ADHD) in children, adolescents, and adults.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: Relexxii will be a pharmacy benefit and it is not recommended to be added the Commercial/Exchange/CHIP formularies at this time. Requests for methylphenidate ER (OSM) 45 mg, 63 mg, and 72 mg (generic Relexxii) will utilize existing policy 94.0. It is recommended that the prior authorization criteria in existing policy 94.0 be updated to the following:

- Medical record documentation of a diagnosis of attention deficit hyperactivity disorder (ADHD) **AND**
- Medical record documentation of a contraindication to, intolerance to, or therapeutic failure on two generic formulary alternatives (methylphenidate CD, amphetamine/dextroamphetamine SR combination, dexmethylphenidate ER), one of which must contain the same active ingredient as the product requested, if available

QUANTITY LIMIT: 1 tablet per day

GPI LEVEL: GPI-12

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

FAST FACTS

AUGTYRO (repotrectinib)

Review: Augtyro is now indicated for adults and pediatric patients 12 years of age and older with solid tumors that have neurotrophic tyrosine receptor kinase (NTRK) gene fusion, are locally advanced or metastatic, or where surgical resection is likely to result in severe morbidity and have progressed following treatment or have no satisfactory alternative therapy. This indication is approved under accelerated approval based on overall response rate and duration of response. Patients should be selected for the treatment of solid tumors with Augtyro based on the presence of NTRK1/2/3 rearrangements in tumor specimens. An FDA-approved test to detect NTRK1/2/3 rearrangements for selecting patients for treatment with Augtyro is not currently available – in patients with secretory breast cancer or mammary analogue secretory cancer, consider treatment without confirmation of NTRK rearrangements in tumor specimens.

There is no change for the recommended dosage of Augtyro for the new indication. The recommended dosage for adults and pediatric patients 12 years and older is 160 mg taken orally once daily with or without food for 14 days, then increase to 160 mg twice daily and continue until disease progression or unacceptable toxicity.

The efficacy of Augtyro was evaluated in TRIDENT-1, a single-arm, open-label, multi-cohort clinical trial in 88 adult patients with locally advanced or metastatic NTRK gene fusion-positive NTRK1/2/3 solid tumors who had either received a prior TKI treatment or were TKI-naïve. Patients with symptomatic brain metastases were excluded from the trial. At baseline, 96% of patients had metastatic disease and 25% of patients had CNS metastases by BICR. Seventy-seven percent (n=37) of patients received 2 or more prior systemic regimens, and 46% (n=22) received three or more prior systemic regimens, and 7 patients (15%) received 2 prior TKI therapies. All patients received Augtyro 160 mg orally once daily for 14 days, then increased to 160 mg twice daily until disease progression or unacceptable toxicity.

The major efficacy outcome measures were ORR and DOR according to RECIST v1.1 assessed by BICR. Intracranial response according to modified RECIST v1.1 was assessed by BICR.

The safety and efficacy of Augtyro for the treatment of locally advanced or metastatic NTRK-positive solid tumors in pediatric patients 12 years and older was established based on evidence from the TRIDENT-1 trial as well as additional pharmacokinetic and safety data in pediatric patients aged 12 years and older which showed that exposure to Augtyro is expected to result in similar safety and efficacy to that of adults. The course of locally advanced or metastatic NTRK-positive solid tumors is sufficiently similar in adults and pediatric patients 12 years and older to allow extrapolation of data in adult patients to the pediatric population. No new safety signals were identified in the solid tumors cohort of the TRIDENT-1 trial and the adverse event profile was consistent with the known safety profile of Augtyro.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: No changes are recommended for the formulary placement, auth duration, or quantity limit of Augtyro. It is recommended that the following prior authorization criteria be added to Commercial Policy 797.0 to incorporate the new indication.

Non-Small Cell Lung Cancer (NSCLC)

- Medical record documentation that Augtyro is prescribed by an oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) whose tumors are *ROS1*-positive

Solid Tumors

- Medical record documentation that Augtyro is prescribed by an oncologist **AND**
- Medical record documentation of age greater than or equal to 12 years **AND**
- Medical record documentation of a diagnosis of locally advanced or metastatic solid tumor (s) or solid tumor (s) where surgical resection is likely to result in severe morbidity AND
- Medical record documentation of a neurotrophic tyrosine receptor kinase (NTRK) gene fusion AND
- Medical record documentation of progression following treatment or no satisfactory alternative therapies

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*

- QL FOR LETTER ONLY: 8 capsules per day, 30 day supply per fill

RE-AUTHORIZATION CRITERIA: Augtyro is configured as a prior authorization for new starts only. Augtyro will no longer be covered if it is identified that the member is not receiving appropriate follow-up care from the prescribing specialist or if the member has greater than or equal to a 90 day break in therapy.

- Medical record documentation that the member is receiving appropriate follow-up care from the prescribing specialist

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

BLINCYTO (blinatumomab)

Review: Blincyto is a bispecific CD-19 directed CD3 T-cell engager previously indicated for the treatment of adult and pediatric patients with:

- CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1%, and
- Relapsed or refractory CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL).

Blincyto is now also indicated for the treatment of adult and pediatric patients one month and older with:

- CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1%, and
- Relapsed or refractory CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL), and
- CD19-positive Philadelphia chromosome-negative B-cell precursor acute lymphoblastic leukemia (ALL) in the consolidation phase of multiphase chemotherapy

The dosing of Blincyto during the consolidation phase of multiphase chemotherapy is similar to the dosing of Blincyto in the consolidation phase for MRD-positive B-cell precursor ALL. The dosing during the consolidation phase of multiphase chemotherapy is also similar to the dosing of Blincyto in the consolidation phase for relapsed or refractory B-cell precursor ALL.

NCCN guidelines recommend various regimens as consolidation therapy. Blincyto is recommended in Philadelphia chromosome negative disease for both Persistent/Rising MRD and negative MRD after complete remission following induction therapy.

The efficacy of Blincyto in adults and pediatric patients with newly diagnosed Philadelphia chromosome-negative B-cell precursor ALL was evaluated in two studies: Study E1910 (adults, NCT02003222) and Study 20120215 (pediatrics, NCT02393859). In study E1910, 224 adult patients were required to be in hematologic complete remission (CR) or CR with incomplete peripheral blood count recovery (CRi) following induction/intensification chemotherapy. Patients were randomized 1:1 to receive consolidation of

Blincyto monotherapy with multiple cycles of intensive chemotherapy (Blincyto arm) or intensive chemotherapy alone (chemotherapy arm). Randomization was stratified by age, CD20 status, rituximab use, and intent to undergo allogenic stem cell transplantation.

Patients in the Blincyto arm received 2 cycles of Blincyto, then 3 cycles of consolidation chemotherapy (adapted from the E2993/UKALLXII clinical trial), then 1 cycle of Blincyto, then 1 cycle of chemotherapy, then 1 cycle of Blincyto (8 cycles total). Patients in the chemotherapy arm received 4 cycles of chemotherapy alone. Patients in the Blincyto arm could go to HSCT after cycle 1 or 2 and up to cycle 2 of consolidation chemotherapy, while patients in the chemotherapy arm could go to HSCT after intensification and up to cycle 3 of chemotherapy. All patients who completed consolidation but did not go to HSCT had maintenance therapy with POMP (6-Mercaptopurine, Vincristine, Methotrexate, Prednisone) through 2.5 years from the start of intensification (per E2993/UKALLXII clinical trial treatment regimen).

Efficacy was established on overall survival with a mean follow up of 3.6 years, with results summarized in Figure 2 and Table 4 below. A later analysis with a median follow up of 4.5 years was completed and the 5-year OS was 82.4% [95% CI (73.7, 88.4)] in the Blincyto arm and 62.5% (95% CI [52.0, 71.3]) in the chemotherapy arm, with a hazard ratio of 0.44 (95% CI [0.25, 0.76]).

Study 20120215 was a randomized, controlled, open-label, multicenter study in 111 patients aged 28 days to 18 years old with high-risk, first relapsed, Philadelphia chromosome-negative B-cell precursor ALL with 25% blasts in bone marrow (after induction and 2 cycles of consolidation chemotherapy). Patients were randomized 1:1 to receive Blincyto or chemotherapy for their third cycle of consolidation. Randomization was stratified by age, minimal residual disease status determined at the end of induction, and bone marrow status determined at the send of the second block of consolidation chemotherapy.

Patients in the Blincyto arm received one cycle of Blincyto as a continuous infusion at 15 mcg/m2/day over 4 weeks. Patients in the chemotherapy arm received combination chemotherapy according to the IntReALLHR2010 HC3 regimen. Patients proceeded to HSCT after the cycle of consolidation therapy.

Efficacy was established on the basis of overall survival (OS) and relapse-free survival (RFS), with a median follow up time for OS of 55.2 months.

Contraindications of Blincyto have remained unchanged with known hypersensitivity to blinatumomab or any component of the product formulation as the only listed contraindication. The Cytokine Release Syndrome (CRS) warning and precaution was updated to include that 16% of all patients receiving Blincyto during the consolidation phase of therapy had reported CRS. The Neurological Toxicities (including Immune Effector Cell-Associated Neurotoxicity Syndrome [ICANS]) warning and precaution was updated to include that patients with down syndrome over the age of 10 years may have a higher risk of seizures with Blincyto.

The adverse reactions section was updated to include clinical trial experience from Study E1910 and Study 20120215. In study E1910, fatal adverse reactions (AR) occurred in 2 patients during Blincyto cycles and were due to infection (n=1) and coagulopathy (n=1). Permanent discontinuations of Blincyto due to AR occurred in 2% of patients, dose interruptions in 5%, and dose reductions in 28%. The most common adverse reactions were neutropenia, thrombocytopenia, anemia, leukopenia, headache, infection, nausea, lymphopenia, diarrhea, musculoskeletal pain, and tremor. In Study 20120215 serious adverse reactions occurred in 28% of patients. Permanent discontinuation due to AR occurred in 4% of patients and included nervous system disorder and seizure. Dose interruptions sue to AR occurred in 11% of patients. The most common adverse reactions were pyrexia, nausea, headache, rash, hypogammaglobulinemia, and anemia.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: There are no changes recommended to the formulary placement Blincyto. It is recommended to update the following criteria and auth durations as a result of the new indication.

MBP 128.0 Blincyto (blinatumomab)

Relapsed or Refractory B-cell Precursor ALL

- Prescription written by an oncologist/hematologist **AND**
- Medical record documentation of a diagnosis of relapsed or refractory CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL)

AUTHORIZATION DURATION: Approval will be limited to one lifetime 9 cycle (20 month) course. Subsequent approval for treatment past the initial 9 cycle course will require documentation of well-controlled, peer-reviewed literature with evidence to support this request.

MRD-positive B-cell Precursor ALL

- Prescription written by an oncologist/hematologist **AND**
- Medical record documentation of a diagnosis of CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL) in first or second remission **AND**
- Medical record documentation of a minimal residual disease (MRD) greater than or equal to 0.1%

AUTHORIZATION DURATION: Approval will be limited to one lifetime 4 cycle (6 month) course. Subsequent approval for treatment past the initial 4 cycle course will require documentation of well-controlled, peer-reviewed literature with evidence to support this request.

Consolidation Phase B-cell Precursor ALL

- Prescription written by an oncologist/hematologist **AND**
- Medical record documentation of a diagnosis of CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL) **AND**
- Medical record documentation of Philadelphia chromosome-negative disease **AND**
- Medical record documentation member is in the consolidation phase of multiphase chemotherapy

AUTHORIZATION DURATION:
For Adults: Approval will be limited to one lifetime 4 cycle (10 month) course. Subsequent approval for treatment past the 4 cycles of Blincyto will require documentation of well-controlled, peer-reviewed literature with evidence to support this request.
For Pediatrics: Approval will be limited to one lifetime 1 cycle (1 month) course. Subsequent approval for treatment past the 1 cycle of Blincyto will require documentation of well-controlled, peer-reviewed literature with evidence to support this request.
Note: For Consolidation Phase, in clinical trial E1910, patients received 2 cycles of Blincyto followed by 3 cycles of consolidation chemotherapy, then a third cycle of Blincyto followed by the fourth cycle of chemotherapy and a fourth cycle of Blincyto (total 8 cycles). In clinical trial 20120215, patients received Blincyto as the third cycle of consolidation, and then were to proceed to HSCT after this cycle.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

EPKINLY (epcoritamab-bysp)

Review: Epkinly is now indicated for adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy. This indication is approved through accelerated approval based on response rate and durability of response. Previously Epkinly was indicated in adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy. Epkinly is administered through subcutaneous infusion by a healthcare professional. The recommended dosage of Epkinly follows a step up dosing scheduled to the recommended maintenance dose of 48 mg in 28-day cycles until disease progression or unacceptable toxicity.

The efficacy of Epkinly was evaluated in EPCORE NHL-1, an open-label, multi-cohort, single-arm trial that included 127 patients with relapsed or refractory follicular lymphoma (FL) after at least two lines of system therapy. Patients with CNS involvement of lymphoma, allogeneic HSCT or solid organ transplant, ongoing active infection, creatinine clearance < 45 mL/min, alanine aminotransferase > 3 times the upper limit of normal, and a cardiac ejection fraction < 45% were excluded from the clinical trial. Patients

received Epkinly monotherapy following the 2-step up dosage schedule recommended for DLCBL. Treatment was continued until disease progression or unacceptable toxicity.

Efficacy was based on overall response rate (ORR) determined by Lugano 2014 criteria, assessed by Independent Review Committee (IRC) as well as duration or response. Median follow-up for DOR was 14.8 months. The median time to first response was 1.4 months (range 1 to 3 months).

In a separate dose optimization cohort in EPCORE NHL-1, 86 patients received the recommended 3-step up dosage schedule in Cycle 1. Efficacy in this cohort was comparable to the primary efficacy population.

The safety profile in the FL cohort of the EPCORE NHL-1 trial was consistent with reports of Epkinly monotherapy in the EPCORE NHL-1 diffuse large B-cell lymphoma cohort. The incorporation of the 3 mg dose into the step-up dosing regimen along with prophylactic dexamethasone and adequate hydration let to improved safety through mitigation of cytokine release syndrome and immune effector cell-associated neurotoxicity syndrome. Rates and severity of CRS were substantially reduced compared with the pivotal DLBCL cohort with a clinically meaningful reduction of grade 2 events and no grade 3 or worse events reported.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: No changes are recommended to the formulary placement or authorization duration of Epkinly. The following prior authorization criteria are recommended for MBP 290.0 to incorporate the new indication.

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Epkinly is written by a hematologist or oncologist **AND**
- Medical record documentation of a diagnosis of relapsed or refractory follicular lymphoma (FL) **AND**
- Medical record documentation of prior therapy with at least two lines of systemic therapy

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

FASENRA (benralizumab)

Review: Fasenra is now indicated for the treatment of severe asthma in patients with an eosinophilic phenotype in patients aged 6 years and older. Previously, this was indicated for the treatment of adult and adolescent patients aged 12 years and older with severe asthma with an eosinophilic phenotype. As a result of this updated indication and the approved dosing, a new formulation of Fasenra was created, Fasenra 10 mg/0.5 mL solution in a single-dose prefilled syringe.

The dosing of Fasenra for this updated indication is as follows:

- Patients aged 6-11 years
  - Weighing <35 kg: 10 mg every 4 weeks for first 3 doses, then 10 mg once every 8 weeks thereafter
  - Weighing ≥35 kg: 30 mg every 4 weeks for first 3 doses, then 30 mg once every 8 weeks thereafter
- Patients aged 12 years and older
  - 30 mg every 4 weeks for the first 3 doses, then 30 mg once every 8 weeks thereafter

This updated indication for Fasenra was a result of a pharmacokinetic and longer safety study, TATE, which studied safety, pharmacokinetics, and pharmacodynamics of benralizumab in patients aged 6-11 years with severe eosinophilic asthma. This trial was an open-label, parallel group, Phase 3 study of benralizumab in children with severe eosinophilic asthma, which included 28 children aged 6-11 years

from the Unites States and 2 children aged 12-14 years with severe eosinophilic asthma and 2 exacerbations requires system corticosteroids and/or hospitalization despite inhaled corticosteroids (ICS) in the 12 months before Visit 1. Patients weighing <35 kg received Fasenra 10 mg subcutaneously, while patients weighing ≥35 kg or ≥12 years of age received Fasenra 30 mg subcutaneously at Day 0 and then Weeks 4, 8, 16, 24, 32, and 40. The conclusion of this student demonstrated that the PK, PD, and safety profile of Fasenra 10 mg and Fasenra 30 mg subcutaneously in children with severe eosinophilic asthma are consistent with previous reports in adults and adolescents. Both dose/weight groups achieved near-complete depletion of eosinophils and no new safety signals were identified.

The most common adverse reactions occurring in ≥5% of patients for this patient population for Fasenra were in line with the known adverse reactions of Fasenra and headache and pharyngitis. No new warnings, contraindications, or black box warnings were identified.
A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: No changes are recommended to the formulary placement of Fasenra. The following changes are recommended to incorporate the new indication to the existing policies. It is recommended to add the new formulation of Fasenra, Fasenra 10 mg/0.5 mL prefilled syringe, to the formulary at the same tier as the other formulations with a quantity limit, once it is commercially available.

Medical Benefit Policy 173.0 Fasenra Prefilled Syringes (benralizumab):
Fasenra Prefilled Syringes (benralizumab) will be considered medically necessary for the commercial, exchange, and CHIP lines of business when ALL of the following criteria are met:

- Medical record documentation that Fasenra is prescribed by an allergist/immunologist or pulmonologist **AND**
- Medical record documentation of age greater than or equal to 6 years **AND**
- Medical record documentation of a diagnosis of severe eosinophilic asthma AND that Fasenra is being used as add-on maintenance treatment **AND**
- Medical record documentation of blood eosinophil count >150 cells/microL (0.15 x 10E3/uL) within the past 3 months **AND**
- Medical record documentation of one of the following:
    - Intolerance to or not well controlled or very poorly controlled symptoms* despite at least a 3-month trial of high-dose inhaled corticosteroids and/or oral systemic corticosteroids plus a long-acting beta agonist **OR**
    - Two or more exacerbations in the previous 12 months requiring additional medical treatment (oral corticosteroids, emergency department or urgent care visits, or hospitalization) despite current therapy with high-dose inhaled corticosteroids plus a long-acting beta agonist

  AND
- Medical record documentation that individual is adherent to current therapeutic regimen and has demonstrated appropriate inhaler technique **AND**
- Medical record documentation that known environmental triggers within the member's control have been eliminated **AND**
- Medical record documentation that the medication will not be used in combination with another biologic medication indicated for asthma treatment (e.g. Xolair (omalizumab), Nucala (mepolizumab), Dupixent (dupilumab), Cinqair (reslizumab), Tezspire (Tezepelumab))

QUANTITY LIMITS: Enter a 3-month auth for QL of 1 syringe (1 mL for Fasenra 30 mg/mL, 0.5 mL for Fasenra 10 mg/0.5 mL) per 28 days. Remainder of the 12-month authorization duration and subsequent renewals, QL of 1 syringe (1 mL for Fasenra 30 mg/mL, 0.5 mL for Fasenra 10 mg/0.5 mL) per 56 days.

Fasenra Prefilled Syringes (benralizumab) will be considered medically necessary for the Medicare line of business when ALL of the following criteria are met:

- Medical record documentation that Fasenra is prescribed by an allergist/immunologist or pulmonologist **AND**

- Medical record documentation of age greater than or equal to 6 years **AND**
- Medical record documentation of a diagnosis of severe eosinophilic asthma AND that Fasenra is being used as add-on maintenance treatment **AND**
- Medical record documentation of blood eosinophil count ≥150 cells/microL (0.15 x 10E3/uL) within the past 3 months **AND**
- Medical record documentation of one of the following:
    - Intolerance to or not well controlled or very poorly controlled symptoms* despite at least a 3-month trial of high-dose inhaled corticosteroids and/or oral systemic corticosteroids plus a long-acting beta agonist **OR**
    - Two or more exacerbations in the previous 12 months requiring additional medical treatment (oral corticosteroids, emergency department or urgent care visits, or hospitalization) despite current therapy with high-dose inhaled corticosteroids plus a long-acting beta agonist

  AND
- Medical record documentation that the medication will not be used in combination with another biologic medication indicated for asthma treatment (e.g. Xolair (omalizumab), Nucala (mepolizumab), Dupixent (dupilumab), Cinqair (reslizumab), Tezspire (Tezepelumab))

QUANTITY LIMITS: Enter a 3-month auth for QL of 1 syringe (1 mL for Fasenra 30 mg/mL, 0.5 mL for Fasenra 10 mg/0.5 mL) per 28 days. Remainder of the 12-month authorization duration and subsequent renewals, QL of 1 syringe (1 mL for Fasenra 30 mg/mL, 0.5 mL for Fasenra 10 mg/0.5 mL) per 56 days.

Commercial Policy 593.0 Fasenra for Self-Administration

- Medical record documentation that Fasenra is prescribed by an allergist/immunologist or pulmonologist **AND**
- Medical record documentation of age greater than or equal to 6 years **AND**
- Medical record documentation of a diagnosis of severe eosinophilic asthma AND that Fasenra is being used as add-on maintenance treatment **AND**
- Medical record documentation of a blood eosinophil count greater than 150 cells/mcL (0.15 x 10E3/uL) within the past 3 months **AND**
- Medical record documentation of one of the following:
    - Intolerance to or not well controlled or very poorly controlled symptoms* despite at least a 3-month trial of: high-dose inhaled corticosteroids and/or oral systemic corticosteroids plus a long-acting beta agonist **OR**
    - Two or more exacerbations in the previous 12 months requiring additional medical treatment (oral corticosteroids, emergency department or urgent care visits, or hospitalization) despite current therapy with high-dose inhaled corticosteroids plus a long-acting beta agonist **AND**
- Medical record documentation that member is adherent to current therapeutic regimen and must demonstrate appropriate inhaler technique **AND**
- Medical record documentation that known environmental triggers within the member's control have been eliminated **AND**
- Medical record that Fasenra will not be used in combination with another biologic medication indicated for asthma treatment (e.g., Xolair, Dupixent, Nucala, Cinqair, or Tezspire)

MEDISPAN AUTHORIZATION LEVEL: GPI-10

QUANTITY LIMIT:

- **Initial Approval –** *Two authorizations must be entered.*
    - Fasenra 30 mg every 4 weeks for the first 3 doses, then once every 8 weeks
      1. In PA Hub: Add PA only.
      2. In Darwin: Add OQL, DS, max number of claims authorized 3, max quantity dispensed 1, min day supply 28, max day supply 28, with a duration of 3 months.
        - QL FOR LETTER: Loading dose: 1 mL per 28 days; Maintenance dose: 1 mL per 56 days

- Fasenra 10 mg every 4 weeks for the first 3 doses, then once every 8 weeks
  1. In PA Hub: Add PA only.
  2. In Darwin: Add OQL, DS, max number of claims authorized 3, max quantity dispensed 0.5, min day supply 28, max day supply 28, with a duration of 3 months.
     - QL FOR LETTER: Loading dose: 0.5 mL per 28 days; Maintenance dose: 0.5 mL per 56 days

- **Renewal –** *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*
  - QL FOR LETTER ONLY:
    - Fasenra 30 mg/mL: 1 mL per 56 days
    - Fasenra 10 mg/0.5 mL: 0.5 mL per 56 days

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

IMFINZI (durvalumab)

Review: Imfinzi is now indicated in combination with carboplatin and paclitaxel followed by Imfinzi as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR). Patients should be selected for treatment based on the presence of dMMR in tumor specimens. An FDA approved test for the detection of dMMR in tumor specimens from patients with primary or recurrent endometrial cancer is not currently available. Previous indications for Imfinizi include non-small cell lung cancer, small cell lung cancer, biliary tract cancer, and hepatocellular carcinoma.

The recommended dosage of Imfinzi for patients who weigh less then or equal to 30 kg is Imfinzi is 1,120 mg in combination with carboplatin and paclitaxel every 3 weeks for 6 cycles, followed by Imfinzi 1,500 mg every 4 weeks as a single agent. The recommended dosage of Imfinzi for patients who weigh more than 30 kg is Imfinzi 15 mg/kg in combination with carboplatin and paclitaxel every 3 weeks for 6 cycles, followed by Imfinizi 20 mg/kg every 4 weeks as a single agent. Treatment is continued until disease progression or unacceptable toxicity.

The safety and efficacy of Imfinizi in the treatment of advanced or recurrent dMMR endometrial cancer is supported by results of the DUO-E, a randomized, double-blind, placebo-controlled trial in patients with advanced or recurrent endometrial cancer. The trial enrolled patients with newly diagnosed Stage III disease with measurable disease (RECIST v 1.1) or newly diagnosed Stage IV disease. Patients with recurrent disease with a low potential for cure by radiation therapy or surgery. The trial excluded patients with endometrial sarcoma, active autoimmune disease, or a medical condition that required immunosuppression.

Patients were randomized 1:1:1 to receive Imfinzi + carboplatin + paclitaxel, placebo + carboplatin + paclitaxel, or an additional investigational combination regimen. Treatment was continued until RECIST v1.1 defined progression of disease or unacceptable toxicity. Randomization was stratified by tumor mismatch repair (MMR) status (proficient or deficient), disease status (recurrent or newly diagnosed), and geographic region (Asia or the rest of the world). MMR status was assessed by immunohistochemistry tumor tissue test.

The major efficacy outcome measure was progression-free survival (PFS), determined by RECIST v1.1. Additional outcome measures included overall response rate (ORR), duration of response (DOR), and overall survival (OS).

A statistically significant improvement in PFS was observed in the overall population for Imfinzi + carboplatin + paclitaxel compared to carboplatin + paclitaxel alone but based on exploratory analysis by MMR status, the PFS improvement was primarily attributed to patients with dMMR tumors. Efficacy

results are shown in Table 1. Overall survival data in the dMMR tumor subpopulation at the time of the PFS analysis were immature.

The safety profiles of the treatment arms were generally consistent with the known profiles of the individual components of the regimen. No new safety signals for Imfinzi were identified in the DUO-E trial.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: No changes are recommended for the formulary placement of Imfinzi. It is recommended that the following prior authorization criteria be added to MBP 156.0 to incorporate the new indication.

Endometrial Cancer

- Medical record documentation of age greater than or equal to 18 years AND
- Medical record documentation that Imfinzi is prescribed by an oncologist or hematologist AND
- Medical record documentation of a diagnosis of primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR) AND
- Medical record documentation that Imfinzi will be used in combination with carboplatin and paclitaxel for 6 cycles, followed by continuation of Imfinzi as a single agent

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

KEVZARA (sarilumab)

Review: Kevzara is an FDA approved IL-6 receptor antagonist with a new indication for the treatment of patients who weigh 63kg or greater with active polyarticular juvenile idiopathic arthritis (pJIA). This new indication is in addition to previous indications for the treatment of adult patients with moderately to severely active RA who have had an inadequate response or intolerance to one or more DMARDs and with polymyalgia rheumatica who have had an inadequate response to corticosteroids or who cannot tolerate corticosteroid taper.

The recommended dosage for active pJIA is 200mg once every two weeks given as a subcutaneous injection. The dosage in this patient population can be achieved by administering the 200 mg/1.14 mL pre-filled syringe. The pre-filled pen is not intended for use in pediatric patients. In patients with pJIA, Kevzara can be used alone or in combination with conventional DMARDs.
Approval for this new indication was supported by evidence from controlled-studies of Kevzara in adults with RA, pharmacokinetic data from adults with RA, and pharmacokinetic comparability data from a study evaluating dose findings and safety for pediatrics with pJIA. Efficacy for this approval was established from the MOBILITY and TARGET trial which supported approval for Kevzara in RA. The dose finding study was a multicenter, open-label, 2-phase study including pediatrics aged 2 to 17 years old with pJIA diagnosed according to the American College of Rheumatology (ACR) classification who had inadequate response to their current therapy. The two phases of this study were a dose range finding part and a confirmatory part. The dose range finding part included 3 doses in 12 weeks of the core treatment phase, followed by patients then receiving the recommended dosage in part 2. Pharmacokinetic analysis of Kevzara was performed in this study population which included 101 pediatric patients aged 2 to 17 years old. Ultimately steady state concentrations were reached in 12 to 28 weeks and were within the range of exposures in adult RA patients following 150 mg/200 mg every 2 weeks.

The safety of Kevzara was studied in pediatric patients aged 2 to 17 years old where a total of 93 patients received at least one administration of the recommended dose. The most common adverse drug reactions were nasopharyngitis, neutropenia, upper respiratory tract infection, and injection site erythema. Of the adverse reactions and safety concerns identified in this pediatric population, none were new compared to the RA population previously studied. Kevzara should be avoided in patients with an active infection. Risks and benefits of treatment should be considered in those who have infection, underlying

conditions that may predispose them to infection, or who have been exposed to tuberculosis prior to initiating Kevzara.

For children already taking conventional synthetic DMARD, requiring additional disease control, there are certain biologics that have varying levels of evidence for their use in the treatment of pJIA. The American College of Rheumatology/Arthritis Foundation (ACR/AF) 2019 guidelines conditionally recommend Humira (moderate low-quality evidence), Orencia/Actemra (low-quality evidence), or Enbrel/Simponi Aria (very low-quality evidence).

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: Kevzara is a pharmacy benefit and is currently non-formulary for Commercial, Marketplace, and CHIP. There are no formulary changes recommended at this time. The following pJIA prior authorization criteria will apply and should be updated to policy 472.0:

Polyarticular Juvenile Idiopathic Arthritis:

- Medical record documentation of age greater than or equal to 2 years **AND**
- Medical record documentation of weight greater than or equal to 63 kg **AND**
- Medical record documentation that Kevzara is prescribed by a rheumatologist **AND**
- Medical record documentation of a diagnosis of polyarticular juvenile idiopathic arthritis (pJIA) made in accordance with the Internation League of Associations for Rheumatology (ILAR) Criteria for the Classification and Diagnosis of pJIA **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to a minimum 3 month trial of two (2) preferred formulary biologics for the treatment of polyarticular juvenile idiopathic arthritis **AND**
- Medical record documentation that Kevzara is not being used concurrently with a tumor necrosis factor (TNF) blocker or other biologic agent
-

FORMULARY ALTERNATIVES:

Polyarticular Juvenile Idiopathic Arthritis: Humira*/**, adalimumab-FKJP*/**, Hadlima*/**, Yusimry*/**, Enbrel*/**, Xeljanz*/**

*Prior Authorization Required, **Quantity Limits Apply

GPI Level: GPI-10

Quantity Limit: 2.28 mL per 28 days

Authorization Duration: Approval will be given for a duration of twelve (12 months). For continuation of coverage, medical record documentation of clinical improvement or lack of progression in signs and symptoms of polyarticular juvenile idiopathic arthritis on Kevzara therapy is required.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

KEYTRUDA (pembrolizumab)

Review: Keytruda is now indicated in combination with carboplatin and paclitaxel, followed by Keytruda as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial carcinoma.

Keytruda is administered (in combination with carboplatin and paclitaxel) as 400 mg every 6 weeks until disease progression, unacceptable toxicity, or for Keytruda up to 24 months.

The efficacy of Keytruda in combination with paclitaxel and carboplatin was evaluated in KEYNOTE-868/NRG-GY018, a randomized, double-blind, placebo-controlled trial in 810 patients with advanced or recurrent endometrial carcinoma. The study included two cohorts based on MMR status; 222 (27%) patients were in dMMR cohort and 588 (73%) patients were in pMMR cohort (with or without measurable disease). Patients who had not received prior systemic therapy or had received prior chemotherapy in the adjuvant setting were eligible. Patients who received prior adjuvant chemotherapy were only eligible if their chemotherapy-free interval was at least 12 months. Patients with endometrial sarcoma or patients with active autoimmune disease or a medical condition requiring immunosuppression were ineligible. Randomization was stratified by MMR status, ECOG PS, and prior adjuvant chemotherapy. Patients were randomized (1:1) to receive:

- Keytruda 200 mg every 3 weeks, paclitaxel 175 mg/m2 and carboplatin AUC 5 mg/mL/min for 6 cycles, followed by Keytruda 400 mg every 6 weeks for up to 14 cycles.
- Placebo every 3 weeks, paclitaxel 175 mg/m2 and carboplatin AUC 5 mg/mL/min for 6 cycles, followed by placebo every 6 weeks for up to 14 cycles.

Treatment continued until disease progression, unacceptable toxicity, or a maximum of 20 cycles (up to approximately 24 months). Patients with measurable disease who had RECIST-defined stable disease or partial response at the completion of cycle 6 were permitted to continue receiving paclitaxel and carboplatin with Keytruda or placebo for up t to 10 cycles as determined by the investigator.

The major efficacy outcome was PFS as assessed by investigator according to RECIST v1.1. An additional efficacy outcome measure was OS. The trial demonstrated statistically significant improvements in PFS for patients randomized to Keytruda + paclitaxel + carboplatin compared to placebo + paclitaxel + carboplatin in both dMMR and pMMR populations (Table 1). At the time of PFS analysis, OS data was not mature with 12% deaths in the dMMR population and 17% deaths in the pMMR population.

Adverse reactions occurring in patients treated with Keytruda and chemotherapy were generally similar to those observed with Keytruda alone or chemotherapy alone with the exception of rash. A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: No changes are recommended for the formulary placement or authorization duration of Keytruda. It is recommended that MBP 119.0 be updated with the following changes to incorporate the new indication:

MBP 119.0

14. Endometrial Carcinoma

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation of one of the following:
    - Medical record documentation of a diagnosis of primary advanced or recurrent endometrial carcinoma **AND**
    - Medical record documentation that Keytruda will be used in combination with carboplatin and paclitaxel followed by Keytruda as a single agent

OR

- Medical record documentation of a diagnosis of advanced endometrial carcinoma **AND**
- Medical record documentation of disease progression following at least one prior systemic therapy **AND**
- Medical record documentation that patient is not a candidate for curative surgery or radiation **AND**
- Medical record documentation of one of the following:
    - Medical record documentation that tumors are **not** microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) **AND**
    - Medical record documentation that Keytruda will be given in combination with lenvatinib (Lenvima)

OR

- Medical record documentation that Keytruda will be used as a single agent for treatment of tumors that are microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)

For all other indications:
Initial approval will be for 6 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

KRAZATI (adagrasib)

Review: Krazati (adagrasib) is now approved in combination with cetuximab for the treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic CRC, as determined by an FDA-approved test, who have received prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.

Krazati was previously indicated as a single agent for the treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic NSCLC, as determined by an FDA-approved test, who have received at least one prior systemic therapy.

These indications are approved under accelerated approval based on objective response rate (ORR) and duration of response (DOR). Continued approval for these indications may be contingent upon verification and description of a clinical benefit in confirmatory trials.

No changes to dosing or current quantity limits. Recommended dosage as a single agent for NSCLC and in combination with cetuximab for CRC is 600 mg orally twice daily.

The approval is based on results from the cohorts of the Phase 1/2 KRYSTAL-1 open-label study which evaluated Krazati (600 mg tablets administered orally twice daily) in combination with cetuximab in 94 patients with heavily pretreated CRC harboring a KRAS G12C mutation. The study met its primary endpoint, with a confirmed objective response rate (ORR) of 34% (n=94, 95% CI: 25-45) for Krazati with cetuximab, all of which were partial responses. The median duration of response (DOR) was 5.8 months (95% CI: 4.2-7.6).

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: There are no changes recommended to formulary placement of Krazati at this time. However, it is recommended to update the prior authorization criteria in the current policy to include the following:

Colorectal Cancer

- Medical record documentation that Krazati is prescribed by a hematologist or oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of a diagnosis of locally advanced or metastatic colorectal cancer **AND**
- Medical record documentation of a KRAS-G12C mutation, as determined by a Food and Drug Administration (FDA) approved test **AND**
- Medical record documentation that Krazati will be given in combination with cetuximab **AND**

- Medical record documentation of prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy

Non–Small Cell Lung Cancer

- Medical record documentation that Krazati is prescribed by a hematologist or oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) **AND**
- Medical record documentation of a KRAS-G12C mutation, as determined by a Food and Drug Administration (FDA) approved test **AND**
- Medical record documentation of at least one prior systemic therapy

MEDISPAN AUTHORIZATION LEVEL: GPI-12, number of claims authorized = 1, enter for the remainder of the calendar year

QUANTITY LIMIT: *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*

- QL FOR LETTER ONLY: 6 tablets per day, 30 day supply per fill

RE-AUTHORIZATION CRITERIA: Krazati is configured as a prior authorization for new starts only. Krazati will no longer be covered if it is identified that the member is not receiving appropriate follow-up care from the prescribing specialist or if the member has greater than or equal to a 90 day break in therapy.

- Medical record documentation that the member is receiving appropriate follow-up care from the prescribing specialist

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

MOTPOLY XR (lacosamide)

Review: Motpoly XR is indicated for adjunctive therapy in the treatment of primary generalized tonic-clonic seizures in adults and in pediatric patients weighing at least 50 kg. Previously Motpoly XR was indicated for the treatment of partial onset seizures.

There is no change to the recommended dosage of Motpoly XR for the new indication. The recommended initial dosage for patients 17 years of age and older is 200 mg once daily for monotherapy and 100 mg for adjunctive therapy. The maximum recommended dosage is 400 mg once daily. For pediatric patients weighing at least 50 kg, the recommended initial dosage is 100 mg once daily.

Efficacy of Motpoly XR in the new indication comes from a 24-week double-blind, randomized placebo-controlled, parallel group study of immediate-release lacosamide which demonstrated statistically significantly lower risk of developing a second primary generalized tonic-clonic seizure in patients treated with lacosamide.

No new safety signals have been identified and the adverse event profile for the new indication is expected to be consistent with that of Motpoly XR for the adjunctive treatment of partial-onset seizures and that of lacosamide IR for adjunctive treatment of PGTC seizures.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: No changes are recommended for the formulary placement or quantity limits for Motpoly XR. It is recommended that Commercial Policy 803.0 be updated to incorporate the new indication.

- Medical record documentation of a diagnosis of partial-onset seizures or primary generalized tonic-clonic seizures **AND**
- Medical record documentation of weight greater than or equal to 50 kilograms (kg) **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to three (3) formulary alternatives, one of which must be oral lacosamide immediate-release

  MEDISPAN AUTHORIZATION LEVEL: GPI-12

  QUANTITY LIMIT: *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*
  - QL FOR LETTER ONLY:
    - 100 mg capsule: 1 capsule per day
    - 150 mg & 200 mg capsules: 2 capsules per day

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

NEXLETOL (bempedoic acid) & NEXLIZET (bempedoic acid-ezetimibe)

Review: Nexletol and Nexlizet are now approved to reduce the risk of myocardial infarction and coronary revascularization in adults who are unable to take recommended statin therapy (including those not taking a statin) with established cardiovascular disease (CVD) or those with a high risk for a CVD event but without established CVD.

The recommended dosage for Nexletol is one tablet (180mg) orally once daily with or without food. The recommended dosage for Nexlizet is one tablet (180mg-10mg) orally once daily with or without food.

The efficacy of Nexletol on cardiovascular outcomes in adults with CVD or at high risk of CVD was studied in a randomized, double-blind, placebo-controlled, event-driven trial (Trial 1 NCT02993406) in 13,970 adult patients with established CVD (70%) or at high risk for a CVD event but without CVD (30%) who were not receiving recommended statin dosages. Patients with established CVD had documented history of coronary artery disease, symptomatic peripheral arterial disease, and/or cerebrovascular atherosclerotic disease. Patients without established CVD were considered at high risk for CVD based on meeting at least one of the following criteria:

- Diabetes mellitus (type 1 or type 2) in females over 65 years of age or males over 60 years of age.
- A Reynolds Risk score > 30% or a SCORE Risk score > 7.5% over 10 years.
  - Reynolds risk score and SCORE risk score evaluate a 10-year risk of having a cardiovascular (CV) event. The Reynolds risk score is based on the following risk factors: sex, age, smoking status, systolic blood pressure, total cholesterol, HDL cholesterol, high sensitivity Creactive protein (hsCRP), and familial history of CVD events. LDL-C is an additional risk factor considered in SCORE risk score.
- A coronary artery calcium score >400 Agatston units at any time in the past.

Patients were randomized 1:1 to receive either oral Nexletol 180 mg per day (n = 6,992) or placebo (n = 6,978), alone or as an add on to other background lipid-lowering therapies. Background therapy could include less than low-intensity statin dosages. Overall, 95.3% of adult patients were followed until the end of the trial or death. The median follow-up duration was 3.4 years. The risk for the primary composite endpoint (MACE-4: time to first occurrence of CV death, nonfatal myocardial infarction, nonfatal stroke, or coronary revascularization; p= 0.0037) and the key secondary composite endpoint (MACE-3: time to first occurrence of CV death, nonfatal myocardial infarction, or nonfatal stroke; p= 0.0058) was significantly reduced in Nexletol treated patients compared to placebo-treated patients. The difference between the Nexletol and placebo groups in mean percent change in LDL-C from baseline to Month 6 was -20% (95% CI: -21%, -19%).

The efficacy of Nexlizet on cardiovascular outcomes in adults with CVD or at high risk of CVD was studied in a randomized, double-blind, placebo-controlled, event-driven trial (Trial 4 NCT02993406) in 13,970 adult patients with established CVD (70%) or at high risk for a CVD event but without CVD (30%) who were not receiving recommended statin dosages. Patients with established CVD had documented history of coronary artery disease, symptomatic peripheral arterial disease, and/or cerebrovascular atherosclerotic disease. Patients without established CVD were considered at high risk for CVD based on meeting at least one of the following criteria:

- Diabetes mellitus (type 1 or type 2) in females over 65 years of age or males over 60 years of age.
- A Reynolds Risk score > 30% or a SCORE Risk score > 7.5% over 10 years.
    - Reynolds risk score and SCORE risk score evaluate a 10-year risk of having a cardiovascular (CV) event. The Reynolds risk score is based on the following risk factors: sex, age, smoking status, systolic blood pressure, total cholesterol, HDL cholesterol, high sensitivity C-reactive protein (hsCRP), and familial history of CVD events. LDL-C is an additional risk factor considered in SCORE risk score.
- A coronary artery calcium score >400 Agatston units at any time in the past.

Patients were randomized 1:1 to receive either oral bempedoic acid 180 mg per day (n = 6,992) or placebo (n = 6,978), alone or as an add on to other background lipid-lowering therapies. Background therapy could include less than low-intensity statin dosages. Overall, 95.3% of adult patients were followed until the end of the trial or death. The median follow-up duration was 3.4 years. The risk for the primary composite endpoint (MACE-4: time to first occurrence of CV death, nonfatal myocardial infarction, nonfatal stroke, or coronary revascularization; p= 0.0037) and the key secondary composite endpoint (MACE-3: time to first occurrence of CV death, nonfatal myocardial infarction, or nonfatal stroke; p= 0.0058) was significantly reduced in bempedoic acid-treated patients compared to the placebo-treated patients (Table 6). The difference between bempedoic acid and placebo in mean percent change in LDL-C from baseline to Month 6 was 20% (95% CI: -21%, -19%).

The warnings and precautions remain the same with the new indication; however, the contraindications sections have been updated to include the following.

- Nexletol is contraindicated in patients with a prior serious hypersensitivity reaction to bempedoic acid or any of the excipients in Nexletol. Serious hypersensitivity reactions, such as angioedema, have occurred.
- Nexlizet is contraindicated in patients with a prior hypersensitivity to ezetimibe or bempedoic acid or any of the excipients in Nexlizet. Serious hypersensitivity reactions, such as anaphylaxis, angioedema, rash and urticaria have been reported with ezetimibe or bempedoic acid.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: No changes recommended to the formulary placement of Nexletol and Nexlizet at this time. It is recommended to update policies 640.0 Nexletol and 641.0 Nexlizet to include the following recommended changes.

Commercial Policy 640.0 Nexletol

- Medical record documentation of a diagnosis of:
    - Clinical atherosclerotic cardiovascular disease (ASCVD), including acute coronary syndromes (a history of myocardial infarction or unstable angina), coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin OR
    - At high risk for a cardiovascular disease (CVD) event without established cardiovascular disease (CVD) OR
    - Heterozygous familial hypercholesterolemia (HeFH) AND either:
        - Genetic testing to confirm a mutation in the low-density lipoprotein (LDL) receptor, PCSK9, or ApoB gene OR

        - Medical record documentation of definite heterozygous familial hypercholesterolemia (HeFH) (score greater than 8) on the diagnostic criteria scoring system (Table 1) as defined by the Dutch Lipid Clinic Network diagnostic criteria AND
- Medical record documentation that Nexletol is prescribed by a cardiologist or lipidologist AND
- Medical record documentation of age greater than or equal to 18 years AND
- Medical record documentation of a baseline low-density lipoprotein (LDL) drawn within 3 months of the start of Nexletol therapy with one of the following:
    - Low-density lipoprotein (LDL) greater than 100 if the patient has a diagnosis of heterozygous familial hypercholesterolemia (HeFH) and is using Nexletol for primary prevention OR
    - Low-density lipoprotein (LDL) greater than 70 if the patient has a diagnosis of atherosclerotic cardiovascular disease (ASCVD) or either heterozygous familial hypercholesterolemia (HeFH) and is using Nexletol for secondary prevention AND
- Medical record documentation of one of the following: ~~that patient is currently on and is adherent to (taking at least 90% of prescribed doses over the past three months) maximally tolerated dose of atorvastatin or rosuvastatin or has documented therapeutic failure on, intolerance to, or contraindication to atorvastatin and rosuvastatin AND~~
    - That the patient is currently on and is adherent to (taking at least 90% of prescribed doses over the past three months) maximally tolerated dose of atorvastatin or rosuvastatin or has documented therapeutic failure on, intolerance to, or contraindication to atorvastatin and rosuvastatin OR
    - That is patient is currently on a maximally tolerated dose of any statin given that the patient has had a previous trial of either atorvastatin or rosuvastatin, with prescriber's documentation regarding length of previous trials of statins AND medical record documentation that member intends to continue on maximal statin therapy once bempedoic acid therapy is started OR
    - That the patient is statin intolerant and the prescriber has provided the reason for statin intolerance AND
- Medical record documentation that non-pharmacologic therapies are in place including cholesterol lowering diet, exercise, and weight management strategies AND
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to ezetimibe

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.

- QL FOR LETTER ONLY: 1 tablet per day

NOTE TO REVIEWER:

- Patients without established CVD were considered at high risk for CVD based on meeting at least one of the following criteria:
    - Diabetes mellitus (type 1 or type 2) in females over 65 years of age or males over 60 years of age.
    - A Reynolds Risk score > 30% or a SCORE Risk score > 7.5% over 10 years.
        - Reynolds risk score and SCORE risk score evaluate a 10-year risk of having a cardiovascular (CV) event. The Reynolds risk score is based on the following risk factors: sex, age, smoking status, systolic blood pressure, total cholesterol, HDL cholesterol, high sensitivity Creactive protein (hsCRP), and familial history of CVD events. LDL-C is an additional risk factor considered in SCORE risk score.
    - A coronary artery calcium score >400 Agatston units at any time in the past.

Commercial Policy 641.0 Nexlizet

- Medical record documentation of a diagnosis of:
    - Clinical atherosclerotic cardiovascular disease (ASCVD), including acute coronary syndromes (a history of myocardial infarction or unstable angina), coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin OR
    - At high risk for a cardiovascular disease (CVD) event without established cardiovascular disease (CVD) OR
    - Heterozygous familial hypercholesterolemia (HeFH) AND either:
        - Genetic testing to confirm a mutation in the low-density lipoprotein (LDL) receptor, PCSK9, or ApoB gene OR
        - Medical record documentation of definite heterozygous familial hypercholesterolemia (HeFH) (score greater than 8) on the diagnostic criteria scoring system (Table 1) as defined by the Dutch Lipid Clinic Network diagnostic criteria AND
- Medical record documentation that Nexletol is prescribed by a cardiologist or lipidologist AND
- Medical record documentation of age greater than or equal to 18 years AND
- Medical record documentation of a baseline low-density lipoprotein (LDL) drawn within 3 months of the start of Nexletol therapy with one of the following:
    - Low-density lipoprotein (LDL) greater than 100 if the patient has a diagnosis of heterozygous familial hypercholesterolemia (HeFH) and is using Nexletol for primary prevention OR
    - Low-density lipoprotein (LDL) greater than 70 if the patient has a diagnosis of atherosclerotic cardiovascular disease (ASCVD) or either heterozygous familial hypercholesterolemia (HeFH) and is using Nexletol for secondary prevention AND
- Medical record documentation of one of the following: ~~that patient is currently on and is adherent to (taking at least 90% of prescribed doses over the past three months) maximally tolerated dose of atorvastatin or rosuvastatin or has documented therapeutic failure on, intolerance to, or contraindication to atorvastatin and rosuvastatin AND~~
    - That the patient is currently on and is adherent to (taking at least 90% of prescribed doses over the past three months) maximally tolerated dose of atorvastatin or rosuvastatin or has documented therapeutic failure on, intolerance to, or contraindication to atorvastatin and rosuvastatin OR
    - That is patient is currently on a maximally tolerated dose of any statin given that the patient has had a previous trial of either atorvastatin or rosuvastatin, with prescriber's documentation regarding length of previous trials of statins AND medical record documentation that member intends to continue on maximal statin therapy once bempedoic acid therapy is started OR
    - That the patient is statin intolerant and the prescriber has provided the reason for statin intolerance AND
- Medical record documentation that non-pharmacologic therapies are in place including cholesterol lowering diet, exercise, and weight management strategies AND
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to ezetimibe alone

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.

- QL FOR LETTER ONLY: 1 tablet per day

NOTE TO REVIEWER:

- Patients without established CVD were considered at high risk for CVD based on meeting at least one of the following criteria:

- Diabetes mellitus (type 1 or type 2) in females over 65 years of age or males over 60 years of age.
- A Reynolds Risk score > 30% or a SCORE Risk score > 7.5% over 10 years.
  - Reynolds risk score and SCORE risk score evaluate a 10-year risk of having a cardiovascular (CV) event. The Reynolds risk score is based on the following risk factors: sex, age, smoking status, systolic blood pressure, total cholesterol, HDL cholesterol, high sensitivity Creactive protein (hsCRP), and familial history of CVD events. LDL-C is an additional risk factor considered in SCORE risk score.
- A coronary artery calcium score >400 Agatston units at any time in the past.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

OPDIVO (nivolumab)

Review: Opdivo is now indicated for adult patients with unresectable or metastatic urothelial carcinoma, as first-line treatment in combination with cisplatin and gemcitabine. Other indications in urothelial carcinoma include adjuvant treatment in patient at high risk of recurrence and in adult patients with locally advanced or metastatic disease who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

The recommended dosage of Opdivo is 360 mg every 3 weeks with cisplatin and gemcitabine for up to 6 cycles then 240 mg every 2 weeks or 480 mg every 4 weeks.

Support for the new indication comes from CHECKMATE-901 was a randomized, open-label study in previously untreated unresectable or metastatic urothelial carcinoma. Prior neoadjuvant or adjuvant chemotherapy were permitted as long as disease recurrence took place at least 12 months from completion of therapy. Patients who were ineligible for cisplatin and those with active CNS metastases were excluded. Patients were randomized 1:1 to receive:

- OPDIVO 360 mg and cisplatin 70 mg/m2 on Day 1 and gemcitabine 1000 mg/m2 on Days 1 and 8 of a 21-day cycle of a 21-day cycle for up to 6 cycles followed by single-agent OPDIVO 480 mg every 4 weeks until disease progression or unacceptable toxicity. In the absence of disease progression or unacceptable toxicity, OPDIVO was continued for up to 2 years from first dose.
- Cisplatin 70 mg/m2 on Day 1 and gemcitabine 1000 mg/m2 on Days 1 and 8 of a 21-day cycle for up to 6 cycles, until disease progression or unacceptable toxicity.

The major efficacy outcome measures were overall survival (OS) and progression free survival (PFS) assessed by BICR using RECIST v1.1. Overall response rate was also evaluated. The safety profile of Opdivo + cisplatin + gemcitabine is consistent with the known safety profiles of the individual agents.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: There are no changes recommended to the formulary placement or auth duration of Opdivo. The following changes are recommended to MBP 126.0 for Opdivo to incorporate the new indication.

MBP 126.0

6. *Urothelial Carcinoma*

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient ≥ 18 years of age **AND**
- Medical record documentation of one of the following:

- Medical record documentation of a diagnosis of locally advanced or metastatic urothelial carcinoma **AND**
- Medical record documentation that Opdivo is NOT being used in combination with any other agent **AND**
- One of the following:
  - Disease progression during or following platinum-containing chemotherapy **OR**
  - Disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

OR

- Medical record documentation of a diagnosis of unresectable or metastatic urothelial carcinoma **AND**
- Medical record documentation that Opdivo is being used as first-line treatment **AND**
- Medical record documentation that Opdivo is being used in combination with cisplatin and gemcitabine for up to six (6) cycles, after which it will be administered as a single agent.

OR

- Medical record documentation that Opdivo is being used in the adjuvant setting for a diagnosis of urothelial carcinoma **AND**
- Medical record documentation that Opdivo is NOT being used in combination with any other agent **AND**
- Both of the following:
  - Medical record documentation of radial resection of urothelial carcinoma **AND**
  - Medical record documentation of high risk of recurrence of urothelial carcinoma*

AND

- ~~Medical record documentation that Opdivo is NOT being used in combination with any other agent~~

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

PRALUENT (alirocumab)

Review: Praluent is now indicated as an adjunct to diet and other LDL-C-lowering therapies in pediatric patients aged 8 years and older with heterozygous familial hypercholesterolemia (HeFH) to reduce LDL-C.

In pediatric patients aged 8 years and older with HeFH:

- The recommended dosage of Praluent for patients with a body weight less than 50 kg is 150 mg once every 4 weeks administered subcutaneously.
- The recommended dosage of Praluent for patients with a body weight of 50 kg or more is 300 mg once every 4 weeks administered subcutaneously.
- If the LDL-C response is inadequate, the dosage may be adjusted for patients with a body weight less than 50 kg to 75 mg subcutaneously once every 2 weeks or for patients with a body weight of 50 kg or more to 150 mg subcutaneously once every 2 weeks.

Trial 12 (EFC14643, NCT03510884) was a randomized, multicenter, placebo controlled, double blind, 24 week trial in 153 pediatric patients aged 8 to 17 years with HeFH. Patients were on a low-fat diet and receiving background lipid-lowering therapy.

Patients were randomized in a 2:1 ratio to receive Praluent or placebo. In the Praluent group dosed every 2 weeks, 49 patients received a dose of 40 mg for body weight less than 50 kg or 75 mg for body weight

50 kg or more. The 40 mg dosage every 2 weeks is not approved [see Dosage and Administration (2.2)]. In the Praluent group dosed every 4 weeks, 52 patients received a dose of 150 mg for body weight less than 50 kg or 300 mg for body weight 50 kg or more. Dose adjustment of Praluent to 75 mg every 2 weeks for body weight less than 50 kg or 150 mg every 2 weeks for body weight 50 kg or more occurred at week 12 in patients with LDL-C ≥110 mg/dL.

The diagnosis of HeFH was made based on criteria from Simon Broome Register Group (1991) or by genetic testing. The mean age was 13 years (range: 8 to 17 years); 57% female; 82% White, 2% Black or African American, 10% American Indian or Alaska Native, and <1% not reported; 18% Hispanic/Latino ethnicity. Mean body weight was 53kg. The mean LDL-C at baseline was 174mg/dL; Of the patients receiving Praluent once every 2 weeks with an optional up-titration, 99% were on statins and 7% were on ezetimibe at baseline. Of the patients receiving Praluent once every 4 weeks with an optional up-titration, 91% were on statins and 20% were on ezetimibe at baseline.

At week 24 in the group receiving treatment every 4 weeks, the treatment difference between the Praluent and placebo groups in LS mean LDL-C percent change from baseline was -31.4% (97.5% CI: -45.0 to -17.9; p<0.0001). For the effect of Praluent on lipid parameters as compared to placebo.

In a 24-week placebo-controlled clinical trial in which 101 pediatric patients aged 8 to 17 years with HeFH were exposed to Praluent and 52 pediatric patients with HeFH were exposed to placebo [see Clinical Studies (14.3)], the safety profile of Praluent observed in this population was consistent with the safety profile observed in adults with HeFH.

In the trial of pediatric patients with HeFH, local injection site reactions were reported in 5% of patients treated with Praluent versus 0% patients treated with placebo; no patients discontinued treatment due to injection site reactions.

The safety and effectiveness of Praluent have not been established in pediatric patients with HeFH who are younger than 8 years of age or in pediatric patients with other types of hyperlipidemia.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: Recommend the following change to the Praluent commercial policy 392.0: Formulary status, auth duration and quantity limits will remain the same.

- Medical record documentation of a diagnosis of:
    - Clinical atherosclerotic cardiovascular disease (ASCVD), including acute coronary syndromes (a history of myocardial infarction or unstable angina), coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin **OR**
    - Primary hyperlipidemia **OR**
    - Heterozygous familial hypercholesterolemia **AND** either:
        - Genetic testing to confirm a mutation in the low-density lipoprotein (LDL) receptor, PCSK9, or ApoB gene **OR**
        - Medical record documentation of definite heterozygous familial hypercholesterolemia (HeFH) (score greater than 8) on the diagnostic criteria scoring system (Table 1) as defined by the Dutch Lipid Clinic Network diagnostic criteria **OR**
    - Homozygous familial hypercholesterolemia (HoFH) **AND** either:
        - Genetic testing to confirm diagnosis showing a mutation in the low-density lipoprotein (LDL) receptor (LDLr) gene, apolipoprotein B (ApoB) gene, proprotein convertase subtilisin/kexin type 9 (PCSK9) gene, or LDL protein receptor adaptor 1 (LDLRAP1) gene **OR**
        - Diagnosis made based on a history of an untreated low-density lipoprotein cholesterol (LDL-C) greater than 500 mg/dL AND either xanthoma before 10

years of age OR evidence of heterozygous familial hypercholesterolemia (HeFH) in both parents **AND**

- Medical record documentation of a baseline low-density lipoprotein (LDL) drawn within 3 months of the start of PCSK9 therapy showing:
    - Low-density lipoprotein (LDL) greater than 100 if the member is using Praluent for primary prevention **OR**
    - Low-density lipoprotein (LDL) greater than 70 if the member is using Praluent for secondary prevention **AND**
- Medical record documentation of one of the following:
    - For Heterozygous Familial Hypercholesterolemia (HeFH), medical record documentation that member is 8 years of age or older **OR**
    - For all other indications, medical record documentation that member is 18 years of age or older **AND**
- Medical record documentation that patient is currently on and is adherent to (taking at least 90% of prescribed doses over the past three months) maximally tolerated dose of atorvastatin or rosuvastatin or has documented therapeutic failure on, intolerance to, or contraindication to atorvastatin and rosuvastatin **AND**
- Medical record documentation that non-pharmacologic therapies are in place including cholesterol lowering diet, exercise, and weight management strategies **AND**
- Medical record documentation of one of the following:
    - Member is currently on and adherent to (taking at least 90% of the prescribed doses over the past three months) ezetimibe in combination with a maximally tolerated dose of a statin and LDL-C remains above goal **OR**
    - Intolerance or contraindication to ezetimibe **OR**
    - Member is currently on and adherent to (taking at least 90% of prescribed doses over the past three months) a maximally tolerated dose of a statin **OR** the patient is statin- intolerant **AND** an LDL-C is more than 20% above goal **AND**
- Medical record documentation that Praluent is not being used in combination with another PCSK9 inhibitor.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

RETEVMO (selpercatinib)

Review: Retevmo is now indicated for the treatment of adults and pediatric patients 2 years and older with advanced or metastatic medullary thyroid cancer with a RET mutation, advanced or metastatic thyroid cancer with a RET gene fusion. Previously Retevmo was only indicated in adults and pediatric patients 12 years of age and older. There are no changes to one additional indication for Retevmo for adult patients with non-small cell lung cancer with a RET gene fusion.

The recommended dosage for the new population of pediatric patients aged 2 to less than 12 years of age is based on body surface area. For patients with BSA 0.33 to 0.65 m2 the recommended dose is 40 mg orally three times daily, for patients 0.66 to 1.08 m2 the recommended dose is 80 mg orally twice daily, for patients 1.09 to 1.52 m2 the recommended dose is 120 mg orally twice daily, and for patients ≥ 1.53 m2 the recommended dose is 160 mg orally twice daily. There are no changes to the recommended doses for adults and pediatric patients over 12 years of age. Retevmo was approved for a new tablet formulation in 40 mg, 80mg, 120 mg, and 160 mg strengths.

The safety and efficacy of Retevmo in pediatric patients 2 years of age and older is supported by evidence in adult and pediatric patients as well as additional pharmacokinetic and safety data in pediatric patients 2 years of age and older. Predicted exposures for pediatric patients at the recommended dosages were within the range of values predicted in patients 12 years or older weighing at least 50 kg receiving the approved recommended dosage of 160 mg twice daily.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: There are no changes recommended to the formulary placement of Retevmo capsules. When Retevmo tablets become available, it is recommended that they be added to the Oral Oncology Brand NP tier with a PA for new starts only for Commercial/Marketplace/CHIP to match the placement of Retevmo capsules. Retevmo tablets will be reviewed with the existing policies Commercial Policy 632.0 for Retevmo. The following changes are recommended to Commercial Policy 632.0 to incorporate the new patient population and quantity limits for the new tablet formulations.

Commercial 632.0 Retevmo

Non-Small Cell Lung Cancer

- Medical record documentation that Retevmo is prescribed by a hematologist or oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of *RET*-fusion positive non-small cell lung cancer (NSCLC)

Thyroid Cancer

- Medical record documentation that Retevmo is prescribed by a hematologist or oncologist **AND**
- Medical record documentation of age greater than or equal to ~~12 years~~ 2 years **AND**
- Medical record documentation of advanced metastatic *RET*-mutant medullary thyroid cancer (MTC) **AND** medical record documentation that systemic therapy is required

OR

- Medical record documentation of advanced or metastatic *RET* fusion-positive thyroid cancer **AND** medical record documentation of both of the following:
  - Documentation that systemic therapy is required **AND**
  - Documentation that member is radioactive-iodine refractory when radioactive iodine is appropriate

Solid Tumors

- Medical record documentation that Retevmo is prescribed by a hematologist or oncologist **AND**
- Medical record documentation of age greater than or equal to ~~18 years~~ 2 years **AND**
- Medical record documentation of a locally advanced or metastatic solid tumors with a RET gene fusion **AND**
- Medical record documentation of progression on or following prior systemic therapy **OR**
- Medical record documentation that patient has no satisfactory alternative treatment options

MEDISPAN AUTHORIZATION LEVEL: GPI-12, number of claims authorized = 1, enter for the remainder of the calendar year

QUANTITY LIMIT: *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*

- QL FOR LETTER ONLY:
  - 40 mg capsules: ~~2~~ 3 capsules per day, 30 day supply per fill
  - 80 mg capsules: 4 capsules per day, 30 day supply per fill
  - 40 mg tablets: 3 tablets per day, 30 day supply per fill
  - 80 mg tablets: 2 tablets per day, 30 day supply per fill
  - 120 mg tablets: 2 tablets per day, 30 day supply per fill
  - 160 mg tablets: 2 tablets per day, 30 day supply per fill

RE-AUTHORIZATION CRITERIA: Retevmo is configured as a prior authorization for new starts only. Retevmo will no longer be covered if it is identified that the member is not receiving appropriate follow-up

care from the prescribing specialist or if the member has greater than or equal to a 90 day break in therapy.

- Medical record documentation that the member is receiving appropriate follow-up care from the prescribing specialist

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

SPEVIGO (spesolimab)

Review: Spevigo is an interleukin-36 receptor antagonist indicated for the treatment of generalized pustular psoriasis (GPP) in adults and pediatric patients 12 years of age and older and weighing at least 40 kg.

The safety and effectiveness of Spevigo for the treatment of GPP have been established in pediatric patients 12 years of age and older and weighing at least 40 kg. Use of Spevigo for this indication is supported by data from a randomized, placebo-controlled study which included 6 pediatric subjects 14 to 17 years of age with a history of GPP treated with subcutaneous Spevigo (Study Effisayil-2) and evidence from an adequate and well-controlled study of intravenous Spevigo in adults with GPP (Study Effisayil-1), with additional pharmacokinetic analyses showing similar drug exposure levels in adults and pediatric subjects 12 years of age and older and weighing 40 kg or more. The safety and effectiveness of Spevigo in pediatric patients younger than 12 years of age or in pediatric patients weighing less than 40 kg have not been established.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: There are no changes to formulary status, quantity limits, or authorization duration at this time. It is recommended to update medical benefit policy 274.0 to include the new FDA approved age range.

Medical Benefit Policy 274.0 Spevigo (specolimab-sbzo)

Spevigo (spesolimab-sbzo) will be considered medically necessary for the commercial, exchange, CHIP, and Medicare lines of business when ALL of the following criteria are met:

- Medical record documentation that Spevigo is prescribed by a dermatologist **AND**
- Medical record documentation of age greater than or equal to 12 ~~18~~ years **AND**
- Medical record documentation of a diagnosis of generalized pustular psoriasis (GPP) **AND**
- Medical record documentation of a generalized pustular psoriasis (GPP) flare of moderate to severe intensity and all of the following:
    - Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score ≥ 3 (moderate to severe) **AND**
    - Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) pustulation subscore ≥ 2 (moderate to very high-density pustules) **AND**
    - Presence of fresh pustules (new appearance or worsening of pustules) **AND**
    - ≥5% of body surface area covered with erythema and presence of pustules

AND

- Medical record documentation of a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature

QUANTITY LIMIT: 15 milliliters (2 vials) per claim (Darwin authorization by GPI-14)

AUTHORIZATION DURATION: Initial approval will be for one dose of 900 mg (2 vials) for one week. A subsequent approval of Spevigo will be given for one dose of 900 mg (2 vials) if the following criteria are met:

- Medical record documentation that member is experiencing persistent symptoms of an acute generalized pustular psoriasis (GPP) flare of moderate to severe intensity AND all of the following criteria:
    - Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score ≥ 2 (moderate to severe) **AND**
    - Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) pustulation subscore ≥ 2 (moderate to very high-density pustules) **AND**
    - Spevigo will be administered no sooner than 1 week after the initial dosage was administered.

AND

- Medical record documentation that member has not already received two doses of Spevigo for treatment of the current generalized pustular psoriasis (GPP) flare

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

ULTOMIRIS (ravulizumab-cwvz)

Review: Ultomiris (ravulizumab-cwvz) is the first and only long-acting C5 complement inhibitor approved for the treatment of adult patients with anti-aquaporin-4 (AQP4) antibody positive neuromyelitis optica spectrum disorder (NMOSD).

Ultomiris dosing is weight based. The following table provides the FDA approved dose of Ultomiris in NMOSD.

The approval of Ultomiris was based on the positive results obtained from the CHAMPION-NMOSD Phase III trial. Due to the potential long-term functional impact of NMOSD relapses and available effective treatment options, a direct placebo comparator arm was precluded for ethical reasons. The active treatment was compared to an external placebo arm from the pivotal Soliris PREVENT clinical trial. The primary endpoint of CHAMPION-NMOSD was the time to first adjudicated on-trial relapse as determined by an independent adjudication committee. No adjudicated on-trial relapses were observed in Ultomiris-treated patients during the Primary Treatment Period, representing a statistically significant difference between the Ultomiris and placebo treatment arms in time to first adjudicated on-trial relapse ($p < 0.0001$). The hazard ratio (95% confidence interval [CI]) for Ultomiris compared with placebo was 0.014 (0.000, 0.103), representing a 98.6% reduction in the risk of relapse. Ultomiris-treated patients experienced similar improvement in time to first adjudicated on-trial relapse with or without concomitant treatment.

Note: The placebo group data were collected as part of Study ECU-NMO-301. Patients who did not experience an adjudicated on-trial relapse were censored at the end of the study period. If a patient in the placebo group was followed longer than any of the patients in the Ultomiris group, then that patient was censored at the longest Ultomiris follow-up time.

The safety of ULTOMIRIS has been evaluated in 58 adult patients with NMOSD who received at least one dose of ULTOMIRIS. The most common adverse reactions (>10%) during CHAMPION-NMOSD were COVID-19, headache, back pain, urinary tract infection and arthralgia.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: There are no changes recommended to the formulary placement of Ultomiris. The following changes are recommended to the medical benefit policy 196.0 to incorporate the new indication.

1. Neuromyelitis Optica Spectrum Disorder (NMOSD)
    - Prescribed by or in consultation with a neurologist
    - Medical record documentation that member is 18 years or older AND
    - Medical record documentation of diagnosis of Neuromyelitis Optica Spectrum Disorder (NMOSD) AND
    - Medical record documentation that member is anti-Aquaporin-4 (AQP4) antibody positive AND
    - Medical record documentation of failure on intolerance to, or contraindication to rituximab or rituximab biosimilar AND
    - Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Enspryng AND
    - Medical record documentation of therapeutic failure on, intolerance to, or contraindication to eculizumab or biosimilar.
    -

*The first eculizumab biosimilar is slated to launch on March 1, 2025

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

VEMLIDY (tenofovir alafenamide)

Review: Vemlidy is now indicated for the treatment of chronic hepatitis B virus infection in pediatric patients 6 years of age and older weighing at least 25kg with compensated liver disease. Previously, it was indicated for adult and pediatric patients ≥ 12 years of age.

The safety and efficacy in chronic HBV-infected subjects were evaluated in a randomized, double-blind, placebo-controlled trial of subjects between the ages of 12 to 18 years (Cohort 1) and 6 to less than 12 years (Cohort 2). Subjects were randomized to receive Vemlidy or placebo once daily. The results for HBV DNA <20IU/mL were measured at weeks 24, 48, and 96.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: There are no changes recommended at this time.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

XHANCE (fluticasone propionate nasal)

Review: Xhance (fluticasone propionate) nasal spray has an updated indication for chronic rhinosinusitis without nasal polyps (CRSsNP) in adults. Previously approved indication was chronic rhinosinusitis with nasal polyps (CRSwNP) in adults.

The efficacy for this indication was evaluated in two 24- week randomized, double-blind, parallel-group, multicenter, placebo-controlled trials in 555 adults 18 years and older (Trial 3 [NCT03960580] and Trial 4 [NCT03781804]).

Trial 3 included 223 patients with CRSsNP, and Trial 4 included 332 patients with either CRSsNP (N=124) or CRSwNP (N=208). While Trial 4 included CRSwNP patients, efficacy results from Trials 3 and 4 are presented for CRSsNP patients only.

In both trials, patients were randomized 1:1:1 to receive Xhance 186 mcg twice daily, Xhance 372 mcg twice daily, or placebo, all administered nasally for 24 weeks. All patients enrolled in Trial 3 and Trial 4 had at least 2 active nasal symptoms (congestion/obstruction, discharge, facial pain or pressure, reduction or loss of smell) with a minimum nasal congestion score ≥1.5 out of 3 and a baseline CT scan showing ≥25% opacification of both ethmoid and at least 1 maxillary sinus.

In both trials, the coprimary efficacy endpoints were change from baseline at Week 4 in the composite symptom score (CSS) as determined by patients using a daily diary and change from baseline at Week 24 in percent opacified sinus volume.

CSS was the sum of the individual nasal symptom scores for congestion/obstruction, facial pain/pressure, and nasal discharge, each rated by the patient on a 0 to 3 categorical severity scale (0 = none, 1 = mild, 2 = moderate, 3 = severe) in the morning immediately prior to the next dose.
Sinus opacification was measured by CT scan and scored using a 3-dimensional computer-assisted volumetric assessment using software to quantify the average percent of opacified volume in the ethmoid and maxillary sinuses.

Efficacy was demonstrated for both coprimary endpoints (CSS and percent opacified sinus volume) for Xhance 186 mcg twice daily and Xhance 372 mcg twice daily. The table below shows coprimary endpoint results for both trials. Secondary efficacy endpoint included change from baseline in individual symptoms of the CSS (nasal congestion, nasal pain/pressure, and nasal discharge) at Week 4.

The most common adverse reactions occurring in greater than 3% of this population were epistaxis, headache and nasopharyngitis. A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: It is recommended to update pharmacy policy 521.0 to include the new indication with trial of 3 preferred nasal corticosteroids.

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of a diagnosis of nasal polyps **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to mometasone furoate
  OR
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of a diagnosis of chronic rhinosinusitis without nasal polyps **AND**
- Medical record documentation of failure on, contraindication to, or intolerance to mometasone, fluticasone propionate 50 mcg and triamcinolone acetonide

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

UPDATES

SCEMBLIX (asciminib)

Background: Scemblix is now available as 100 mg tablets. Previously, Scemblix was available as 20 mg and 40 mg tablets.

Scemblix is indicated for adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP), previously treated with two or more tyrosine kinase inhibitors (TKIs) and Ph+ CML in CP with the T315I mutation. The recommended dosage for Ph+ CML in CP is 40 mg twice daily or 80 mg once daily. Patients experiencing adverse reactions that require a dose reduction can reduce the dosage to 40 mg once daily or 20 mg twice daily.

The recommended dosage for Ph+ CML in CP with T325I mutation is 200 mg orally twice daily. Patients experiencing adverse reactions that require a dose reduction can reduce the dosage to 160 mg twice daily.

Recommendation: It is recommended that Scemblix 100 mg tablets be added to the Oral Oncology Brand NP tier for Commercial, Marketplace, and GHP Kids to match the placement of Scemblix 20 mg and 40 mg tablets. Scemblix 100 mg tablets will be reviewed with Commercial Policy 693.0 with the following update quantity limits as follows:

QUANTITY LIMIT:

- 40 mg per day or 80 mg per day: No QLs need to be entered within the authorization unless the requested quantity exceeds the QL. QL FOR LETTER ONLY: 2 tablets per day, 30 day supply per fill
- 200 mg twice daily (100 mg tablets, 40 mg tablets): 100 mg tablets: No QLs need to be entered within the authorization unless the requested quantity exceeds the QL. QL FOR LETTER ONLY: 4 tablets per day, 30 day supply per fill
  40 mg tablets: Only enter OQL, max daily dose 8. QL FOR LETTER: 8 tablets per day, 30 day supply per fill

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

XOLAIR (omalizumab)

Background: Xolair is now supplied as a 300 mg/2mL single dose prefilled syringe and a 300 mg/2mL single dose prefilled autoinjector. Other formulations include 75 mg/0.5 mL prefilled syringe, 150 mg/mL single-dose prefilled autoinjector, and 150 mg lyophilized powder in a single-dose vial for reconstitution. The recommended dosage of Xolair for asthma is 75 to 375 mg SC every two or four weeks. The recommended dosage of Xolair for Chronic Rhinosinusitis with nasal polyps is 75 to 600 mg SC every two to four weeks.

The recommended dosage of Xolair in chronic spontaneous urticaria (CSU) is 150 mg or 300 mg subcutaneously every 4 weeks. According to recent treatment guidelines for the management of urticaria, the recommended initial dosage of CSU is 300 mg every for weeks.

At June 2024 e-vote, the Xolair policy was updated for IgE mediated food allergies. The recommended dosage for Xolair for IgE-mediated food allergies is 75 to 600 mg subcutaneously every 2 or 4 weeks based on serum total IgE level and by body weight. No quantity limits were recommended at the time of the update for the new indication.

Recommendation: It is recommended that the 300 mg/2mL prefilled syringe and 300 mg/2mL prefilled autoinjector be added to the Specialty tier or Brand NP tier for members with a three tier benefit. Xolair 300 mg/2 mL autoinjectors will have a quantity limit of 4 mL per 28 days. The following changes are recommended to the Commercial Policy 661.0 to update the quantity limits for the new formulation and the IgE-mediated food allergies indication and update the CSU criteria so it aligns with current urticaria guidelines.

Commercial Policy 661.0 Xolair

Asthma

- Medical record documentation that Xolair is prescribed by an allergist or pulmonologist **AND**
- Medical record documentation of age greater than or equal to 6 years **AND**
- Medical record documentation that member is compliant with current therapeutic regimen **AND**
- Medical record documentation of diagnosis of moderate to severe persistent asthma* with evidence of reversible airway disease [i.e., greater than 12% improvement in forced expiratory volume in one second (FEV1) with at least 200 ml increase or at least a 20% or greater improvement in peak expiratory flow (PEF) after administration of albuterol] **AND**
- Medical record documentation of inadequate control or intolerance, despite a 3 month trial of: medium –high dose inhaled corticosteroids or systemic corticosteroids **AND** long-acting beta agonists or leukotriene receptor antagonists **AND**
- Medical record documentation of the following:
    - For members age 12 and older, an IgE level of greater than 30 IU/ml and less than 700 IU/ml **OR**
    - For members age 6 through 11, an IgE level of greater than 30 IU/ml and less than 1300 IU/ml **AND**
- Medical record documentation of evidence of a specific allergic reactivity to a perennial aeroallergen by positive skin or blood test for a specific IgE **AND**
- Medical record documentation that known environmental triggers within the member's control have been eliminated **AND**
- Medical record documentation that Xolair will not be used in combination with another biologic medication indicated for asthma treatment (e.g., Dupixent, Fasenra, Nucala, Cinqair, or Tezspire)

***NOTES**

Moderate persistent asthma is defined by the National Heart, Lung and Blood institute (NHLBI) as:

1. Daily symptoms
2. Daily use of inhaled short-acting beta agonist
3. Exacerbations affect activity
4. Exacerbations at least twice a week, which may last days
5. Nighttime symptoms more frequently than one time per week
6. Lung function of FEV1 greater than 60% but less than 80%

Severe persistent asthma is defined by the NHLBI as:

1. Continual symptoms
2. Limited physical activity
3. Frequent exacerbations
4. Frequent nighttime symptoms
5. Lung function of FEV1 less than or equal to 60% predicted

**The 12% improvement target value is calculated using the following methodology: The target value = baseline FEV1 x 1.12 The actual clinical calculation is: post-treatment FEV1 – baseline FEV1 = % improvement baseline FEV1

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*

- QL FOR LETTER ONLY:
  - 75 mg/0.5mL prefilled syringe: 5 mL per 28 days
  - 150 mg/1mL prefilled syringe: 4 mL per 28 days
  - 300 mg/2mL prefilled syringe: 4 mL per 28 days

AUTHORIZATION DURATION: Initial approval will be for 12 months. Reauthorization will require documentation of improvement in the signs and symptoms of disease and will be for a duration of 12 months.

Chronic Idiopathic Urticaria:

- Medical record documentation that Xolair is prescribed by an allergist, immunologist, or dermatologist **AND**
- Medical record documentation of age greater than or equal to 12 years of age **AND**
- Medical record documentation of a diagnosis of moderate-to-severe chronic idiopathic urticaria **AND**
- Medical record documentation of at least 6 week history of symptoms (e.g., hives associated with itching, angioedema) **AND**
- ~~Medical record documentation of a therapeutic failure on Xolair 150 mg dose, when Xolair 300 mg dose is requested AND~~
- Medical record documentation of contraindication to, therapeutic failure on, or intolerance to a four week trial of ALL of the following treatment alternatives:
  - At least two different high dose antihistamines
  - Maximum dose antihistamine(s) used in combination with a leukotriene receptor antagonist (e.g., montelukast)
  - High dose antihistamine used in combination with H2 receptor antagonist (e.g., ranitidine
  - Dose advancement of potent antihistamine (e.g., hydroxyzine or doxepin)

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: *QL must be entered within the authorization.*

- 150 mg every 4 weeks
  - In PA Hub: Add Treat as “Include” Process Modifier, Ignore Misc Handler, Max Script Quantity 1, Max Script Days 28
    - QL FOR LETTER: 1 mL per 28 days
- 300 mg every 4 weeks
  1. In PA Hub: Add Treat as “Include” Process Modifier, Ignore Misc Handler, Max Script Quantity 2, Max Script Days 28
     - QL FOR LETTER: 2 mL per 28 days

AUTHORIZATION DURATION: Initial approval will be for 12 months. Reauthorization will require documentation of improvement in the signs and symptoms of disease and will be for a duration of 12 months.

Nasal Polyps

- Medical record documentation that Xolair is prescribed by or in consultation with an allergist, pulmonologist, immunologist or otolaryngologist (ENT provider) **AND**
- Medical record documentation of age greater than or equal to 18 years A**ND**
- Medical record documentation of a diagnosis of nasal polyps **AND**
- Medical record documentation that Xolair will be used as add-on maintenance treatment **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to three (3) intranasal corticosteroids

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: *QL must be entered within the authorization.*

1. In PA Hub: Add Treat as "Include" Process Modifier, Ignore Misc Handler, Max Script Quantity 8, Max Script Days 28
    - QL FOR LETTER: 8 mL per 28 days

AUTHORIZATION DURATION: Initial approval will be for 12 months. Reauthorization will require documentation of improvement in the signs and symptoms of disease and will be for a duration of 12 months.

IgE Mediated Food Allergies:

- Medical record documentation of age greater than or equal to 1 year **AND**
- Medical record documentation that Xolair is prescribed by an allergist or immunologist **AND**
- Medical record documentation of use for the maintenance reduction of IgE mediated food allergies (type 1) **AND**
- Medical record documentation of a positive skin prick test response to one or more foods **AND**
- Medical record documentation of a positive in vitro test for IGE to one or more foods **AND**
- Prescriber attestation that reaction is significant enough for the member to require and receive a prescription for an epinephrine product **AND**
- Medical record documentation that medication will be used in conjunction with a food allergen-avoidant diet **AND**
- Medical record documentation of a dose consistent with Food and Drug Administration (FDA) approved labeling **AND**
- Medical record documentation of an IgE level of greater than 30 IU/mL **AND**
- Medical record documentation that Xolair is not being administered in combination with an additional monoclonal antibody used for the treatment of IgE mediated conditions

NOTE:

Table 4. Subcutaneous XOLAIR Doses Every 2 or 4 Weeks* for Adult and Pediatric Patients 1 Year of Age and Older with IgE-Mediated Food Allergy

Pretreatment Serum IgE (IU/mL)	Dosing Freq.	Body Weight (kg)												
		≥10-12	>12-15	>15-20	>20-25	>25-30	>30-40	>40-50	>50-60	>60-70	>70-80	>80-90	>90-125	>125-150
		Dose (mg)												
≥30 - 100	Every 4 Weeks	75	75	75	75	75	75	150	150	150	150	150	300	300
>100 - 200		75	75	75	150	150	150	300	300	300	300	300	450	600
>200 - 300		75	75	150	150	150	225	300	300	450	450	450	600	375
>300 - 400		150	150	150	225	225	300	450	450	450	600	600	450	525
>400 - 500		150	150	225	225	300	450	450	600	600	375	375	525	600
>500 - 600		150	150	225	300	300	450	600	600	375	450	450	600	
>600 - 700		150	150	225	300	225	450	600	375	450	450	525		
>700 - 800	Every 2 Weeks	150	150	150	225	225	300	375	450	450	525	600		
>800 - 900		150	150	150	225	225	300	375	450	525	600			
>900 - 1000		150	150	225	225	300	375	450	525	600				
>1000 - 1100		150	150	225	225	300	375	450	600					
>1100 - 1200		150	150	225	300	300	450	525	600					
>1200 - 1300		150	225	225	300	375	450	525						
>1300 - 1500		150	225	300	300	375	525	600						
>1500 - 1850			225	300	375	450	600							

Insufficient data to Recommend a Dose

*Dosing frequency:

Subcutaneous doses to be administered every 4 weeks

Subcutaneous doses to be administered every 2 weeks

MEDISPAN AUTHORIZATION LEVEL: GPI-10

QUANTITY LIMIT: *QL must be entered within the authorization.*

- Up to 600 mg every 2 weeks
  1. In PA Hub: Add Treat as "Include" Process Modifier, Ignore Misc Handler, Max Script Quantity 8, Max Script Days 28
     - QL FOR LETTER: Up to 600 mg every 2 weeks, 28 day supply per fill

AUTHORIZATION DURATION: Initial approval will be for 12 months. Subsequent approvals will be for an additional 12 months and will require medical record documentation of improvement in signs and symptoms of disease.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

AMJEVITA (adalimumab-atto)

Background: Amjevita (adalimumab-atto) is a Humira biosimilar which is proven to have similar safety and effectiveness to the reference product Humira. A recent financial analysis which indicates that the cost of low-WAC Amjevita is in line with the currently preferred biosimilars leads us to recommend addition to the Commercial, Marketplace, and CHIP.

Recommendation: It is recommended that effective 9/1/2024 the following Amjevita NDC's are added to the Commercial, Marketplace, and CHIP formularies. Prior authorization will be required and the following quantity limits will apply:

NDC	Label Name	Quantity Limit
55513048202	AMJEVITA 40 MG AUTO INJ 2X0.4 ML	0.8 ML / 28 DAYS
55513039901	AMJEVITA 20 MG PFS 0.2 ML	0.4 ML / 28 DAYS
55513048101	AMJEVITA 80 MG AUTO INJ 0.8 ML	2.4 ML / 28 DAYS
55513047902	AMJEVITA 40 MG PFS 2X0.4 ML	0.8 ML / 28 DAYS
55513047901	AMJEVITA 40 MG PFS 0.4 ML	0.8 ML / 28 DAYS
55513048102	AMJEVITA 80 MG AUTO INJ 2X0.8 ML	2.4 ML / 28 DAYS
55513048201	AMJEVITA 40 MG AUTO INJ 0.4 ML	0.8 ML / 28 DAYS

The products should be added on the following tiers:

Formulary	Tier
Commercial 2 Tier	Tier 2
Commercial 3 Tier	Tier 3
Commercial 4 Tier	Tier 4
Marketplace	Tier 6
CHIP	Tier 2
Part D	Tier 5

Amjevita will be added to Commercial Policy 84.0 as a preferred product and will utilize existing prior authorization criteria. Commercial policy 788.0 should be updated as follows:

> **For adult rheumatoid arthritis, polyarticular juvenile idiopathic arthritis or juvenile rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis, adult ulcerative colitis, adult hidradenitis suppurativa, adult non-infectious intermediate, posterior, and panuveitis**

An exception for coverage of Abrilada, ~~Amjevita,~~ Cyltezo, Adalimumab-adbm (unbranded Cyltezo), Hulio, Humira, Hyrimoz, Adalimumab-adaz (unbranded Hyrimoz), Idacio, or Yuflyma may be made for members who meet the following criteria:

- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Adalimumab-fkjp **AND** Hadlima **AND** Yusimry **AND** Amjevita

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

ATOPIC DERMATITIS UPDATE

Recommendation: In order to improve alignment with the proposed treatment algorithm for atopic dermatitis it is recommended that the policies for Rinvoq, Cibinqo, Adbry, and Dupixent are updated as follows:

Rinvoq, Cibinqo	***Dupixent, Adbry***
Medical record documentation of contraindication to, intolerance to, or therapeutic failure to one systemic therapy (Ex: phototherapy, immunotherapy or other systemic agents)	Medical record documentation of contraindication to, intolerance to, or therapeutic failure to one systemic therapy (Ex: phototherapy, immunotherapy or other systemic agents)
~~Medical record documentation of contraindication to, intolerance to, or therapeutic failure on an adequate trial of phototherapy (UVA/UVB treatment)~~	~~Medical record documentation of contraindication to, intolerance to, or therapeutic failure on an adequate trial of phototherapy (UVA/UVB treatment)~~

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

LIDOCAINE 5% PATCH POLICY UPDATE

Background: Lidocaine 5% patches currently require prior authorization for Commercial/Exchange/CHIP and Medicare lines of business. Recently, pricing has significantly decreased, and it was recommended to reevaluate whether prior authorization should still be required. Lidocaine 5% patches are currently indicated solely for relief of pain associated with postherpetic neuralgia.

Lidocaine 5% patches have been shown to be effective in treating low back pain in open-label studies in patients not achieving localized pain relief from other agents like NSAIDs or gabapentin.3-5 However, guideline-directed medical therapy does not recommend their use whatsoever for the treatment of lower back pain. Additionally, Lidocaine 5% patches have been shown to be effective in treating neuropathic pain as an add-on therapy to a stable analgesic regimen.6-9 Despite all this, this limited evidence is supported by nearly all small (<100 patients) open-label, non-randomized studies.

Recommendation: There are no changes recommended at this time.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

MEDICAL POLICY UPDATE

Recommendation: The following changes are recommended to the Medical Benefit Drug Optimization Program:

I. Policy:
Medical Benefit Drug Optimization Program

II. Purpose/Objective:
To provide a policy of coverage regarding certain complex, rare disease, and specialty drugs, which are required to be obtained from and billed by a Specialty Pharmacy and are not eligible for direct reimbursement to a provider or facility. This policy applies to these medications:

1. AbobotulinumtoxinA (Dysport) [effective 11/1/24]
2. Atezolizumab (Tecentriq)
3. Avelumab (Bavencio)
4. Cemiplimab (Libtayo)
5. DaxibotulinumtoxinA (Daxxify) [effective 11/1/24]
6. Dostarlimab (Jemperli)
7. Durvalumab (Imfinzi)
8. Enfortumab Vedotin (Padcev)
9. IncobotulinumtoxinA (Xeomin) [effective 11/1/24]
10. Ipilimumab (Yervoy)
11. Nivolumab (Opdivo)
12. OnabotulinumtoxinA (Botox) [effective 11/1/24]
13. Pembrolizumab (Keytruda)
14. Relatlimab and nivolumab (Opdualag)
15. Retifanlimab (Zynyz)
16. RimabotulinumtoxinB (Myobloc) [effective 11/1/24]
17. Tislelizumab (Tevimbra)
18. Toripalimab (Loqtorzi)
19. Tremelimumab (Imjudo)

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

VIJOICE ORAL GRANULES UPDATE

Background: Vijoice is now supplied as a 50 mg oral granule packet formulation.

Vijoice is indicated for the treatment of adults and pediatric patients 2 years of age and older with severe manifestations of PICK3CA-related Overgrowth Spectrum (PROS) who require systemic therapy. The recommended dosage in pediatric patients is 50 mg orally, once daily, as recommended until disease progression or unacceptable toxicity. Patients 6 years and older may consider increasing to 125 mg once daily for response optimization after 24 weeks of Vijoice 50 mg treatment. Once a patient turns 18 years old, a gradual dose increase to 250 mg should be considered. Vijoice tablets are available in 50 mg, 125 mg, and 200 mg and are able to be prepared as an oral suspension for patients with difficulty swallowing tablets.

According to the package insert, Vijoice 50 mg oral granule packets are for patients prescribed 50 mg daily dose ONLY. Patients should not use multiple 50 mg packets or partial packets of oral granules to achieve higher doses and patients should not combine Vijoice tablets and oral granules to achieve the prescribed dose.

Drug	AWP/MAC per unit ($)	Formulary Status Commercial /Exchange	Formulary Status Medicare
Vijoice Oral Granules 50 mg packet	$1,393 / packet	-	-
Vijoice Oral Tablets 50 mg, 125 mg, 200 mg	$1,393 / tablet	Specialty or Brand NP tier, PA, QL	Specialty or Brand NP tier, PA, QL

Recommendation: Add Vijoice oral granules to the Specialty or Brand NP tier for members with a three-tier benefit for Commercial, Marketplace, GHP Kids. Vijoice will require a prior authorization and should be reviewed with Commercial Policy 710.0 and a quantity limit will be added as outlined below:

Commercial Policy 710.0 Vijoice

- Medical record documentation of age greater than or equal to 2 years **AND**
- Medical record documentation of diagnosis of PIK3CA-Related Overgrowth Spectrum (PROS) **AND**
- Medical record documentation of mutation in the catalytic α-subunit of PI3K (PIK3CA) gene **AND**
- Medical record documentation of severe or life-threatening disease which requires systemic treatment

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*

- QL for letter only:
  - 50 mg tablet: 1 tablet per day, 28 day supply per fill
  - 125 mg tablet: 2 tablets per day, 28 day supply per fill
  - 250 mg therapy pack: 2 tablets per day, 28 day supply per fill
  - 50 mg packets: 1 packet per day, 28 day supply per fill

AUTHORIZATION DURATION: Initial approval will be for **12 months**. Subsequent approvals will be for an additional **12 months** and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

Voting responses were received from 30 of 50 members. The vote was unanimously approved.

The next bi-monthly scheduled meeting will be held on September 17th, 2024 at 1:00 p.m.

Meeting will be held virtually via phone/Microsoft Teams.