Geisinger

P&T Committee Meeting Minutes
Commercial, Marketplace, CHIP
October 2024 e-Vote

DRUG REVIEWS

LENMELDY (atidarsagene autotemcel)

Review: Lenmeldy is an autologous stem cell-based gene therapy indicated for the treatment of children with pre-symptomatic late infantile (PSLI), pre-symptomatic early juvenile (PSEJ) or early symptomatic early juvenile (ESEJ) metachromatic leukodystrophy (MLD).

Lenmeldy is prepared from a child's own hematopoietic stem cells (HSCs), which are collected via apheresis procedure(s). The autologous cells are enriched for CD34+ cells, then transduced ex vivo with a recombinant replication-incompetent self-inactivating (SIN) human immunodeficiency virus-1 (HIV-1)-based lentiviral vector (LVV) that has been modified to carry the arylsulfatase A (ARSA) complementary DNA (cDNA) sequence under the human phosphoglycerate kinase (PGK) promoter. The transduced CD34+ cells are washed, formulated into a suspension, and then cryopreserved.

Lenmeldy inserts one of more functional copies of the human ARSA cDNA into the patient's HSCs, through transduction of autologous CD23+ cells with ARSA LVV. After Lenmeldy infusion, transduced CD34+ HCSs engraft in bone marrow, repopulate the hematopoietic compartment and their progeny produce ARSA enzyme. Functional ARSA enzyme can breakdown or prevent the harmful accumulation of sulfatides.

Lenmeldy is provided as a single dose for infusion containing a suspension of CD34+ cells in one to eight infusion bags. The dose administered is calculated based on the child's weight at the time of Lenmeldy infusion using the information provided on the Lot Information Sheet, which is provided with the shipped product.

The safety and efficacy of Lenmeldy were assessed in 39 children across two single-arm, open-label clinical trials (NCT01560182 and NCT03392987) and a European Union (EU) expanded access program (EAP). The clinical trials enrolled 13 children with PSLI, 6 children with PSEJ, and 9 children with ESEJ MLD. The EU EAP enrolled 7 children with PSLI, 1 child with PSEJ, and 1 child with ESEJ MLD. All children had documented and biochemical diagnosis of MLD based on ARSA activity below the normal range and identification of two disease-causing ARSA alleles. In the case of a novel ARSA variant(s), a 24-hour urine collection was required to show elevated sulfatide levels.

The major efficacy outcomes in clinical trials of Lenmeldy were motor and neurocognitive function, as assessed by GMFC-MLD levels and standard scores on age-appropriate neurocognitive tests, respectively. The efficacy of Lenmeldy was compared to an external untreated natural history cohort of

children with LI (n=28) and EJ (n-21) MLD. Data from the natural history cohort were collected both retrospectively and prospectively. Cognitive outcomes in the children with PSEJ and ESEJ MLD were compared to outcomes for untreated children reported in the medical literature.
PSLI: The primary endpoint was severe motor impairment-free survival, defined as the interval from birth to the first occurrence of loss of locomotion and loss of sitting without support (GMFC-MLD Level ≥ 5) or death. For analyses of the primary endpoint, and additional 2 untreated siblings not enrolled in the natural history cohort study were included in the comparator group. Treatment with Lenmeldy significantly extended severe motor impairment-free survival in children with PSLI MLD compared with untreated LI natural history children. Seventeen children with PSLI MLD treated with Lenmeldy have been followed until at least the age of 5 years. At the age of 5 years, 100% of Lenmeldy treated PSLI children remained event-free compared with 0% of untreated LI children.

PSEJ: Seven children with PSEJ MLD were treated with Lenmeldy. One child died at age 2.1 years from a cerebral infarction. There were insufficient data in three children who were too young at last follow-up to evaluate efficacy of Lenmeldy as symptom onset might not begin until 7 years of age in EJ MLD. Two children had evaluable motor and cognitive outcomes. One child had evaluable motor outcomes, but while showing stable cognitive function, was neither old enough nor had sibling data for cognitive events to be evaluable.

ESEJ: Four children with ESEJ MLD had favorable cognitive outcomes after treatment in the setting of motor decline. Retention of cognitive function has not been reported in this phase if EJ MLD disease, as motor and cognitive functioning typically decline together in untreated children.

No formal drug interaction studies have been performed. Lenmeldy is not expected to interact with the hepatic cytochrome P-450 family of enzymes or drug transporters. The safety and effectiveness of vaccination during or following Lenmeldy treatment have not been studied. Vaccination is not recommended during the 6 weeks preceding the start of myeloablative conditioning, and until hematological recovery following treatment with Lenmeldy. Where feasible, administer childhood vaccinations prior to myeloablative conditioning. Lenmeldy has warnings and precautions for thrombosis and thromboembolic events, encephalitis, serious infection, veno-occlusive disease, delayed platelet engraftment, risk of neutrophil engraftment failure, risk of insertional oncogenesis, risk of hypersensitivity reactions, and interference with serology testing. The most common non-laboratory adverse reactions were febrile neutropenia, stomatitis, respiratory tract infections, rash, device related infections, other viral infections, pyrexia, gastroenteritis, and hepatomegaly. The most common laboratory abnormalities were elevated D-dimer, neutropenia, and elevated liver enzymes.

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

Outcome: Lenmeldy will be a medical benefit and will be added to the medical benefit cost share list. Lenmeldy will not be dispensed by specialty pharmacies. The following prior authorization criteria will apply:

Pre-symptomatic Late Infantile Metachromatic Leukodystrophy (PSLI MDL)

- Prescription written by a hematologist, oncologist, and/or stem cell transplant specialist AND
- Medical record documentation of **two** out of **three** of the following:
    - Age at onset of symptoms in older sibling(s) ≤ 30 months
    - Presence of two null (0) mutant arylsulfatase A (ARSA) alleles
    - Peripheral neuropathy as determined by electroneurographic study

  AND
- Medical record documentation that the patient does not have disease-related symptoms (motor or cognitive symptoms)* AND
- Medical record documentation of ARSA activity below the normal range in peripheral blood mononuclear cells or fibroblasts (normal activity is approximately 60 nmol/h/mg) AND
- Medical record documentation of the presence of sulfatides in a 24-hour urine collection AND

- Medical record documentation that the member has a negative serology test for Human Immunodeficiency Virus (HIV), Hepatitis B, and Hepatitis C AND
- Medical record documentation that the member has not had a prior hematopoietic stem cell transplant or hematopoietic stem-cell based gene therapy

***Note to Reviewer**: In the clinical trial, pre-symptomatic was defined as patients without neurological impairment (disease-related symptoms) with or without signs of the disease revealed by instrumental evaluations (electroneurographic and brain MRI)

Pre-symptomatic Early Juvenile Metachromatic Leukodystrophy (PSEJ MLD)

- Prescription written by a hematologist, oncologist, and/or stem cell transplant specialist AND
- Medical record documentation of **two** out of **three** of the following:
    - Age at onset of symptoms (in the patient or in an older sibling) between 30 months and 6 years (has not celebrated 7th birthday)
    - Presence of one null (0) and one residual (R) mutant arylsulfatase A (ARSA) alleles
    - Peripheral neuropathy as determined by electroneurographic study

  AND
- Medical record documentation that the patient does not have disease-related symptoms (motor or cognitive symptoms)* AND
- Medical record documentation of ARSA activity below the normal range in peripheral blood mononuclear cells or fibroblasts (normal activity is approximately 60 nmol/h/mg) AND
- Medical record documentation of the presence of sulfatides in a 24-hour urine collection AND
- Medical record documentation that the member has a negative serology test for Human Immunodeficiency Virus (HIV), Hepatitis B virus, and Hepatitis C virus AND
- Medical record documentation that the member has not had a prior hematopoietic stem cell transplant or hematopoietic stem-cell based gene therapy

***Note to Reviewer**: In the clinical trial, pre-symptomatic was defined as patients without neurological impairment (disease-related symptoms) with or without signs of the disease revealed by instrumental evaluations (electroneurographic and brain MRI)

Early Symptomatic Early Juvenile Metachromatic Leukodystrophy (ESEJ MLD)

- Prescription written by a hematologist, oncologist, and/or stem cell transplant specialist AND
- Medical record documentation of **two** out of **three** of the following:
    - Age at onset of symptoms (in the patient or in an older sibling) between 30 months and 6 years (has not celebrated 7th birthday)
    - Presence of one null (0) and one residual (R) mutant arylsulfatase A (ARSA) alleles
    - Peripheral neuropathy as determined by electroneurographic study

  AND
- Medical record documentation that the patient has been diagnosed with ESEJ MLD within 6 months of the first reported symptoms (i.e., cognitive symptoms: intelligence quotient ≥ 70 and motor symptoms: the ability to walk independently for ≥ 10 steps) AND
- Medical record documentation of ARSA activity below the normal range in peripheral blood mononuclear cells or fibroblasts (normal activity is approximately 60 nmol/h/mg) AND
- Medical record documentation of the presence of sulfatides in a 24-hour urine collection AND
- Medical record documentation that the member has a negative serology test for Human Immunodeficiency Virus (HIV), Hepatitis B virus, and Hepatitis C virus AND
- Medical record documentation that the member has not had a prior hematopoietic stem cell transplant or hematopoietic stem-cell based gene therapy

Note to Reviewer: In the clinical trial, early symptomatic was initially defined as a patient identified within 6 months from the first reported symptoms. Subsequently, ESEJ patients were defined as meeting both criteria: intelligence quotient ≥ 70 and the ability to walk independently for ≥ 10 steps).

Authorization Duration: 2 months, a one (1) time approval per lifetime; Requests for authorizations exceeding these limits will require the following medical record documentation of peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration.

Require RPH Sign off: Yes. Rph Sign off will be required to ensure appropriate utilization.

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

REXTOVY (naloxone hydrochloride)

Review: Rextovy (naloxone hydrochloride) nasal spray is indicated for the emergency treatment of known or suspected opioid overdose, manifested by respiratory and/or central nervous system depression. Rextovy is indicated for adult and pediatric patients. It is intended to be used for immediate administration in the setting of a current or suspected opioid overdose, but it is not indicated as a substitute for emergency medical care. Rextovy was FDA approved on March 7, 2023.

Naloxone hydrochloride is an opioid antagonist that antagonizes the effects of opioids by competing at the same receptor sites. Naloxone is intended to reverse the effects of opioids, such as respiratory depression, sedation, and hypotension. Naloxone can reverse the psychotomimetic and dysphoric effects of agonist-antagonists, such as Pentazocine, however may require higher doses of naloxone or repeated administration of naloxone.

The recommendation for the initial dose of Rextovy is one spray given intranasally, which will deliver 4 mg of naloxone hydrochloride to the patient. This dose is for single use only and cannot be reused. Rextovy delivers the same 4 mg dose as Narcan. After the initial dose, the patient must seek medical care. Repeat dosing is based on the amount, type, and route of administration of the opioid that was used. Repeat doses should be administered with the second nasal spray device and given in alternating nostrils every 2-3 minutes as needed until medical assistance arrives. If the patient responds to the initial dose but falls back into respiratory depression before medical assistance arrives then an additional dose should be administered in the opposite nostril. Rextovy is supplied as a nasal spray that contains 4 mg of naloxone hydrochloride per device and unit-dose. Each carton contains two-unit dose nasal spray devices.

Rextovy should be given to any person who shows signs of an opioid overdose. According to the CDC, the signs of an opioid overdose include unconsciousness or inability to awake, slow or shallow breathing or difficulty breathing such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened, discolored skin, and small pinpoint pupils that don't react to light. Rextovy is only available by prescription.

Rextovy provides easier administration than other naloxone hydrochloride products due to its intranasal administration. Other products might require a caregiver to draw up the naloxone into a syringe or require administration via intramuscular or subcutaneous injection. There are currently no head-to-head trials comparing the clinical efficacy of Rextovy to other naloxone hydrochloride products.

There is a standing order in place that makes naloxone available at the pharmacy without a prescription from a physician. The naloxone hydrochloride treatments currently available in this standing order include Narcan 4 mg nasal spray, Kloxxado 8 mg nasal spray, luer-lock syringe and mucosal automation device (MAD), Zimhi 5 mg autoinjector, and non-prefilled syringe with naloxone 0.4mg/mL in 1 mL single dose vials.

A pharmacokinetic study was conducted comparing one nasal spray in one nostril of Rextovy to a single dose of 0.4 mg naloxone hydrochloride intramuscular injection and 2 mg naloxone hydrochloride intravenous infusion. Based on this study, the dose-normalized relative bioavailability of one dose of Rextovy as compared to 0.4 mg naloxone hydrochloride given IV was 40.7% Following a single dose of Rextovy, the mean plasma half-life of naloxone hydrocholoride in healthy adults was approximately 67.6 minutes, which was shorter than naloxone hydrochloride administered IM which had a half-life of 75.7 minutes. The half-life of 2 mg naloxone hydrochloride administered IV was approximately 66.2 minutes.

Rextovy is contraindicated in patients with a known hypersensitivity to naloxone hydrochloride or to any of its other ingredients. Rextovy has warnings/precautions of the risk of recurrent respiratory and central nervous system depression, risk of limited efficacy with partial or mixed agonist/antagonist, and precipitations of severe opioid withdrawal. Symptoms of opioid withdrawal could include body aches, diarrhea, fever, weakness, nausea, vomiting, and sweating. Patients with pre-existing cardiac disease should be monitored after administration. The most common adverse effects from Rextovy include oral paresthesia (3.7%) and headache (3.7%). Common side effects seen with other naloxone hydrochloride products include increased blood pressure, constipation, toothache, muscle spasms, nasal dryness, nasal edema, and nasal inflammation.

Clinical studies of Rextovy did not include a sufficient number of subjects ages 65 and older to determine how they might respond differently to younger patients. Generally, geriatric patients have a greater frequency of decreased hepatic, renal, or cardiac function; therefore, the systemic exposure of naloxone hydrochloride could be higher in this patient population. A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Outcome: Rextovy is a pharmacy benefit and will be added to the Commercial, Exchange, and CHIP pharmacy formularies at the Brand-Preferred Tier. No prior authorization criteria will apply.

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

FAST FACTS

AREXVY (respiratory syncytial virus vaccine, adjuvanted)

Clinical Summary: Arexvy is now approved for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in individuals 50 through 59 years of age who are at increased risk for LRTD caused by RSV. Its original indication remains - active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in individuals 60 years of age and older. The recommended dosage for Arexvy is a single dose (0.5mL) as an intramuscular injection.

The efficacy of Arexvy on immunogenicity in individuals 50 through 59 years of age at increased risk for LRTD caused by RSV was evaluated in Study 4. Individuals 50 through 59 years of age with an increased risk of LRTD caused by RSV due to certain chronic medical conditions (chronic pulmonary disease, chronic cardiovascular disease, diabetes, chronic kidney or liver disease) were randomized to receive Arexvy (n = 386) or saline placebo (n = 191). A comparator group of individuals 60 years and older also received Arexvy (n=381). Effectiveness of Arexvy in individuals 50 through 59 years of age with chronic medical conditions was assessed by a comparison of RSV neutralizing antibody responses induced by Arexvy in this age group to antibody responses of individuals 60 years of age and older. The neutralizing antibody responses to RSV-A and RSV-B subtypes in individuals 50 through 59 years of age with chronic medical conditions met the criteria for immunobridging, as the upper limit (UL) of the 2-sided 95% CI for the GMT ratio (GMT for individuals 60 years and older/GMT for individuals 50 through 59 years of age with chronic medical conditions) was ≤1.50 and the UL of the 2-sided 95% CIs for seroresponse rate (SRR) difference (SRR for individuals 60 years and older minus SRR for individuals 50 through 59 years of age with chronic medical conditions) was ≤10% for the RSV-A and RSV-B subtypes.

No updates to the warnings and precautions of Arexvy with the new indication.

Current Formulary Status: Arexvy is a covered pharmacy or medical benefit. On the commercial, Exchange, and CHIP formularies, it is on the preventative tier ($0 copay) with an age limit (60 to 999 years old) and a quantity limit (1 each per lifetime).

Recommendation: No changes recommended to the formulary placement of Arexvy at this time. It is recommended that Arexvy will continue to not require prior authorization for those 60 and older. It is recommended that the following prior authorization criteria will apply to members under the age of 60:

- Medical record documentation that the member is 50 to 59 years of age **AND**
- Medical record documentation of a diagnosis of chronic pulmonary disease, chronic cardiovascular disease, diabetes, chronic kidney disease, or chronic liver disease **AND**
- Medical record documentation that the member is at an increased risk of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV)

QUANTITY LIMIT: 1 each per lifetime

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

BENLYSTA AUTOINJECTOR (belimumab)

Clinical Summary: Benlysta Autoinjectors are now indicated for the treatment of Systemic Lupus Erythematosus (SLE) in pediatric patients aged 5 to less than 18 years of age. Previously, the IV vials were approved for SLE and Lupus Nephritis (LN) in patients aged 5 years and older and the autoinjectors and syringes were approved for SLE and LN in adult patients.

No new clinical trials have been performed. Use of Benlysta autoinjectors in pediatric patients age 5 to less than 18 years with SLE is supported by pharmacokinetic data and Trial 6 (studied IV dosing in pediatric patients with SLE).

Cases of JC virus-associated PML resulting in neurological deficits have been reported in patients with SLE receiving immunosuppressants, including Benlysta. In patients with suspected PML, immunosuppressant therapy, including Benlysta, must be suspended until PML has been excluded.

Current Formulary Status: Benlysta Autoinjectors are on the specialty tier or brand non-preferred tier with prior authorization.

Recommendation: No changes to formulary placement are recommended. It is recommended to update the prior authorization criteria.

Systemic Lupus erythematosus (SLE)

- Medical record documentation of age greater than or equal to 5 years **AND**
- If Benlysta syringes are prescribed: medical record documentation of age greater than or equal to 18 years b
- Medical record documentation a diagnosis of systemic lupus erythematosus b
- Medical record documentation that member has active disease **OR** recurrent flares **OR** inability to wean steroids in systemic lupus erythematosus **AND**
- Medical record documentation that Benlytsa for self-administration is prescribed by a rheumatologist **AND**
- Medical record documentation of a positive ANA/anti-dsDNA antibody **AND**
- Medical record documentation that Benlysta is being used in combination with, or patient has a contraindication or intolerance to, standard therapy (e.g., corticosteroid, NSAID, anti-malarial or immunosuppressant) **AND**
- Medical record documentation of no central nervous system (CNS) involvement

GPI LEVEL:

- Ages 5-18 years: GPI-14 (9942201500D520)
- Ages 18 years and older: GPI-14 (must enter 9942201500E520 & 9942201500D520)

NOTE: The safety and efficacy of Benlysta syringes for subcutaneous injection has not been studied in patients under 18 years of age.

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

CRESEMBA (isavuconazonium sulfate)

Clinical Summary: Cresemba is an azole antifungal indicated for the treatment of Invasive aspergillosis and Invasive mucormycosis in adults. Cresemba vial is now approved for pediatric patients 1 year of age and older and Cresemba capsules are now approved for pediatric patients 6 years of age and older who weigh 16 kilograms and greater. Cresemba capsules are now available as a 74.5 mg dose in addition to the 186 mg dose. Cresemba IV is 372 mg/vial; there are no updated dosages for injection.

Cresemba IV is intended for use in patients who are 1 year of age and older with administration through an in-line filter over a minimum of 1 hour. Cresemba capsules and Cresemba for injection via nasogastric (NG) tube administration are intended for use in patients who are 6 years of age and older and weighing 16kg and greater. Cresemba capsules can be taken with or without food and should be swallowed whole. Switching between the intravenous and oral formulations of Cresemba is acceptable as bioequivalence has been demonstrated. Loading dose is not required when switching between formulations.

For Invasive Aspergillosis, the safety and effectiveness of Cresemba for the pediatric population [injection for ages 1 year and older and capsules for 6 years of age and older weighing 16 kg or greater] is supported by evidence from one adequate and well-controlled trial in adult patients.

For Invasive Mucormycosis, the safety and effectiveness of Cresemba for the pediatric population [injection for ages 1 year and older and capsules for 6 years of age and older weighing 16 kg or greater] is supported by one open-label trial in adult patients with invasive mucormycosis, a retrospective review of survival data for adult patients with untreated invasive mucormycosis.

The clinical safety of Cresemba was assessed in 77 pediatric patients who received at least one dose of intravenous or oral Cresemba in two uncontrolled studies:

- 15 subjects (19.5%) were in the 1 to < 6-year-old cohort
- 30 subjects (39.0%) were in the 6 to < 12-year-old cohort
- 32 subjects (41.6%) were in the 12 to < 18-year-old cohort

The duration of treatment ranged from 1 to 181 days with a median duration of treatment of 15 days. The most frequently reported adverse reactions were diarrhea (26%), abdominal pain (23%), vomiting (21%), elevated liver chemistry tests (18%), rash (14%), nausea (13%), pruritus (13%) and headache (12%). In general, adverse reactions (including serious adverse reactions and adverse reactions leading to permanent discontinuation of Cresemba) were similar to those reported in adults.

The pharmacokinetics of isavuconazole was evaluated in two clinical studies (n=73) in pediatric patients ages 1 to less than 18 years of age which included twenty-eight patients with at least possible invasive aspergillosis or possible invasive mucormycosis.

Adverse reactions as mentioned above are similar to adult population.

Current Formulary Status:

- **Capsules**: Pharmacy Benefit, Non-Formulary, Prior Authorization required
- **Vials**: Pharmacy or Medical Benefit, Prior Authorization Required

Recommendation: There are no recommended changes to the formulary placement or auth duration. Recommendation is to update the approved age, weight and quantity limits in Commercial Policy 386.0 for Cresemba capsules.

Update ages in Medical Benefit Policy MPB 134.0 for Cresemba IV for all lines of business.

Commercial Policy 386.0 Cresemba Capsules

A formulary exception for coverage of Cresemba capsules may be made for members who meet the following criteria:

Treatment of Aspergillosis and Mucormycosis

- Medical record documentation of age greater than or equal to ~~18 years~~ 6 years of age and older and weighing 16 kg or greater **AND**
- Medical record documentation that Cresemba is being used for the treatment of invasive aspergillosis **OR** for the treatment of invasive mucormycosis OR

Prophylaxis of Aspergillosis and Candida

- Medical record documentation of age greater than or equal to 18 years of age **AND**
- Medical record documentation that Cresemba is prescribed by an oncologist, hematologist, infectious disease specialist, or transplant service provider **AND**
- Medical record documentation of use for prophylaxis of invasive Aspergillus or Candida infections in patients at high risk of developing these infections due to being severely immunocompromised **AND**
- Medical record documentation that member requires treatment with an anti-cancer medication that interacts with posaconazole.

AUTHORIZATION DURATION: 3 months.
Reauthorization will be based on the following criteria:

- Medical record documentation of a culture and sensitivity showing the isolates are susceptible to Cresemba **AND**
- Medical record documentation that the appropriate dose is being prescribed (2 capsules per day) for 186 mg capsules OR
- Medical record documentation that the appropriate dose is being prescribed for 74.5 mg capsule based on age and weight (see chart below)

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: 186 mg capsule: 2 capsules per day
- QL FOR LETTER ONLY: 74.5 mg capsule: max QL is 5 capsules per day.

- 2 capsules per day (16 kg to < 18 kg of body weight)
- 3 capsules per day (18 kg to < 25 kg body weight)
- 4 capsules per day (25 kg to < 32 kg of body weight)
- 5 capsules per day (body weight of 32 kg or greater)

Dosage Form	Age	Body Weight	Quantity Limit	Loading dose	Maintenance Dose
Cresemba 74.5 mg capsules	6 to less than 18 years of age	16 kg to less than 18 kg	loading dose: 12 capsules maintenance dose: 2 capsules daily	Two capsules (149 mg) orally every 8 hours for 6 doses (48 hours)	Two capsules (149 mg) orally once daily
		18 kg to less than 25 kg	loading dose: 18 capsules maintenance dose: 3 capsules daily	Three capsules (223.5 mg) orally every 8 hours for 6 doses (48 hours)	Three capsules (223.5 mg) orally once daily
		25 kg to less than 32 kg	loading dose: 24 capsules maintenance dose: 4 capsules daily	Four capsules (298 mg) orally every 8 hours for 6 doses (48 hours)	Four capsules (298 mg) orally once daily
		great than or equal to 32 kg	loading dose: 30 capsules maintenance dose: 5 capsules daily	Five 74.5 mg capsules (372 mg) orally every 8 hours for 6 doses (48 hours)	Five 74.5 mg capsules (372 mg) orally once daily

Recommended Dosage for CRESEMBA in Adult Patients		
Dosage Form	**Loading Dose**	**Maintenance Dose**
Cresemba 186 mg Capsules	Two 186 mg capsules (372 mg) orally every 8 hours for 6 doses (48 hours)	Two 186 mg capsules (372 mg) orally once daily
Cresemba 74.5 mg capsules	Five 74.5 mg capsules (372 mg) orally every 8 hours for 6 doses (48 hours)	Five 74.5 mg capsules (372 mg) orally once daily

Medical Benefit Policy MBP 134.0 Cresemba IV

Cresemba IV (Isavuconazonium sulfate) will be considered medically necessary for all lines of business when all of the following criteria are met:

- Medical record documentation that the patient is ~~18 years~~ 1 year of age or older **AND**
  - Medical record documentation that Cresemba is being used for the treatment of invasive aspergillosis OR for the treatment of invasive mucormycosis **OR**
- Medical record documentation that the patient is 18 years of age or older **AND**
  - Medical record documentation that Cresemba is prescribed by an oncologist, hematologist, infectious disease specialist, or transplant service provider **AND**

- Medical record documentation of use for prophylaxis of invasive Aspergillus or Candida infections in patients at high risk of developing these infections due to being severely immunocompromised **AND**
- Medical record documentation that member requires treatment with an anti-cancer medication that interacts with posaconazole

AUTHORIZATION DURATION: Authorization duration should be for a length of 3 months. Reauthorization will be based on the following criteria:

- Medical record documentation of a culture and sensitivity showing the isolates are susceptible to Cresemba **AND**
- Medical record documentation that the appropriate dose is being prescribed (1 vial/day)

Cresemba was reviewed previously for updated age (for pediatrics) for the treatment of Invasive aspergillosis and Invasive mucormycosis. It was suggested at the time of review to reach out to one of the clinical pharmacists to clarify if there was any use of Cresemba as prophylaxis in pediatrics. It was recommended by the pharmacist to not include prophylaxis use as first line therapy for the pediatric population based on the scarcity of data. The policy here reflects the indicated use only for pediatric population which is treatment of invasive aspergillosis or treatment of invasive mucormycosis. Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

FARXIGA/XIGDUO XR (dapaglifozin/dapagliflozin and metformin)

Clinical Summary: Farxiga and Xigduo XR are now indicated as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus.

In adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus, the recommended starting dosage of Farxiga is 5 mg orally once daily to improve glycemic control. For additional glycemic control, the dosage can be increased to 10 mg orally once daily. For Adult and Pediatric Patients with Type 2 Diabetes Mellitus and Renal Impairment: The recommended dosage for Farxiga in patients with an eGFR greater than or equal to 45 mL/min/1.73 m2 is the same as the recommended dosage in patients with normal renal function.

In a pediatric trial (NCT03199053), patients aged 10 to 17 years with inadequately controlled type 2 diabetes mellitus (HbA1c ≥6.5% and ≤10.5%) were randomized to Farxiga (81 patients) or placebo (76 patients) as add-on to metformin, insulin or a combination of metformin and insulin. In this 26-week, placebo-controlled, double-blind randomized clinical trial with a 26-week safety extension, patients received 5 mg of Farxiga or placebo following a lead-in period. At Week 14, patients with HbA1c values <7% remained on 5 mg while patients with HbA1c values ≥7% were randomized to either continue on 5 mg or up-titrate to 10 mg.

At baseline, 88% of Farxiga-treated patients and 89% of placebo-treated patients were on metformin with or without insulin as background medication. The mean HbA1c at baseline was 8.2% in Farxiga treated patients and 8.0% in placebo-treated patients, and the mean duration of type 2 diabetes mellitus was 2.3 years in Farxiga-treated patients and 2.5 years in placebo-treated patients. The mean age was 14.4 years in Farxiga-treated patients and 14.7 years in placebo-treated patients, and approximately 61% of Farxiga-treated patients and 58% of placebo-treated patients were female. In Farxiga treated patients, approximately 52% were White, 22% were Asian, 9% were Black or African American, and 56% were of Hispanic or Latino ethnicity. In placebo-treated patients, approximately 42% were White, 32% were Asian, 4% were Black or African American, and 45% were of Hispanic or Latino ethnicity. The mean BMI was 29.7 kg/m2 in Farxiga-treated patients and 28.5 kg/m2 in placebo-treated patients, and mean BMI Z-score was 1.7 in Farxiga-treated patients and 1.5 in placebo-treated patients. The mean eGFR at baseline was 115 mL/min/1.73 m2 in Farxiga-treated patients and 113 mL/min/1.73 m2 in placebo-treated patients.

At Week 26, treatment with Farxiga provided statistically significant improvements in HbA1c compared with placebo (Table 14). This effect was consistent across subgroups including race, ethnicity, sex, age group (≥10 to <15 years of age and ≥15 to <18 years of age), background antidiabetic treatment, and baseline BMI.

The Farxiga safety profile observed in a 26-week placebo-controlled clinical trial with a 26-week extension in 157 pediatric patients aged 10 years and older with type 2 diabetes mellitus was similar to that observed in adults. The safety and effectiveness of Farxiga for glycemic control in type 2 diabetes mellitus have not been established in pediatric patients less than 10 years of age.

Current Formulary Status: Farxiga and Xigduo XR are preferred medications on the commercial, marketplace and CHIP formularies. No prior authorization is required for either medication. Farxiga and Xigduo XR are tier 2 for commercial and CHIP and tier 4 for marketplace. Quantity limits apply for both medications.

Recommendation: Recommend no changes to the formulary status for Farxiga and Xigduo XR for Commercial, Marketplace, or CHIP. Tiering levels and quantity limits would remain the same.
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Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

IMFINZI (durvalumab)

Clinical Summary: Imfinzi is now indicated in combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by Imfinzi as a single agent as adjuvant treated after surgery, for the treatment of adult patients with resectable (tumors ≥ 4 cm and/or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.

The recommended dosage for the new indication is an intravenous infusion based on body weight. For patients with a body weight of ≥ 30 kg:

- Neoadjuvant treatment: Imfinzi 1500 mg in combination with chemotherapy every 3 weeks for up to 4 cycles prior to surgery
- Adjuvant treatment: Imfinzi 1500 mg as a single agent every 4 weeks for up to 12 cycles after surgery

For patients with a body weight < 30 kg:

- Neoadjuvant treatment: Imfinzi 20 mg/kg every 3 weeks in combination with chemotherapy for up to 4 cycles prior to surgery
- Adjuvant treatment: Imfinzi 20 mg/kg every 4 weeks for up to 12 cycles as a single agent after surgery.

Treatment with Imfinzi is continued until disease progression that precludes definitive surgery, recurrence, unacceptable toxicity, or a maximum of 12 cycles after surgery.

The efficacy of Imfinzi in the new indication was evaluated in AEGEAN, a randomized, double-blind, placebo-controlled trial in 802 patients with previously untreated and resectable squamous and non-squamous NSCLC (Stage IIA to select Stage IIIB). The trial included patients with no prior exposure to immune-mediated therapy, a ECOG performance status of 0 or 1, and at least one RECIST 1.1 target lesion. Patients with active or prior documented autoimmune disease, or use of any immunosuppressive medication within 14 days of the first dose of Imfinzi were ineligible.

The efficacy analyses population excluded patients with known EGFR mutations or ALK rearrangements. Randomization was stratified by disease stage (Stage II vs. Stage III) and by PD-L1 expression (TC < 1% vs. TC ≥ 1%) status. Patients were randomized 1:1 to receive Imfinzi or placebo in combination with chemotherapy according to the recommended dosage. Treatment was continued until completion of the treatment, disease progression that precluded definitive surgery, inability to complete definitive surgery, disease recurrence in the adjuvant phase, or unacceptable toxicity.

The major efficacy outcome measures were pathological complete response (pCR) by blinded central pathology review and event-free survival (EFS) by blinded independent central review (BICR) assessment. Additional efficacy measures were major pathological response (MPR) by blinded central pathology review, disease free survival (DFS) by BICR and overall survival (OS). The trial demonstrated statistically significant improvements in EFS and pCR rate in the Imfinzi + chemotherapy group compared to placebo + chemotherapy. At the interim analysis, the trial demonstrated a statistically significant difference in MPR rate (34% vs. 14%). At the time of the prespecified interim analyses, overall survival (OS) was not formally tested for statistical significance.

The most common adverse reactions (occurring in ≥ 20% of patients) were anemia, nausea, constipation, fatigue, musculoskeletal pain, and rash. Overall, the use of Imfinzi with neoadjuvant chemotherapy was consistent with the known safety profiles of Imfinzi and chemotherapy. The incidence of maximum Grade 3 and 4 adverse events of any cause were similar between the two groups.

Current Formulary Status: Medical Benefit, PA required, MBP 156.0, When processed at Specialty Pharmacy, processes at Specialty tier or Brand NP tier for members with a three-tier benefit

Recommendation: There are no changes recommended to the formulary placement of Imfinzi. It is recommended that the following criteria and auth duration be added to Policy MBP 156.0:

Neoadjuvant/Adjuvant Non-Small Cell Lung Cancer

- Medical record documentation that Imfinzi 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 resectable (tumors ≥ 4 cm and/or node positive) non-small cell lung cancer (NSCLC) AND
  Medical record documentation that Imfinzi is being used in the neoadjuvant setting in combination with platinum containing chemotherapy then continued as a single agent in the adjuvant setting following surgery AND
- Medical record documentation of no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.

AUTHORIZATION DURATION:
Neoadjuvant/Adjuvant NSCLC: One approval for **18 months** or less if the reviewing provider feels it is medically appropriate. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Authorization of Imfinzi for the neoadjuvant/adjuvant treatment of NSCLC should not exceed the FDA-approved treatment duration of 4 cycles of neoadjuvant treatment prior to surgery and 12 cycles of adjuvant treatment following surgery. For requests exceeding the above limit, medical record documentation of the following is required:

- Peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration.

Stage III NSCLC: One approval for **12 months** or less if the reviewing provider feels it is medically appropriate. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Authorization of Imfinzi for the treatment of non-small cell lung cancer should not exceed the FDA-approved treatment duration of 1 year (12 months). For requests exceeding the above limit, medical record documentation of the following is required:

- Peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration.

All Other Indications: Initial approval will be for **6 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.

JEMPERLI (dostarlimab)

Clinical Summary: Jemperli (dostarlimab) is now approved in combination with carboplatin and paclitaxel, followed by Jemperli as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial cancer.

Previously, Jemperli was indicated for use in combination with carboplatin and paclitaxel, followed by Jemperli as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR), as determined by an FDA-approved test, or microsatellite instability-high (MSI-H). Jemperli's new indication broadens the previous indication for Jemperli plus chemotherapy to include patients with mismatch repair *proficient* or microsatellite *stable* tumors.

Jemperli is also indicated as a single agent for treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer, as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen and are not candidates for curative surgery or radiation.

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

No changes to dosing or current quantity limits for Jemperli, in combination with carboplatin and paclitaxel, for primary advanced or recurrent endometrial cancer.

The approval is based on results from dual primary endpoints of investigator-assessed progression-free survival (PFS) and overall survival (OS) from Part 1 of the RUBY phase III trial. This study evaluated patients with primary advanced or recurrent endometrial cancer who were randomly assigned in a 1:1 ratio to receive either Jemperli 500mg or placebo, plus carboplatin and paclitaxel, for 6 cycles, followed by Jemperli 1000 mg or placebo every 6 weeks for up to 3 years.

RUBY Part 1 is the only clinical trial in this setting to show a statistically significant OS benefit in the full population of patients with primary advanced or recurrent endometrial cancer (regardless of biomarker status), demonstrating a 31% reduction in risk of death (HR: 0.69; 95% CI: 0.54–0.89) compared to chemotherapy alone. At the 2.5-year landmark, 61% (95% CI: 54-67) of patients in the Jemperli plus chemotherapy group compared to 49% (95% CI: 43-55) in the chemotherapy group were alive. In addition, a 16.4-month improvement in median OS was observed with Jemperli plus chemotherapy versus chemotherapy alone (44.6 months [95% CI: 32.6–NR] vs. 28.2 months [95% CI: 22.1–35.6], respectively). The safety and tolerability analysis from RUBY Part 1 showed a safety profile for Jemperli

and carboplatin-paclitaxel that was generally consistent with the known safety profiles of the individual agents.

Current Formulary Status: Jemperli is a medical benefit on specialty tier or brand non-preferred tier for members with a three- tier benefit, requiring prior authorization with a quantity limit.

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

Endometrial Cancer

- Medical record documentation that Jemperli 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 one of the following:
    - Medical record documentation of a diagnosis of recurrent or advanced endometrial cancer **AND**
    - Medical record documentation of mismatch repair deficient (dMMR) as determined by an FDA approved test **AND**
    - Medical record documentation of disease progression on or following prior treatment with a platinum-containing regimen **AND**
    - Medical record documentation that member is not a candidate for curative surgery or radiation

  OR
    - Medical record documentation of primary advanced or recurrent endometrial cancer **AND**
    - Medical record documentation that Jemperli will be used in combination with carboplatin and paclitaxel for 6 doses, followed by Jemperli as a single agent ~~**AND**~~
    - ~~Medical record documentation of mismatch repair deficient (dMMR) as determined by an FDA approved test OR microsatellite instability-high (MSI-H)~~

Solid Tumors

- Medical record documentation that Jemperli 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 recurrent or advanced solid tumors **AND**
- Medical record documentation of mismatch repair deficient (dMMR) as determined by an FDA approved test **AND**
- Medical record documentation of disease progression on or following at least one prior treatment **AND**
- Medical record documentation of no satisfactory alternative treatment options

AUTHORIZATION DURATION: 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.

KEYTRUDA (pembrolizumab)

Clinical Summary: Keytruda is now indicated in combination with pemetrexed and platinum chemotherapy as first-line treatment of adult patients with unresectable advanced or metastatic malignant pleural mesothelioma (MPM). Keytruda also received full approval with changes to the indication for hepatocellular carcinoma (HCC) which was previously approved under accelerated approval. Previously

Keytruda was approved for HCC who have been previously treated with sorafenib. The new indication is for treatment of patients with HCC secondary to hepatitis B who have received prior systemic therapy other than a PD-1/PD-L1-containing regimen.

The recommended dosage of Keytruda for MPM is 200 mg every three weeks or 400 mg every 6 weeks. Keytruda is administered prior to chemotherapy when given on the same day. Treatment is continued until disease progression, unacceptable toxicity, or for up to 24 months. There are no changes for the previous dosage of HCC with the changed indication (200 mg every 3 weeks or 400 mg every 6 weeks until disease progression, unacceptable toxicity, or up to 24 months).

The efficacy of Keytruda in combination with pemetrexed and platinum chemotherapy in MPM was evaluated in the KEYNOTE-483, a randomized, open-label, active-controlled trial in 440 patients with unresectable or metastatic MPM and no prior systemic therapy for advanced metastatic disease. The trial excluded patients with autoimmune disease requiring systemic therapy within 3 years of treatment or a medical condition requiring immunosuppression. Patients were randomized 1:1 to receive:

- Keytruda 200 mg with pemetrexed 500 mg/m2 and cisplatin 75 mg/m2 or carboplatin AUC 5-6 mg/mL/min on Day 1 of each 21-day cycle for up to 6 cycles, followed by Keytruda 200 mg every 3 weeks. Keytruda was administered prior to chemotherapy on Day 1.
- Pemetrexed 500 mg/m2 and cisplatin 75 mg/m2 or carboplatin AUC 5-6 mg/mL/min on Day 1 of each 21-day cycle for up to 6 cycles.

Keytruda was continued until disease progression, unacceptable toxicity, or a maximum of 24 months. The major efficacy endpoint was overall survival (OS). Additional efficacy outcomes measured were progression free survival (PFS), overall response rate (ORR), and duration of response assessed by BICR according to RECIST v1.1 for mesothelioma (mRECIST). Results demonstrated a statistically significant improvement in OS, PFS, and ORR in patients randomized to Keytruda + chemotherapy compared to chemotherapy alone.

Efficacy of Keytruda in HCC was evaluated in the confirmatory KEYNOTE-394 trial, a randomized, placebo-controlled, double-blind trail in patients with Barcelona Clinic Liver Cancer (BCLC) Stage B or C HCC, who were previously treated with sorafenib or oxaliplatin-based chemotherapy and who were not amenable to or were refractory to local-regional therapy. Patients were also required to have Child-Pugh A liver function. Patients with hepatitis B had treated controlled disease. The trial excluded patients with an autoimmune disease that required systemic therapy within 2 years of treatment, a medical condition that required immunosuppression, hepatic encephalopathy, main branch portal venous invasion, clinically apparent ascites, or esophageal or gastric variceal bleeding within the last 6 months.

Randomization was stratified by prior treatment: sorafenib vs. oxaliplatin-based chemotherapy, macrovascular invasion, and etiology (active HBV vs. others (active HCV, non-infected)). Patients were randomized (2:1) to receive pembrolizumab 200 mg intravenously every 3 weeks or placebo. Treatment with Keytruda continued until RECIST v1.1 defined progression, unacceptable toxicity, or a maximum of 24 months. The major efficacy outcome was overall survival (OS). Additional outcome measures progression free survival (PFS), overall response rate (ORR), or duration or response (DoR), as assessed by BICR using RECIST v1.1, modified to follow a maximum of 10 target lesions and a maximum of 5 target lesions per organ. Of the 453 patients enrolled, 360 (79%) had active hepatitis B, 90% of patients had received prior sorafenib, and 10% received prior oxaliplatin-based chemotherapy. Results of KEYNOTE-394 demonstrated improved OS in patients with HCC secondary to hepatitis B randomized to Keytruda compared to placebo.

In KEYNOTE-483, adverse reactions in patients with MPM treated with Keytruda were generally similar to those in other patients receiving Keytruda in combination with pemetrexed and platinum chemotherapy. In KEYNOTE-394, adverse reactions were consistent with the previous clinical trials in patients with HCC and the known safety profile of Keytruda.

Current Formulary Status: Medical Benefit, PA required, MBP 119.0, When processed at Specialty Pharmacy, processes at Specialty tier or Brand NP tier for members with a three-tier benefit

Recommendation: No changes are recommended for the formulary placement or authorization duration of Keytruda. The following additional criteria for MPM and changes to the HCC criteria are recommended for MBP 119.0:

MBP 119.0

10. Malignant Pleural Mesothelioma (MPM)

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient is ≥ 18 years of age **AND**
- Medical record documentation of unresectable advanced or metastatic malignant pleural mesothelioma (MPM) **AND**
- Medical record documentation that Keytruda is being used as first-line treatment in combination with pemetrexed and platinum chemotherapy.

11. Hepatocellular Carcinoma (HCC)

- Prescription written by a hematologist/oncologist b
- Medical record documentation that patient is ≥ 18 years of age **AND**
- Medical record documentation of a diagnosis of hepatocellular carcinoma (HCC) secondary to Hepatitis B **AND**
- Medical record documentation ~~of a therapeutic failure on or intolerance to sorafenib (Nexavar)~~ of at least one (1) prior systemic therapy other than a PD-1 and PD-L1 containing regimen

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

KISQALI (ribociclib)

Clinical Summary: Kisqali is now indicated for the treatment of adults with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative, stage II and stage III early breast cancer at high risk of recurrence. Additionally, Kisqali also had its labeling for use in adult patients with HR-positive, HER2-negative, advanced or metastatic breast cancer in combination with fulvestrant as initial endocrine-based therapy or following disease progression on endocrine therapy expanded to allow use in pre/perimenopausal women as well. Previously, this was only indicated for the treatment of adults with HR-positive, HER2-negative, advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine-based therapy or in combination with fulvestrant as initial endocrine-based therapy or following disease progression on endocrine therapy in postmenopausal women or in men. Although it is unclear what information was submitted to the FDA to obtain the expanded population, this was likely granted based on real world data available based on standard of care practices supported by NCCN. The dosing of Kisqali for this updated indication is 400 mg orally (two 200 mg tablets) by mouth once daily with or without food for 21 consecutive days followed by 7 days off treatment.

The safety and efficacy of Kisqali in adult patients with HR-positive, HER2-negative, Stage II and III Early Breast Cancer at High Risk of Recurrence were evaluated in NATALEE (NCT 03701334), a randomized (1:1), open-label, multicenter study including 5,101 patients. Patients included in the study had to have early breast cancer that was anatomic stage group IIB-III or anatomic Stage Group IIA that is either node positive or node negative with histologic grade 3, or histologic grade 2 with either Ki67 ≥20% or considered high risk by gene signature test. Patients were randomized to receive Kisqali 400 mg plus a non-steroidal aromatase inhibitor (NSAI, letrozole or anastrozole) or NSAI only, and goserelin as indicated. The primary efficacy outcome studied was invasive disease-free survival (iDFS) which was defined as the time from randomization to the first occurrence of local invasive breast recurrence, regional invasive recurrence, distant recurrence, contralateral invasive breast cancer, second primary non-breast

invasive cancer, or death from any cause. Overall survival was a secondary outcome studied. Kisqali was administered for up to 36 months in the absence of recurrence or unacceptable toxicity.

The most common adverse reactions occurring in ≥20% of patients with Stage II and III Early Breast Cancer with high risk of recurrence using Kisqali were laboratory abnormalities including decreased leukocytes, decreased lymphocytes, decreased neutrophils, decreased hemoglobin, increased alanine aminotransferase, increased aspartate aminotransferase, infections, increased creatinine, decreased platelets, headache, nausea, and fatigue. No new warnings, contraindications, or black box warnings were identified.

Current Formulary Status: Pharmacy Benefit on the Brand Preferred Tier or $0 Oncology tier that requires a prior authorization for new starts only.

Recommendation: No changes are recommended to the formulary placement, quantity limits, authorization duration of Kisqali. The following changes are recommended to incorporate the new indication and expanded population to the existing policies.

Commercial Policy 447.0 Kisqali

Kisqali for Advanced or Metastatic Breast Cancer

- Medical record documentation that Kisqali is prescribed by an oncologist **AND**
- Medical record documentation of diagnosis of hormone-receptor (HR) positive, HER2-negative, advanced or metastatic breast cancer **AND**
- Medical record documentation that Kisqali is being prescribed as initial endocrine therapy **OR** medical record documentation that Kisqali is being prescribed after disease progression following endocrine therapy
- Medical record documentation that Kisqali will be used in combination with an aromatase inhibitor or fulvestrant **AND**
- Medical record documentation of one of the following:
    - Medical record documentation of postmenopausal status **OR**
    - Medical record documentation of pre/perimenopausal status or member is male **AND** that member will be treated with a luteinizing hormone-releasing hormone (LHRH) agonist ~~AND~~

Kisqali for Early Breast Cancer

- Medical record documentation that Kisqali is prescribed by an oncologist **AND**
- Medical record documentation of diagnosis of hormone-receptor (HR) positive, HER2-negative, Stage II or Stage III Early breast cancer at high risk of recurrence **AND**
- Medical record documentation that Kisqali is being prescribed as adjuvant treatment **AND**
- Medical record documentation that Kisqali will be used in combination with an aromatase inhibitor **AND**
- Medical record documentation of one of the following:
    - Medical record documentation of postmenopausal status **OR**
    - Medical record documentation of pre/perimenopausal status or member is male **AND** that member will be treated with a luteinizing hormone-releasing hormone (LHRH) agonist

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

LUTATHERA (lutetium Lu 177 dotatate)

Clinical Summary: Lutathera is a radiolabeled somatostatin analog now indicated for the treatment of adult and pediatric patients 12 years of age and older with somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors. Previously Lutathera was indicated in adult patients only.

There is no change in the recommended dosage for the new patient population. The recommended dosage for adult and pediatric patients is 7.4 GBq (200 mCi) every 8 weeks (± 1 week) for a total of 4 doses. Patients should be premedicated with antiemetics and amino acid solution.

The safety and efficacy of Lutathera has been established in pediatric patients 12 years and older with somatostatin receptor-positive gastroenteropancreatic neuroendocrine (GEP-NET). Use for this new indication was supported by evidence from an adequate and well-controlled study of Lutathera in adults along with additional safety, pharmacokinetic, and dosimetry data in pediatric patients aged 12 years and older with somatostatin receptor-positive tumors, including 4 pediatric patients with GEP-NETs.

The risks of radiation exposure with Lutathera are greater in pediatric patients than in adult patients due to longer life expectancy. There was no clinically relevant difference in lutetium Lu 177 dotatate exposure in pediatric patients aged 13 to 16 years compared to adult patients. The pharmacokinetic profile and safety of Lutathera in pediatric patients 12 years and older with baseline renal impairment have not been studied. The safety and efficacy of Lutathera have not been established in pediatric patients younger than 12 years old with somastatin receptor-positive GEP-NET.

Current Formulary Status: Medical Benefit, PA required, When processed at Specialty pharmacy, Lutathera processes at the Specialty tier or Brand NP tier for members with three tier benefit, MBP 170.0

Recommendation: There are no changes recommended to the formulary placement and auth duration for Lutathera. The following changes are recommended for MBP 170.0 to incorporate the new patient population.

MBP 170.0

- Prescribed by a hematologist/oncologist **AND**
- Patient is ~~18 years of age or older~~ 12 years and older **AND**
- Medical record documentation of a diagnosis of gastroenteropancreatic neuroendocrine tumor (GEP-NET) (including foregut, midgut, and hindgut tumors) **AND**
- Medical record documentation of presence of somatostatin receptors on all lesions (somatostatin receptor positive disease) **AND**
- Medical record documentation that long-acting somatostatin analogs have been (or will be) discontinued at least 4 weeks prior to initiation of treatment with Lutathera

Note: Per the package labeling, short-acting somatostatin analogs may be used within 4 weeks of treatment with Lutathera but must be discontinued 24 hours prior to Lutathera treatment. Long-acting somatostatin analogs may be given between 4 and 24 hours after each Lutathera dose provided that it is again discontinued 4-weeks prior to retreatment with Lutathera. After completing Lutathera treatment, long-acting somatostatin analogs may be restarted for 18 months.

AUTHORIZATION DURATION: Approval will be for a one-time authorization of **4 visits (7 months)** of therapy. For requests exceeding the above limit, medical record documentation of the following is required:

- Peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved labeling.

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

MIRCERA (methoxy polyethylene glycol-epoetin beta)

Clinical Summary: Mircera is an erythropoiesis-stimulating agent (ESA) indicated for the treatment of anemia associated with chronic kidney disease (CKD) in adult patients on dialysis and adult patients not on dialysis, and for pediatric patients 3 months to 17 years of age on dialysis or not on dialysis who are

converting from another ESA after their hemoglobin level was stabilized with an ESA. It was previously indicated for the treatment of anemia associated with CKD in adult patients on dialysis and adult patients not on dialysis, and for pediatric patients 5 to 17 years of age on hemodialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. Mircera is administered by subcutaneous or intravenous injection.

Adult Patients

- Initial Treatment: (patients not currently treated with an ESA):
  - CKD patients on dialysis: 0.6 mcg/kg body weight administered once every two weeks.
  - CKD patients not on dialysis: 1.2 mcg/kg body weight administered once every month as a single subcutaneous injection. Alternatively, a starting dose of 0.6 mcg/kg body weight may be administered once every two weeks as a single intravenous or subcutaneous injection.
- Conversion from Another ESA:
  - Dosed once monthly or once every two weeks based on total weekly epoetin alfa or darbepoetin alfa dose at time of conversion.

Pediatric Patients

- Conversion from another ESA: dosed once every 4 weeks based on total weekly epoetin alfa or darbepoetin alfa dose at time of conversion
- In patients less than 6 years of age, maintain the same route of administration as the previous ESA when switching from another ESA to Mircera.

The safety and effectiveness of intravenous and subcutaneous Mircera for the treatment of anemia due to CKD have been established in pediatric patients 3 months to 17 years of age on dialysis and not on dialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. The use of Mircera in this pediatric age group is supported by evidence from adequate and well-controlled studies of Mircera in adults, a dose-finding study in 64 pediatric patients 5 to 17 years of age with CKD on hemodialysis and a subcutaneous dose-finding study in 40 patients 3 months to 17 years of age with CKD on dialysis or not on dialysis. The adverse reaction profile observed in pediatric patients was consistent with the safety profile found in adults. The safety and effectiveness of Mircera have not been established in patients less than 3 months of age. The safety and effectiveness of Mircera have not been established for treatment of anemia in pediatric patients whose hemoglobin level has not been previously stabilized by treatment with an ESA.

Current Formulary Status: Medical Benefit requiring prior authorization

Recommendation: There are no changes to formulary status, quantity limits, or authorization duration at this time. It is recommended to make the following updates to medical benefit policy 130.0:

Medical Benefit Policy 130.0 Mircera (methoxy polyethylene glycol-epoetin beta)

Mircera (methoxy polyethylene glycol-epoetin beta) will be considered medically necessary for commercial, exchange, CHIP, and Medicare lines of business when all of the following criteria are met:

For initial authorization in adult patients:

- Medical record documentation of age 18 years or greater **AND**
- Medical record documentation of use for the treatment of anemia associated with chronic kidney disease (CKD) in patients on dialysis and patients not on dialysis **AND**
- Hemoglobin (Hgb) less than 10 g/dL for new starts **AND**
- Ferritin greater than or equal to 100 ng/mL or transferrin level saturation greater than or equal to 20%, or a history of chelation therapy for iron

For initial authorization in pediatric patients:

- Medical record documentation of age 3 months ~~5 years~~ or greater **AND**
- Medical record documentation of use for the treatment of anemia associated with chronic kidney disease in patients on dialysis and patients not on dialysis **AND**

- Medical record documentation that patient's hemoglobin has stabilized on and patient is converting to Mircera from another erythropoiesis-stimulating agent **AND**
- Hemoglobin (Hgb) less than 11 g/dL for new starts **AND**
- Ferritin greater than or equal to 100 ng/mL or transferrin level saturation greater than or equal to 20%, or a history of chelation therapy for iron

~~For continuation of therapy, a repeat Hgb no greater than 3 months old should be submitted.~~

For continuation of therapy in adult and pediatric patients:

- ~~Medical record documentation of age 18 years or greater **AND**~~
- Medical record documentation of use for the treatment of anemia associated with chronic kidney disease (CKD) in patients on dialysis and patients not on dialysis **AND**
- Hemoglobin (Hgb) less than 11 g/dL for continuation of therapy **AND**
- Ferritin greater than or equal to 100 ng/mL or transferrin level saturation greater than or equal to 20%, or a history of chelation therapy for iron

~~For continuation of therapy in pediatric patients:~~

- ~~Medical record documentation of age 5 years or greater **AND**~~
- ~~Medical record documentation of use for the treatment of anemia associated with chronic kidney disease in patients on dialysis **AND**~~
- ~~Hemoglobin (Hgb) less than 11 g/dL for continuation of therapy **AND**~~
- ~~Ferritin greater than or equal to 100 ng/mL or transferrin level saturation greater than or equal to 20%, or a history of chelation therapy for iron~~

GENERAL GUIDANCE:

- For continuation of therapy, a repeat Hgb no greater than 3 months old should be submitted.
- In individuals whose Hgb is greater than or equal to 12gm/dL or rises by 1gm/dl in any two-week period, additional doses should be withheld or reduced (Except when being used for reduction of allogeneic blood transfusion in anemic insured individuals undergoing surgery).
- For initiation or continuation of therapy, a ferritin level no greater than 3 months old and/ or transferrin saturation level no greater than 6 months old should be submitted.
- The member should receive supplemental iron if serum ferritin is less than 100ng/ml and transferrin saturation is less than 20 percent

~~In individuals whose Hgb is greater than or equal to 12gm/dL or rises by 1gm/dl in any two-week period, additional doses should be withheld or reduced.~~

AUTHORIZATION DURATION: Each authorization period (initial and re-authorization) will be defined as a period of 12 months. Re-authorization will be considered based on continuation of therapy criteria listed above.

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

OTEZLA (apremilast)

Clinical Summary: Otezla (apremilast) has an updated age for the diagnosis of moderate to severe plaque psoriasis. The updated age is for pediatric patients 6 years of age and older weighing at least 20 kg who have moderate to severe plaque psoriasis and who are candidates for phototherapy or systemic therapy.

The dosing for Otezla in the pediatric population is based on body weight. Listed below is a titration schedule which is intended to reduce gastrointestinal symptoms associated with initial therapy. For pediatric patients 6 years of age and older and weighing at least 20 kg who have severe renal impairment (CrCl of < 30 ml per minute), titration of Otezla will be with the morning schedule only (above) for the

appropriate body weight. Evening doses are skipped. Maintenance dose is 30 mg daily for patients who weight at least 50 kg and 20 mg once daily for pediatric patients who weigh 20 kg to < 50 kg.

The safety and effectiveness of Otezla in pediatric patients with moderate to severe plaque psoriasis is supported by evidence from a 52-week multicenter, randomized, double-blind, placebo-controlled trial (PSOR-6 [NCT03701763]). This trial was conducted in 245 pediatric subjects 6 to 17 years of age (inclusive) with moderate to severe plaque psoriasis who were candidates for phototherapy or systemic therapy. Subjects had an sPGA score of greater than or equal to 3 which indicated moderate or severe disease, BSA involvement of greater than or equal to 10%, and PASI score of greater than or equal to 12, with psoriasis that was inadequately controlled by or inappropriate for topical therapy. Subjects were allowed to use low potency or weak topical corticosteroids on the face, axilla, and groin and unmedicated skin moisturizers for body lesions only. Subjects were randomized 2:1 to receive Otezla (n=163) or placebo (n=82) for 16 weeks. Subjects with a baseline weight of 20 kg to < 50 kg received Otezla 20 mg twice daily or placebo twice daily and subjects with a baseline weight of 50 kg or greater received Otezla 30 mg twice daily or placebo twice daily. At Week 16, the placebo group was switched to receive Otezla with dosing based on baseline weight and the Otezla group remained on drug according to their original dosing assignment through Week 52.

The primary endpoint was the proportion of subjects who achieved an sPGA response (defined as a score of clear [0] or almost clear [1] with at least a 2-point reduction from baseline) at Week 16. The key secondary endpoint was the proportion of subjects who achieved a PASI-75 response (at least a 75% reduction in PASI score from baseline) at Week 16.

The safety profile observed in pediatric subjects treated with Otezla during the study was consistent with the safety profile established in adult subjects with moderate to severe plaque psoriasis. The most common adverse reactions noted in adults were diarrhea, nausea, headaches and upper respiratory tract infection. Weight loss in pediatric patients was comparable to weight loss in adults but it is noted that pediatric patients who are not growing or gaining weight as expected, may need to have their treatment interrupted.

Current Formulary Status: Pharmacy Benefit requiring prior authorization for new starts only; specialty tier or brand non preferred for members with a 3-tier benefit, QL

Recommendation: Recommend updating policy 336.0 to include the updated age for moderate to severe plaque psoriasis:

For Adult Plaque Psoriasis:

- Medical record documentation that Otezla is prescribed by a dermatologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- For mild disease:
    - Medical record documentation of a diagnosis of mild to moderate plaque psoriasis characterized by less than 3% of body surface area involved **AND**
    - Medical record documentation of an intolerance to, contraindication to, or therapeutic failure of 2 topical therapies (one of which is a corticosteroid of at least medium potency) **AND**
    - Medical record documentation of an intolerance to, contraindication to, or therapeutic failure of phototherapy
- For moderate-severe disease:
    - Medical record documentation of a diagnosis of moderate to severe plaque psoriasis characterized by greater than 3% of body surface area involved or disease involving crucial body areas such as the hands, feet, face, or genitals **AND**
    - Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to topical corticosteroids **AND** at least two to three months of systemic therapy (including but not limited to methotrexate and/or cyclosporine) or phototherapy **OR** medical record documentation of a therapeutic failure on or intolerance to prior biologic therapy

For Pediatric Plaque Psoriasis:

- Medical record documentation that Otezla is prescribed by a dermatologist **AND**
- Medical record documentation of age 6 to 17 years old **AND**
- Medical record documentation of weight of at least 20 kg **AND**
- Medical record documentation of a diagnosis of moderate to severe plaque psoriasis characterized by greater than 3% of body surface area or disease involving crucial body areas such as the hands, feet, face, or genitals **AND**
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to topical corticosteroids **AND** at least two to three months of systemic therapy (including but not limited to methotrexate and/or cyclosporine) or phototherapy **OR** medical record documentation of a therapeutic failure on or intolerance to prior biologic therapy **AND**
- Medical record documentation that Otezla dosing is appropriate based on patient's weight

Dosage Titration Schedule for Pediatric Patients 6 years of Age and Older and Weighing at Least 20 kg with Moderate to Severe Plaque Psoriasis

Body weight	Day 1	Day 2		Day 3		Day 4		Day 5		Day 6 & thereafter	
	AM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
50 kg or more	10 mg	10 mg	10 mg	10 mg	20 mg	20 mg	20 mg	20 mg	30 mg	30 mg	30 mg
20 kg to less than 50 kg	10 mg	10 mg	10 mg	10 mg	20 mg	20 mg	20 mg	20 mg	20 mg	20 mg	20 mg

The additional policies that should be updated for the percentage BSA for plaque psoriasis include the following:
Cimzia, Cosentyx, Enbrel, Humira, Adalimumab, Otezla, Siliq, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya

Per aad.org clinical guidelines: While the severity of psoriasis is defined in part by the total body surface area (BSA) involved, with less than 3% BSA considered mild, 3% to 10% BSA considered moderate, and greater than 10% considered severe disease, psoriasis can be severe irrespective of BSA, when it has serious emotional consequences or when it occurs in select locations, including, but not restricted to, the hands, feet, scalp, face, genital area, or when it causes intractable pruritus.

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

RINVOQ (upadacitinib)

Clinical Summary: In June 2024, the FDA expanded the indication of Rinvoq to include active, polyarticular juvenile idiopathic arthritis (PcJIA) and psoriatic arthritis (PsA) in children aged 2 years and older. With the new indication comes a new formulation of Rinvoq, a weight-based oral solution, Rinvoq LQ, to allow for additional dosing options in the pediatric population.

The efficacy of Rinvoq / Rinvoq LQ in pediatric patients with JIA with active polyarthritis is based on exposure-matched extrapolation of the established efficacy of Rinvoq in rheumatoid arthritis patients. Safety and efficacy of Rinvoq / Rinvoq LQ were also assessed using data from a 3-part multicenter, open label, single-arm study in 83 children (2 to < 18 years of age) with JIA with active polyarthritis (NCT03725007). Part 1 evaluated multiple ascending doses of UPA for 7 days. Parts 2 and 3 evaluated long-term safety and efficacy of UPA for up to 156 weeks. The pJIA patient subtypes at study entry included rheumatoid factor negative polyarticular (68.7%), rheumatoid factor positive polyarticular (15.7%), extended oligoarticular (13.3%), and systemic JIA without systemic manifestations (2.4%). All patients received Rinvoq LQ or Rinvoq tablet dosages based on weight for up to 156 weeks. Patients treated with a stable dose of MTX were permitted to enter the study; changes in MTX dose were

permitted during the study. Efficacy was assessed as supportive endpoints through Week 48. The efficacy was generally consistent with responses in patients with rheumatoid arthritis. Overall, the safety profile observed in pediatric patients treated with Rinvoq / Rinvoq LQ was consistent with the known safety profile of Rinvoq.

Current Formulary Status: Pharmacy benefit requiring prior authorization; specialty tier or brand non preferred for members with a 3 tier benefit.

Recommendation: Addition to policy 605.0 Rinvoq. Policy name change suggestion to Rinvoq / Rinvoq LQ

Polyarticular course juvenile idiopathic arthritis (PcJIA)

1. Medical record documentation of a diagnosis of active polyarticular course juvenile idiopathic arthritis AND
2. Medical record documentation of age greater than or equal to 2 years AND
3. Medical record documentation that Rinvoq / Rnivoq LQ is prescribed by a rheumatologist AND
4. Medical record documentation of an inadequate response to a minimum 3 month trial of adalimumab* OR Enbrel* AND
5. Medical record documentation that Rinvoq / Rinvoq LQ is not being used concurrently with a tumor necrosis factor (TNF) blocker or other biologic agent AND
6. Medical record documentation that Rinvoq / Rinvoq LQ is being prescribed at the appropriate dose for treatment of PcJIA based on patient's weight.

Psoriatic arthritis (PsA)

1. Medical record documentation of a diagnosis of psoriatic arthritis AND
2. Medical record documentation that Rinvoq / Rinvoq LQ is prescribed by a rheumatologist or dermatologist AND
3. Medical record documentation of age greater than or equal to 2 years AND
4. Medical record documentation of a diagnosis of moderately to severely active psoriatic arthritis which must include documentation of either active psoriatic lesions or a documented history of psoriasis AND
5. Medical record documentation of therapeutic failure on, intolerance to, or contraindication to at least 3 months of therapy with Enbrel* OR adalimumab* AND
6. Medical record documentation that Rinvoq / Rinvoq LQ is not being used concurrently with a tumor necrosis factor (TNF) blocker or other biologic agent AND
7. Medical record documentation that Rinvoq / Rinvoq LQ is being prescribed at the appropriate dose for treatment of PsA based on patient's weight.

Reauthorization Criteria: Rinvoq / Rinvoq LQ is configured as a prior authorization for new starts only. Rinvoq / Rinvoq LQ 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

MEDISPAN AUTHORIZATION LEVEL (for both indications list above): GPI-14; Rinvoq LQ: 66603072002020 and Rinvoq 15mg ER tablet: 66603072007520; number of claims authorized = 1, enter for one month duration

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

- QL FOR LETTER ONLY:
  - Rinvoq 15 mg ER tablet: 1 tablet per day, 30 day supply per fill
  - Rinvoq LQ 1mg/ml: 12 ml 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.

SKYRIZI (risankizumab-rzaa)

Clinical Summary: Skyrizi is now indicated for moderately to severely active ulcerative colitis in adults. Previous indications for Skyrizi include moderate to severe plaque psoriasis, active psoriatic arthritis, and moderate to severely active Crohn's disease in adults.

The dosage of Skyrizi for the new indication in ulcerative colitis is and induction dose of 1200 mg intravenous infusion over at least two hours at Week 0, Week 4, and Week 8. The recommended maintenance dosage is 180 mg or 360 mg administered by subcutaneous injection at Week 12 and every 8 weeks thereafter.

The efficacy of Skyrizi in the treatment of ulcerative colitis was evaluated in an Induction Trial (Study UC-1) and a Maintenance Study (UC-2).

UC-1 was a 12 week induction study in 966 patients with moderate to severely active ulcerative colitis. Patients were randomized to receive Skyrizi 1200 mg or placebo IV infusion at Week 0, Week 4, and Week 8. Disease activity was assessed by the modified Mayo score (mMS), a 3 component Mayo score (0-9) with subscores for stool frequency, rectal bleeding, and findings on centrally read endoscopy scores (ES). Patients enrolled in the trial had a mMS between 5 and 9, with an ES of 2 (marked erythema) or 3 (spontaneous bleeding and ulceration). The trial enrolled patients who had an inadequate response, or intolerance to oral aminosalicylates, corticosteroids, immunomodulators, biologics, Janus Kinase inhibitors (JAKi), and/or sphingosine-1-phosphate receptor modulators (S1PRM).

At baseline, median mMS was 7, 37% of patients had severely active disease (mMS > 7), and 69% had an ES of 3. Fifty-two percent of patients had failed treatment with one or more biologics, JAKi, or S1PRM. Enrolled patients were permitted to use a stable dose of oral corticosteroids, immunomodulators, and aminosalicylates. At baseline, 36% of patients were receiving corticosteroids, 16% were receiving immunomodulators, and 73% were receiving aminosalicylates.

The Primary endpoint was clinical remission defined using the mMS at Week 12 (Table 1). Secondary endpoints included clinical response, endoscopic improvement, and histologic endoscopic mucosal improvement.

Decreases in rectal bleeding and stool frequency subscores were observed as early as 4 weeks. Endoscopic remission (ES score of 0) was achieved by a greater proportion of patients treated with Skyrizi compared to placebo (11% vs. 3%). A greater portion of patients treated with Skyrizi induction regimen had no bowel urgency at week 12 compared to placebo (44% vs. 27%). UC-1 was not designed to evaluate the relationship between histologic endoscopic mucosal improvement at week 12 to disease progression and long-term outcomes.

UC-2 was a maintenance study which evaluated 547 subjects who received one of three Skyrizi induction regimens, including the 1200 mg regimen, for 12 weeks in Studies UC-1 or UC-3 and demonstrated clinical response per mMS after 12 weeks. Subjects were randomized to receive a maintenance regimen of subcutaneous (SC) Skyrizi 180 mg or Skyrizi 360 mg or placebo at Week 12 and every 8 weeks thereafter for up to an additional 52 weeks.

The primary endpoint in UC-2 was clinical remission using mMS at Week 52 (Table 2). Secondary endpoints included corticosteroid free clinical remission, endoscopic improvement, and histologic endoscopic mucosal improvement.

In UC-2, endoscopic remission was achieved in a greater proportion of subjects treated with Skyrizi 180 mg and Skyrizi 360 mg compared to placebo achieved endoscopic remission at Week 52 (23% and 24%

vs. 15%). The safety of Skyrizi for the new indication was consistent with the known safety profile of Skyrizi. The most common adverse reactions were arthralgia, pyrexia, injection site reactions, and rash.

Current Formulary Status: Pharmacy Benefit, Specialty tier or Brand NP tier for members with a three tier benefit, PA for new starts only; Commercial Policy 580.0; QL: Skryizi prefilled pen/prefilled syringe 150 mg/mL: 1 mL per 84 days, Skyrizi 180 mg single-dose prefilled cartridge: 2.4 mL per 56 days, Skyrizi 360 mg single-dose prefilled cartridge: 2.4 mL per 56 days

Skyrizi 600 mg/10 mL for IV infusion: Medical Benefit, MBP 267.0

Recommendation: No changes are recommended to the formulary placement or authorization duration of Skyrizi. The following prior authorization criteria and quantity limits are recommended for Commercial Policy 580.0 and MBP 267.0 to incorporate the new indication:

Commercial Policy 580.0

Ulcerative Colitis

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Skyrizi is prescribed by a gastroenterologist **AND**
- Medical record documentation of a diagnosis of moderately to severely active ulcerative colitis **AND**
- Medical record documentation that Skyrizi is not being used concurrently with a tumor necrosis factor (TNF) blocker or other biologic agent AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one conventional systemic therapy* (e.g. corticosteroids, immunomodulators such as azathioprine, 6 mercaptopurine, cyclosporine, tacrolimus) **OR** medical record documentation of a therapeutic failure on or intolerance to one prior biologic therapy

  *Note: A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis.

QUANTITY LIMIT:

- **Subcutaneous Solution Cartridge 180 mg/1.2 mL, Skyrizi 1200 mg IV at weeks 0, 4, and 8 then 180 mg at week 12 and every 8 weeks thereafter**
  - In PA Hub: Add Treat As “Include” Process Modifier, max number of claims authorized 1, max quantity dispensed 1.2, with a duration of one month.
    - QL FOR LETTER: 1.2 mL per 56 days
- **Subcutaneous Solution Cartridge 360 mg/2.4 mL, Skyrizi 1200 mg IV at weeks 0, 4, and 8 then 360 mg at week 12 and every 8 weeks thereafter**
  - In PA Hub: Add Treat As “Include” Process Modifier, max number of claims authorized 1, max quantity dispensed 2.4, with a duration of one month.
    - QL FOR LETTER: 2.4 mL per 56 days

RE-AUTHORIZATION CRITERIA: Skyrizi is configured as a prior authorization for new starts only. Skyrizi 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 105 day break in therapy.

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

MBP 267.0

Prior Authorization Criteria (Commercial/Marketplace/CHIP Medical)

- Medical record documentation that Skyrizi is prescribed by a gastroenterologist **AND**
- Medical record documentation of a diagnosis of moderately to severely active ulcerative colitis **AND**
- Medical record documentation that Skyrizi is not being used concurrently with a tumor necrosis factor (TNF) blocker or other biologic agent AND

- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one conventional systemic therapy* (e.g. corticosteroids, immunomodulators such as azathioprine, 6 mercaptopurine, cyclosporine, tacrolimus) **OR** medical record documentation of a therapeutic failure on or intolerance to one prior biologic therapy AND
- Medical record documentation of two Skyrizi 600 mg /10 mL vials for IV infusion are being prescribed for induction therapy at weeks 0, 4, and 8.

*Note: A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis.

AUTHORIZATION DURATION: One-time 3-month authorization (maximum of 3 visits for loading dose administration)

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

TREMFYA (guselkumab)

Clinical Summary: Tremfya is now indicated for the treatment of adult patients with moderately to severely active ulcerative colitis. Previously Tremfya was indicated in moderate to severe plaque psoriasis and active psoriatic arthritis.

The recommended dosage of Tremfya for UC includes both an induction dose and a maintenance dose. The recommended induction dosage is 200 mg administered by intravenous infusion over at least one hour at Weeks 0, 4, and 8. A new formulation of Tremfya, a single-dose vial containing 200 mg/20 mL, was approved for the intravenous infusion administration. The recommended dosage of Tremfya for maintenance is 100 mg administered subcutaneously at Week 16, then every 8 weeks thereafter or 200 mg administered subcutaneously at Week 12, then every 4 weeks thereafter. Patients should use the lowest effective recommend dosage to maintain therapeutic response. A new formulation of Tremfya, a single-dose vial containing 200 mg/20 mL, was approved for the intravenous infusion administration. Two new formulations of Tremfya, 200 mg / 2 mL single dose prefilled pen (Tremfya Pen) and 200 mg / 2 mL single-dose prefilled syringe, were also approved for the maintenance dosage for ulcerative colitis.

Support for the new indication comes from a 12-week induction study (UC1) and a 44-week maintenance study (UC2). Trial UC-1 included 701 patients with moderately to severely active ulcerative colitis randomized 3:2 to receive Tremfya 200 mg or placebo by IV infusion at Weeks 0, 4, and 8. Patients included in the trial had a modified Mayo score (mMS) between 5 and 9, and an endoscopy score (ES) of 2 or 3. Patients included had in inadequate response, loss of response, or intolerance to corticosteroids, immunomodulators (azathioprine, 6-mercaptopurine), biologic therapy (TNF blockers, vedolizumab), and/or Janus kinase (JAK) inhibitors.

Baseline median mMS was 7, 64% of patients had severely active disease (mMS ≥ 7), and 68% of subjects had an ES of 3. In UC-1, 49% of subjects had previously failed (inadequate response, loss of response, or intolerance) treatment with at least one biologic therapy and/or JAK inhibitor, 48% were biologic and JAK inhibitor naïve, and 3% had previously received but not failed a biologic or JAK inhibitor. Enrolled subjects were permitted to use stable doses of oral aminosalicylates, immunomodulators (azathioprine, 6-mercaptopurine, methotrexate), and/or oral corticosteroids (up to 20 mg/day prednisone or equivalent). At baseline, 72% of subjects were receiving aminosalicylates, 21% of subjects were receiving immunomodulators, and 43% of subjects were receiving corticosteroids. Concomitant biologic therapies or JAK inhibitors were not permitted.

The primary efficacy endpoint was clinical remission at Week 12 defined by mMS. Secondary endpoints included endoscopic improvement, clinical response, and histologic endoscopic mucosal improvement.

Decreases in rectal bleeding and stool frequency subscores were observed as early as Week 4 in the Tremfya group compared to placebo. At Week 12 of UC-1, a greater proportion of patients treated with Tremfya achieved endoscopic remission (ES = 0) compared to placebo.

Trial UC-2 evaluated 568 patients who received one of two intravenous Tremfya induction regimens, including the recommended 200 mg regimen, for 12 weeks in Studies UC-1 or UC-3 (induction dose-finding study) and demonstrated clinical response per mMS at 12 weeks. Subjects were re-randomized to receive Tremfya 100 mg every 8 weeks, 200 mg every 4 weeks, or placebo for up to an additional 44 weeks.

The primary endpoint was clinical remission at Week 44, defined by mMS. Secondary endpoints included corticosteroid -free clinical remission, endoscopic improvement, histologic endoscopic mucosal improvement at Week 44, and maintenance of clinical remission at Week 44 in patients who had achieved clinical remission 12 weeks after intravenous Tremfya induction therapy. Results are shown in Table 2. In UC2, greater proportions of subjects treated with Tremfya 100 mg every 8 weeks or Tremfya 200 mg every 4 weeks achieved endoscopic remission (ES = 0) at Week 44 compared to placebo-treated subjects (35% and 34%, respectively, vs. 15%).

No new safety signals have been identified and the observed adverse reactions in patients with ulcerative colitis were similar to those with plaque psoriasis and psoriatic arthritis. The most common adverse reactions reported were respiratory tract infections, injection site reactions, and arthralgia.

Current Formulary Status: Tremfya 100 mg prefilled syringe and prefilled autoinjector pen: Pharmacy Benefit, Specialty tier or Brand NP tier for members with a three tier benefit, PA for NSO, QL: 1 mL per 56 days

Recommendation: Tremfya 200 mg/ 2 mL prefilled pen and prefilled syringe are pharmacy benefits that should be added to the Specialty tier or Brand NP tier for members with a three tier benefit. A prior authorization will be required for new starts only. They will be reviewed with Policy 484.0 with the following additional prior authorization criteria and quantity limits as follows:

Commercial Policy 484.0

Ulcerative Colitis

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Tremfya is prescribed by a gastroenterologist **AND**
- Medical record documentation of a diagnosis of moderately to severely active ulcerative colitis **AND**
- Medical record documentation that Tremfya is not being used concurrently with a tumor necrosis factor (TNF) blocker or other biologic agent AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one conventional systemic therapy* (e.g. corticosteroids, immunomodulators such as azathioprine, 6 mercaptopurine, cyclosporine, tacrolimus) **OR** medical record documentation of a therapeutic failure on or intolerance to one prior biologic therapy

  *Note: A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis.

QUANTITY LIMIT:

- **Prefilled 100 mg/mL Syringe or Autoinjector, Tremfya 200 mg IV at Weeks 0, 4, and 8, then Tremfya 100 mg at Week 16, then every 8 weeks thereafter**
  - In PA Hub: Add Treat As “Include” Process Modifier, max number of claims authorized 1, max quantity dispensed 1, with a duration of one month.
    - QL FOR LETTER: 1 mL per 56 days
- **Prefilled 200 mg/2 mL Syringe or Autoinjector, Tremfya 200 mg IV at Weeks 0, 4, and 8, then Tremfya 200 mg at Week 12, then every 4 weeks thereafter**

- In PA Hub: Add Treat As “Include” Process Modifier, max number of claims authorized 1, max quantity dispensed 2, with a duration of one month.
  - QL FOR LETTER: 2 mL per 28 days

RE-AUTHORIZATION CRITERIA: Tremfya is configured as a prior authorization for new starts only. Tremfya 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 105 day break in therapy.

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

Tremfya IV Solution

Tremfya 200 mg IV Solution is a medical benefit that will require a prior authorization. It should be added to the medical benefit cost share list. When processed at a Specialty pharmacy, Tremfya 200 mg IV solution will process at the Specialty tier or Brand NP tier for members with a three tier benefit. The following prior authorization criteria should apply:

Prior Authorization Criteria (Commercial/Marketplace/CHIP Medical)

- Medical record documentation that Tremfya is prescribed by a gastroenterologist **AND**
- Medical record documentation of a diagnosis of moderately to severely active ulcerative colitis **AND**
- Medical record documentation that Tremfya is not being used concurrently with a tumor necrosis factor (TNF) blocker or other biologic agent AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to one conventional systemic therapy* (e.g. corticosteroids, immunomodulators such as azathioprine, 6 mercaptopurine, cyclosporine, tacrolimus) **OR** medical record documentation of a therapeutic failure on or intolerance to one prior biologic therapy AND
- Medical record documentation of Tremfya 200 mg /20 mL vials for IV infusion are being prescribed for induction therapy at weeks 0, 4, and 8.

*Note: A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis.

AUTHORIZATION DURATION: One-time 3-month authorization (maximum of 3 visits for loading dose administration)

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

VYVGART HYTRULO (efgartigimod alfa and hyaluronidase)

Clinical Summary: Vyvgart Hytrulo is a combination of efgartigimod alfa, a neonatal Fc receptor blocker, and hyaluronidase, an endoglycosidase, indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive. Vyvgart Hytrulo is now also indicated for the treatment of chronic inflammatory demyelinating polyneuropathy (CIDP).

The dosing of Vyvgart Hytrulo for the new indication of CIDP is 1,008 mg/11,200 units (efgartigimod alfa/hyaluronidase) subcutaneously once weekly, administered over approximately 30-90 seconds. The dose for gMG is 1,008 mg/11,200 units (efgartigimod alfa/hyaluronidase) subcutaneously in cycles of one weekly injections for 4 weeks, administered over approximately 30-90 seconds each time. Subsequent treatment is to be administered after each cycle, once a clinical evaluation is complete. The safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established. For both indications, Vyvgart Hytrulo is to be administered by a healthcare professional only, and is administered with a winged infusion set.

The 2021 European Academy of Neurology/Peripheral Nerve Society (EAN/PNS) guideline on diagnosis and treatment of chronic inflammatory demyelinating polyradiculoneuropathy states that principal treatment recommendations are that intravenous immune globulin (IVIG) or corticosteroids be considered strong recommendations as initial treatment in typical CIDP or CIDP variants. IVIG and steroids are recommended for maintenance treatment, along with immunosuppressants or immunomodulatory drugs if the dose of IVIG or steroids is high. Plasma exchange is a strongly recommended alternative if IVIG and steroids are ineffective. UpToDate for CIDP recommends either IVIG, plasma exchange, or glucocorticoids as first line treatments, all with what appears to be similar efficacy. UpToDate states Vyvgart Hytrulo is a biologic therapy that was approved for CIDP however its place in the spectrum of CIDP treatment has not yet been defined and further studies are warranted to help determine the longer-term effects and to identify optimal patients for the therapy.

CIDP is a rare, immune-mediated neuromuscular disorder that affects the peripheral nervous system, causing muscle weakness and sensory disturbance. It is estimated that 34,000 people in the United States are affected by CIDP. It is also estimated that 25% of patients on first line therapies do not respond. Vyvgart Hytrulo is the first targeted treatment for CIDP in adults and offers a novel approach that may be considered a more convenient administration option compared to IVIG and plasma exchange. There are 2 medications in the pipeline, M281 (IV) and BIVV020 (IC, SC), that would compete with Vyvgart Hytrulo and have estimated approval dates in 2027 and 2028.

The efficacy of Vyvgart Hytrulo was evaluated in a two stage, multicenter study (Study 3, NCT04281472) in adult patients with CIDP. The two stages of the study were Stage A, an open-label period to identify Vyvgart Hytrulo responders, and Stage B, a randomized, double-blind, placebo-controlled, withdrawal period. At the time of screening, patients had to have a diagnosis of either definite or probable CIDP using the European Federation of Neurological Societies/Peripheral Nerve Society (EFNS/PNS) 2010 criteria for progressing or relapsing forms of CIDP.

A total of 322 patients in stage A received once weekly Vyvgart Hytrulo until evidence of improvement occurred at 2 consecutive study visits. Patients were allowed to receive up to 12 injections of Vyvgart Hytrulo. 228 patients in Stage A were receiving standard of care for at least 6 months before study entry, and 94 patients had either not received any therapy for CIDP or were not treated with standard of care therapy for at least 6 months before study entry.

A total of 221 patients (68.6% of patients from Stage A) were then randomized to receive once weekly Vyvgart Hytrulo or placebo. 146 patients in Stage B were receiving standard of care for at least 6 months before study entry and 75 patients had either nor received any therapy or were not treated with standard of care therapy for CIDP for at least 6 months before study entry. Patients in this stage had a median age of 55 years (range: 20-82), median time since CIDP diagnosis of 2.2 years, and a median Inflammatory Neuropathy Cause and Treatment (ICANT) disability score of 3.0. Of the patients in this stage, 64% were male, 65% white, 30% Asian, and 1% African American.

The primary endpoint was time to clinical deterioration, defined as a 1-point increase in aINCAT at two consecutive visits or a >1-point increase in aINCAT at one visit. INCAT is a scale used to assess the impact of CIDP on limb function, which is scored 0-5 for upper limbs and 0-5 for lower libs, with a higher number representing more disability. The adjusted INCAT (aINCAT) is identical to INCAT except 0 and 1 are excluded (normal and minor symptoms, respectively). Vyvgart Hytrulo showed a statistically significant difference in time to clinical deterioration (i.e. increase of ≥1 point in aINCAT score) compared to placebo. The median time to first aINCAT score increase was 140 days in the placebo group, and not able to be calculated in the Vyvgart Hytrulo group because fewer than half the participants had clinically deteriorated.

The contraindications and warnings and precautions of Vyvgart Hytrulo have remained the same from previous and include a contraindication for hypersensitivity, and warnings and precautions for infections, hypersensitivity reactions, and infusion-related reactions. The adverse reactions section has been updated to include experience from Study 3. The overall safety profile in CIDP was consistent with the previous known safety profile of Vyvgart Hytrulo and Vyvgart IV. Injections site reaction occurred in 15%

of patients treated with Vyvgart Hytrulo and were mild to moderate in severity, occurring in the first 3 months of treatment.

Current Formulary Status: Vyvgart Hytrulo is a medical benefit requiring prior authorization. If processed at a specialty pharmacy, Vyvgart Hytrulo will process at the Specialty tier or Brand non-preferred tier for members with a three tier benefit. Vyvgart Hytrulo is also included in the Site of Care program as outlined in MBP 181.0.

Recommendation: There are no changes recommended to the formulary placement of Vyvgart Hytrulo. It is recommended to update the following criteria as a result of the new indication.

MBP 26.0 Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (Efgartigimod Alfa and Hyaluronidase Injection)

Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (Efgartigimod Alfa and Hyaluronidase Injection) will be considered medically necessary for the commercial, exchange, CHIP, and Medicaid lines of business when all of the following criteria are met:

Generalized Myasthenia Gravis (gMG)

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that ~~Vyvgart~~ the medication is prescribed by or in consultation with a neurologist **AND**
- Medical record documentation of a diagnosis of generalized myasthenia gravis (gMG) that is anti-acetylcholine receptor (AChR) antibody positive **AND**
- Medical record documentation of Myasthenia Gravis Foundation of America Clinical Classification (MGFA) Class II to IV **AND***
- Medical record documentation of a baseline Myasthenia Gravis-Activities of Daily Living (MG-ADL) score of 5 or more **AND****
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to corticosteroids **AND**
- Medical record documentation of therapeutic failure on intolerance to, or contraindication to at least two (2) non-steroidal immunosuppressive therapies OR has failed at least one (1) immunosuppressive therapy and required chronic plasmapheresis or plasma exchange (PE) **AND**
- Medical record documentation of failure on intolerance to, or contraindication to intravenous immunoglobulin (IVIG)

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that the medication is prescribed by or in consultation with a neurologist **AND**
- Documented evidence of focal or symmetric neurologic deficits that are slowly progressive or relapsing over 2 months or longer **AND**
- Physician provided documentation of EMG abnormalities consistent with the diagnosis of Chronic Inflammatory Demyelinating Polyneuropathy with the presence of at least ONE of the following:
    - Motor distal latency prolongation ≥ 50% above upper limit of normal (ULN) in two nerves (excluding median neuropathy at the wrist from carpal tunnel syndrome) **OR**
    - Reduction of motor conduction velocity ≥ 30% below lower limit of normal (LLN) in two nerves **OR**
    - Prolongation of F-wave latency ≥ 20% above ULN in two nerves (> 50% if amplitude of distal negative peak compound muscle action potential (CMAP) <80% of LLN values) **OR**
    - Absence of F-waves in two nerves if these nerves have distal negative peak CMAP amplitudes ≥ 20% of LLN + ≥ 1 other demyelinating parameter in ≥ 1 other nerve **OR**
    - Partial motor conduction block: ≥ 30% amplitude reduction of the proximal negative peak CMAP relative to distal, if distal negative peak CMAP ≥ 20% of LLN, in two nerves, or in one nerve + ≥1 other demyelinating parameter in ≥ 1 other nerve **OR**

- Abnormal temporal dispersion (>30% duration increase between the proximal and distal negative peak CMAP) in ≥ 2 nerves **OR**
- Distal CMAP duration (interval between onset of the first negative peak and return to baseline of the last negative peak) increase in ≥ 1 nerve (median ≥ 6.6 ms, ulnar ≥ 6.7 ms, peroneal ≥ 7.6 ms, tibial ≥ 8.8 ms) + ≥ 1 other demyelinating parameter in ≥ 1 other nerve

AND

- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to one (1) intravenous or subcutaneous immune globulin (IVIG/SCIG) therapy, one (1) corticosteroid therapy, OR plasma exchange (PLEX) **AND**
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to one (1) non-steroidal immunosuppressive therapy (can include but is not limited to azathioprine, cyclophosphamide, cyclosporine, methotrexate, mycophenolate) **AND**
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to rituximab

AUTHORIZATION DURATION:

Generalized Myasthenia Gravis (gMG)

Initial approval will be for 6 months. Subsequent approvals will be for 6 months and will require:

- Medical record documentation of continued disease improvement or lack of disease progression **AND**
- Medical record documentation that the member is responding positively to therapy as evidenced by a 2-point reduction from baseline in Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score**

The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

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.

Vyvgart (efgartigimod alfa-fcab) and and Vyvgart Hytrulo (Efgartigimod Alfa and Hyaluronidase Injection) will be considered medically necessary for the Medicare line of business when all of the following criteria are met:

Generalized Myasthenia Gravis (gMG)

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that ~~Vyvgart~~ the medication is prescribed by or in consultation with a neurologist **AND**
- Medical record documentation of a diagnosis of generalized myasthenia gravis (gMG) that is anti-acetylcholine receptor (AChR) antibody positive **AND**
- Medical record documentation of Myasthenia Gravis Foundation of America Clinical Classification (MGFA) Class II to IV **AND***
- Medical record documentation of a baseline Myasthenia Gravis-Activities of Daily Living (MG-ADL) score of 5 or more**

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that the medication is prescribed by or in consultation with a neurologist **AND**

- Documented evidence of focal or symmetric neurologic deficits that are slowly progressive or relapsing over 2 months or longer **AND**
- Physician provided documentation of EMG abnormalities consistent with the diagnosis of Chronic Inflammatory Demyelinating Polyneuropathy with the presence of at least ONE of the following:
    - Motor distal latency prolongation ≥ 50% above upper limit of normal (ULN) in two nerves (excluding median neuropathy at the wrist from carpal tunnel syndrome) **OR**
    - Reduction of motor conduction velocity ≥ 30% below lower limit of normal (LLN) in two nerves **OR**
    - Prolongation of F-wave latency ≥ 20% above ULN in two nerves (> 50% if amplitude of distal negative peak compound muscle action potential (CMAP) <80% of LLN values) **OR**
    - Absence of F-waves in two nerves if these nerves have distal negative peak CMAP amplitudes ≥ 20% of LLN + ≥ 1 other demyelinating parameter in ≥ 1 other nerve **OR**
    - Partial motor conduction block: ≥ 30% amplitude reduction of the proximal negative peak CMAP relative to distal, if distal negative peak CMAP ≥ 20% of LLN, in two nerves, or in one nerve + ≥1 other demyelinating parameter in ≥ 1 other nerve **OR**
    - Abnormal temporal dispersion (>30% duration increase between the proximal and distal negative peak CMAP) in ≥ 2 nerves **OR**
    - Distal CMAP duration (interval between onset of the first negative peak and return to baseline of the last negative peak) increase in ≥ 1 nerve (median ≥ 6.6 ms, ulnar ≥ 6.7 ms, peroneal ≥ 7.6 ms, tibial ≥ 8.8 ms) + ≥ 1 other demyelinating parameter in ≥ 1 other nerve

AND

- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to one (1) intravenous or subcutaneous immune globulin (IVIG/SCIG) therapy, one (1) corticosteroid therapy, OR plasma exchange (PLEX) **AND**
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to one (1) non-steroidal immunosuppressive therapy (can include but is not limited to azathioprine, cyclophosphamide, cyclosporine, methotrexate, mycophenolate) **AND**
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to rituximab

AUTHORIZATION DURATION:

Generalized Myasthenia Gravis (gMG)

Initial approval will be for 6 months. Subsequent approvals will be for 6 months and will require:

- Medical record documentation of continued disease improvement or lack of disease progression **AND**
- Medical record documentation that the member is responding positively to therapy as evidenced by a 2-point reduction from baseline in Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score**

The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

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.

**Note: Class I Myasthenia gravis is indicated by any eye muscle weakness, possible ptosis (drooping or falling of the upper eyelid) and no other evidence of muscle weakness elsewhere, Class II to IV include muscle weakness in areas of the body beyond the eye.*

Note: Corticosteroids: betamethasone, dexamethasone, methylprednisolone, prednisone
Cholinesterase inhibitors: pyridostigmine, neostigmine

Immunosuppressants: azathioprine, mycophenolate, cyclosporine, Rituxan

****MG Activities of Daily Living (MG-ADL)**

Grade	0	1	2	3	Score
Talking	Normal	Intermittent slurring or nasal speech	Constant slurring or nasal, but can be understood	Difficult to understand speech	
Chewing	Normal	Fatigue with solid food	Fatigue with soft food	Gastric tube	
Swallowing	Normal	Rare episode of choking	Frequent choking necessitating changes in diet	Gastric tube	
Breathing	Normal	Shortness of breath with exertion	Shortness of breath at rest	Ventilator dependence	
Impairment of ability to brush teeth or comb hair	None	Extra effort, but no rest periods needed	Rest periods needed	Cannot do one of these functions	
Impairment of ability to arise from a chair	None	Mild, sometimes uses arms	Moderate, always uses arms	Severe, requires assistance	
Double vision	None	Occurs, but not daily	Daily, but not constant	Constant	
Eyelid droop	None	Occurs, but not daily	Daily, but not constant	Constant	
				Total score _____	

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

WAKIX (pitolisant)

Clinical Summary: Wakix is a histamine-3 (H3) receptor antagonist/inverse agonist previously indicated for the treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy. Wakix is now also indicated for the treatment of excessive daytime sleepiness (EDS) in pediatric patients 6 years of age and older with narcolepsy. Updated dosing for new indication is as follows:

Pediatric Patients (6 years and older): EDS	
Week 1	Initiate with a dosage of 4.45 mg once daily
Week 2	Increase dosage to 8.9 mg once daily
Week 3	Increase dosage to 17.8 mg once daily, the maximum recommended dosage for patients weighing <40 kg
Week 4	For patients weighing ≥40 kg, may increase to the maximum recommended dosage of 35.6 mg once daily

The safety and effectiveness of Wakix have been established for the treatment of excessive daytime sleepiness in pediatric patients 6 years of age and older with narcolepsy in one multicenter, randomized, double-blind, placebo-controlled study (Study 4, NCT02611687). The study included patients 6 to 17 years who met the international classification of sleep disorders (ISCD-3) criteria for narcolepsy and who had a Pediatric Daytime Sleepiness Scale (PDSS) score of greater than or equal to 15. EDS was assessed with the PDSS, an 8-item questionnaire in which patients report their frequency of EDS related symptoms. Each of the 8 items on the PDSS is rated from 0 (never) to 4 (very often, always); the maximum score is 32, with higher scores representing greater severity of symptoms. In Study 4, 110 pediatric patients were randomized to receive Wakix or placebo. The study included an 8-week treatment period (4 week dose titration phase followed by a 4 week stable dose phase). The dose of Wakix was initiated at 4.45mg once daily and increased at weekly intervals to 17.8 mg for patients weighing <40 kg or 35.6 mg for patients weighing ≥40 kg. Wakix demonstrated statistically significant greater improvement on the least square mean change from baseline to the end of treatment in final PDSS total score compared to placebo, of -3.41 points (95% CI: -5.52, -1.31) There was a positive trend supporting PDSS total score of improvement in favor of Wakix. The safety and effectiveness of Wakix have not been established for treatment of cataplexy in pediatric patients with narcolepsy.

Adverse reactions seen in pediatric clinical trials were similar to that seen in the adult clinical trial program.

For children with predominant daytime sleepiness, UpToDate states that initial treatment options include central nervous system stimulates, wake-promoting agents, Wakix, and oxybates. There are limited head-to-head studies comparing various medication in pediatric narcolepsy so they suggest to start with methylphenidate or amphetamine in most patients due to extensive experience with safety and tolerability of stimulants in children with attention-deficit/hyperactivity disorder (ADHD). Modafinil and armodafinil do not have FDA approval for children but the AASM clinical practice guidelines concluded that there is sufficient safety and efficacy based on observational data on modafinil to support use in pediatric narcolepsy. It is recommended to be used if sleepiness remains poorly controlled with a stimulant or if there is a contraindication or intolerance to stimulants. UpToDate suggests using Wakix for adjunctive therapy in patients with inadequate response to either drug class.

Current Formulary Status: Non-formulary medication with a quantity limit of 2 tablets per day.

Recommendation: There are no changes to the formulary status, authorization duration, or current quantity limits. It is recommended that the following changes be made to commercial policy 612.0:

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of one of the following:
    - Diagnosis of narcolepsy with cataplexy **OR**
    - Diagnosis of excessive daytime sleepiness associated with narcolepsy **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to modafinil or armodafinil **AND** methylphenidate immediate release or amphetamine/dextroamphetamine immediate release

OR

- Medical record documentation of age greater than or equal to 6 years **AND**
- Medical record documentation of a diagnosis of excessive daytime sleepiness associated with narcolepsy **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to modafinil **AND** methylphenidate immediate release or amphetamine/dextroamphetamine immediate release

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

UPDATES

SEPTEMBER 2024 P&T DUR/ADHERENCE UPDATE

Commercial/Exchange/TPAs (COMM, D6)

In Progress

- Pharmacotherapy for Opioid Use Disorder (POD) HEDIS measure report

Ongoing

- **DPP-4/GLP-1 Diabetes Duplicate Therapy Report**
  - We receive this report monthly for all LOBs (Star team addresses Medicare) from Adam Kelchner. This report identifies members who potentially have duplicate therapy on a DPP-4/GLP-1 combination. Calls are made to the prescribers to discuss the lack of clinical evidence of this combination and/or duplicate therapy. Recommendations are made to discontinue one agent (ex. the DPP-4 if member on both a GLP-1 and DPP-4).
    - For 2024 we have resolved the following number of **c**ases of therapeutic duplication:
    - **COMM: 4 cases** of therapeutic duplication resulting in a projected savings of **$2,391.01 per script** (this is savings to both member and the health plan)
    - **D6: 2 cases** of therapeutic duplication resulting in a projected savings of **$1,052.92 per script** (this is savings to both member and the health plan)
    - **TPN2: 1 case** of therapeutic duplication resulting in a projected savings of **$544.29 per script** (this is savings to both member and the health plan)
    - **SASN: 1 case** of therapeutic duplication resulting in a projected savings of **$486.75 per script** (this is savings to both member and the health plan)
    - **EMYD: 1 case** of therapeutic duplication resulting in a projected savings of **$1,541.84 per script** (this is savings to both member and the health plan)

- **TNF and Oral Oncology Agent Report**
  - We get this report monthly for the Commercial/Exchange, TPA, and CHIP LOBs from Adam Kelchner.
  - This report was generated in response to removing the renewal prior authorization requirement for these agents.
  - This report identifies members who are on a TNF or Oral Oncology agent and may not have been seen by their applicable specialist in the last 15 months.
  - We research these members and reach out to the offices/members as necessary to ensure the member has been seen within the last 15 months, an appointment has been scheduled or will be scheduled with the member to ensure the member continues to be able to receive their medication.
  - For 2024:
    - For COMM
      - Members Reviewed: **36**
      - Outreaches Made: **7**
      - Letters Sent: **4**
      - Negative Overrides Entered: **2**
    - For D6
      - Members Reviewed: **49**
      - Outreaches Made: **10**

        - Letters Sent: **6**
        - Negative Overrides Entered: **3**
- For TG48
    - Members Reviewed: **33**
    - Outreaches Made: **5**
    - Letters Sent: **4**
    - Negative Overrides Entered: **1**
- For TG51
    - Members Reviewed: **13**
    - Outreaches Made: **6**
    - Letters Sent: **1**
    - Negative Overrides Entered: **0**
- For TGW2
    - Members Reviewed: **8**
    - Outreaches Made: **2**
    - Letters Sent: **2**
    - Negative Overrides Entered: **0**
- For TP23
    - Members Reviewed: **1**
    - Outreaches Made: **0**
    - Letters Sent: **0**
    - Negative Overrides Entered: **0**
- For TP45
    - Members Reviewed: **4**
    - Outreaches Made: **0**
    - Letters Sent: **0**
    - Negative Overrides Entered: **0**
- For TP50
    - Members Reviewed: **1**
    - Outreaches Made: **0**
    - Letters Sent: **0**
    - Negative Overrides Entered: **0**
- For TP56
    - Members Reviewed: **2**
    - Outreaches Made: **1**
    - Letters Sent: **0**
    - Negative Overrides Entered: **0**
- For SASK
    - Members Reviewed: **1**
    - Outreaches Made: **0**
    - Letters Sent: **0**
    - Negative Overrides Entered: **0**
- For SASN
    - Members Reviewed: **2**
    - Outreaches Made: **0**
    - Letters Sent: **0**
    - Negative Overrides Entered: **0**

- **Cystic Fibrosis Adherence Report**
    - We get this report quarterly for all LOBs from Adam Kelchner. The report identifies patients who have a specific diagnosis of Cystic Fibrosis & outpatient/office visits within the past 2 years. Further the report calls out medication fill history for specific CF medications and the corresponding PDC.
        - For those members who are seen by a GHS provider we send their information to the CF coordinators to discuss their medication adherence
        - We send letters to non-GHS providers with the CF medication fill history for those members with a PDC less than 80%
        - And for all members we send a letter discussing the importance of medication adherence
        - For 2024, please see below for the number of **members** an adherence letter was sent to:
            - Letters are only sent to members every 6 months
                - For COMM: **3**
                - For D6: **4**
                - For TG48: **5**
                - TGW2: **2**
                - For WF89: **1**
        - Please see below for the number of letters sent to non-GHS pulmonologists
            - For D6: **0**
        - Please see below for the number of members referred to the CF coordinators:
            - For COMM: 2
            - For D6: **7**
            - For TG48: **7**
            - For TGW2: **2**
            - For WF89: **2**

- **Duplicate Anticoagulant Report**
    - We get this report **weekly** for **all LOBs** flagging members filling duplicate anticoagulant medications. We personally reach out to the providers/members of the flagged members to confirm proper medication therapy.
    - For 2024:
        - For COMM (Commercial): **9 members** reviewed and **3 interventions** made
        - For D6 (Exchange): **9 members** reviewed and **1 intervention** made
        - For TG48/TG51: **4 members** reviewed and **0 intervention** made

- **Duplicate Specialty Therapy**
    - We run an in-house retrospective report **quarterly** for **all LOBs** with help from Adam Kelchner and Aubrielle Smith. These members are identified and written up and sent to a medical director if follow up is needed.
        - For Commercial/Exchange/TPA for 2024, **4 members** were reviewed by a pharmacist and **0 members** were referred to Medical Directors for additional follow-up.
            - For COMM: **0**
            - For D6: **1**
            - For TG48,TG51: **2**
            - For EMYD: **1**

- **Duplicate Buprenorphine Therapy**
    - We get this report **quarterly** with help from Adam Kelchner. The report works to identify members who have at least a 7 day overlap period of generic Buprenorphine and generic Buprenorphine/naloxone products. Members identified as being on both products are being forwarded to Dr. Meadows and Dr. Hossler for further outreach.
        - For Commercial/Exchange, TPAs for 2024, we have reviewed **2 members for COMM** and **0 members** were referred to Dr. Meadows

- **Suboxone with an Opioid Report**
    - We get this report **weekly** for **all LOBs** from Adam Kelchner and we are writing up each new member that flags on the report. These members are being discussed at our weekly meeting with Dr. Meadows and Dr. Hossler. Both medical directors look into whether it is appropriate to end the opioid authorizations still in place or if further intervention is required.
    - For Commercial/Exchange/TPA for 2024, see below for the new members reviewed and those referred to the MDs:
        - For COMM: we have reviewed **0 new members** and **0 members** were referred to MDs
        - For D6: we have reviewed **0 new members** and **0 members** were referred to MDs
        - For EMYD: we have reviewed **1 new members** and **0 members** were referred to MDs

- **Ending Opioid Authorizations**
    - We are working on identifying members who have active opioid authorizations in place but have since started Buprenorphine therapy. The letter is sent to the members notifying them the opioid authorization has been ended due to the start of buprenorphine therapy.
    - For Commercial/Exchange/TPA for 2024, see below for the number of letters we sent to members notifying them that we are ending their opioid authorization(s):
        - For D6: **0**
        - For COMM: **0**

- **Opioid Overutilization Report (Report on hold)**
    - We get this report **monthly** from Navitus and we write up each member that flags on the report. We have been monitoring the members that are continuously showing up on the report by any change in their MED. For those members we deem appropriate we will send a letter to their PCP.
    - For Commercial/Exchange/TPA for 2024, see below for the number of reviewed cases.
        - For COMM: we have reviewed **0 members** and sent **0 cases** to MDs for review
        - For EMYD: we have reviewed **0 members** and sent **0 cases** to MDs for review
        - For TG48: we have reviewed **0 members** and sent **0 cases** to MDs for review

- **FWA Reports**
    - We get this report **weekly** for **all LOBs** from Jeremy Baker. We prepare this report by determining which claims need to be verified, and our GHP technician makes calls to pharmacies to correct/verify claims.
    - We review claims for anti-hypertensives, statins, 1-day supply, and inhalers

        - For COMM for 2024, we have reviewed **16** cases and corrected claims, resulting in a potential **cost savings/avoidance of $1,640.93**
        - For D6 for 2024, we have reviewed **13** cases and corrected claims, resulting in a potential **cost savings/avoidance of $679.41**
        - For EMYD for 2024, we have reviewed **10** cases and corrected claims, resulting in a potential **cost savings/avoidance of $2,429.81**
        - For TG48, TG51 for 2024, we reviewed **7** cases and corrected claims, resulting in a potential **cost savings/avoidance of $9,707.40**
        - For SASE for 2024, we reviewed **1** cases and corrected claims, resulting in a potential **cost savings/avoidance of $0.00**
        - For TP45 for 2024, we reviewed **1** cases and corrected claims, resulting in a potential **cost savings/avoidance of $169.06**
        - For TPN2 for 2024, we reviewed **1** cases and corrected claims, resulting in a potential **cost savings/avoidance of $8.51**
        - For TGW2 for 2024, we reviewed **1** cases and corrected claims, resulting in a potential **cost savings/avoidance of $144.41**
        - For TP50 for 2024, we reviewed **1** cases and corrected claims, resulting in a potential **cost savings/avoidance of $0.00**

- **Duplicate Antipsychotics**
    - We get this report **quarterly**, and we send letters to the PCPs to address potential duplicate therapy issues.
        - We have sent the following provider letters in 2024
            - For COMM: **12**
            - FOR D6: **14**
            - FOR TG48, TG51: **9**
            - FOR SASK: **2**
            - FOR SASN: **1**
            - FOR TGW2: **1**
            - FOR TP45: **3**
            - FOR TP50: **2**
            - FOR TPV2: **2**

- **Severity Report (report on hold)**
    - We get this report **monthly** for **all LOBs** on members who have filled a medication that has a level one interaction with another medication they have a claim for
        - For Commercial/Exchange/TPA for 2024 see below for the number of members identified and had sent letters to their MI attributed PCP:
            - For COMM: **0**
            - For D6: **0**
            - For EMYD: **0**
            - For SASF: **0**
            - For SASN: **0**
            - For SASE: **0**
            - For TG48: **0**

- **Tobacco Cessation Program**
    - We get this report **monthly** to identify members on prolonged tobacco cessation treatment. We send a letter and resource pamphlet to provide additional behavioral health support through Geisinger Health and Wellness.
    - For Commercial/Exchange/TPA for 2024, we sent letters to the below number of members:
        - For COMM: **18**
        - For D6: **15**
        - For EMYD: **17**
        - For SASN: **3**
        - TG48**: 7**
        - TPI0: **1**
        - TP51: **1**
        - TGW2: **2**
        - ALM3: **1**
        - SAI1: **1**
        - SASK:**1**
        - TP46: **1**

- **STENT Adherence Report**
    - We get this report **monthly** to identify members on an antiplatelet medication and then flag for betablocker and statin medication claims.
    - In 2024, we have sent letters encouraging adherence to the below number of members:
        - **Members for Antiplatelet:**
            - COMM: **52**
            - D6: **31**
            - ALM3: **1**
            - EMYD: **1**
            - SASE: **4**
            - SASN: **8**
            - TG48, TG51: **18**
            - TGW2: **4**
            - WF89: **2**
            - TP45: **2**
        - **Members for Beta-Blocker:**
            - COMM: **37**
            - D6: **39**
            - EMYD: **1**
            - SASN: **2**
            - TG48, TG51: **27**
            - TP45: **2**
            - TPT2: **1**
            - TGW2: **5**
            - SASE: **3**
        - **Members for Statin:**
            - COMM: **73**
            - D6: **78**
            - EMYD: **6**
            - SASN: **10**
            - SASE: **6**
            - TG48, TG51: **23**
            - TP56: **1**
            - TPU2: **1**
            - TPZ2: **1**
            - WF89: **1**
            - SAH1: **2**
            - TP45: **4**
            - TP46: **1**
            - TGW2: **2**
            - TP23: **1**
            - TP33: **1**
            - TP41: **1**
        - *member may flag for more than one measure and are included in the count for each measure

- In 2024, we have attempted telephonic outreach to the below number of members non-adherent in all 3 measures and reached the below members to encourage adherence.
    - COMM:
        - Attempted: **2**
        - Reached: **0**
    - D6:
        - Attempted: **3**
        - Reached:**0**
    - EMYD:
        - Attempted: **0**
        - Reached: **0**

- **HEDIS Initiatives: *Using proactive HEDIS data***
- **Asthma Medication Ratio (AMR)**
    - Jesse Barsh runs this report **monthly,** and we send letters to the flagged members who have a ratio of controller to total asthma medications of < 0.5.
        - For Commercial/Exchange for 2024, see below for the number of letters sent to members:
            - COMM: **16**
            - D6: **11**

- **Asthma Medication Ratio (AMR) Member Calls**
    - Adam Kelchner runs this report **weekly** based off of proactive HEDIS reporting. The RPHs call Commercial/Exchange members who have had a controller or reliever medication filled in the past 3 months AND are past due for their controller medication.
    - For Commercial/Exchange for 2024, see below for the number of members we have outreached to and the number of members that have been reached:
        - COMM:
            - Outreached to: **30**
            - Reached: **17**
        - D6:
            - Outreached to: **15**
            - Reached: **12**

- **Antidepressant Medication Management (AMM)**
    - Jesse Barsh runs this report **monthly,** and we send letters to the flagged members who appear non-adherent to their antidepressant medications.
        - For Commercial/Exchange for 2024, see below for the number of letters sent to members:
            - Effective Acute Phase:
                - COMM: **0**
                - D6: **0**
            - Effective Continuation Phase:
                - COMM: **28**
                - D6: **7**

- **Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)**
    - Jesse Barsh runs this report **monthly,** and we send letters to the flagged members who appear non-adherent to their antipsychotic medications.

        - For Commercial/Exchange for 2024, see below for the number of letters sent to members:
            - COMM: **1**
            - D6: **0**

- **Statin Therapy for Patients with Cardiovascular Disease (SPC)**
    - We get this report **monthly** to identify members with cardiovascular disease and who have not received a statin medication or who are non-adherent to statin therapy
        - For Commercial/Exchange in 2024, see below for the number of letters sent to **providers** to encourage statin therapy initiation**:**
            - COMM: 16
            - D6: 7
        - For Commercial/Exchange in 2024, see below for the number of letters sent to **members** to promote statin adherence:
            - COMM: **28**
            - D6: **9**

- **Statin Therapy for Patients with Diabetes (SPD)**
    - We get this report **monthly** to identify members with cardiovascular disease and who have not received a statin medication or who are non-adherent to statin therapy
        - For Commercial/Exchange for 2024, see below for the number of letters sent to **members** to promote statin adherence:
            - COMM: **39**
            - D6: **28**

- **Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**
    - We get this report **monthly** to identify members with a diagnosis of AMI who received beta-blocker treatment for 6 months after discharge and who are non-adherent to beta-blocker therapy
        - For Commercial/Exchange for 2024, see below for the number of letters sent to **members:**
            - COMM: **1**
            - D6: **1**

- **Use of Opioids from Multiple Providers (UOP)**
    - We get this report quarterly to identify members 18 years of age and older with a total day supply of all opioid claims to be 15 days or greater
        - See below for the number of members that were identified who were seeing 4 or more providers from different offices for their opioid prescriptions for 2024
            - **COMM: 5**
            - **D6: 10**
        - See below for the number of members that were identified who were seeing 4 or more providers within the same office for their opioid prescriptions for 2024
            - **COMM: 0**
            - **D6: 0**
        - We sent letters to the MI attributed PCP of each member with the respective medication fill history to encourage medication evaluation of the opioid medications

- **HEDIS PQA Initiatives:**
- **HEDIS PQA- INR Report**
    - We get this report **weekly** for the Exchange population from Adam Kelchner
    - This report looks at the percentage of members 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy.
        - For Exchange for 2024, we have performed telephonic outreach to providers for **3 members** that had not had an INR level drawn.

- **HEDIS PQA-AMO Report**
    - We get this report **monthly** for the Exchange population from Adam Kelchner
    - This report looks at the percentage of members 18 years of age and older who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement year.
        - For Exchange for 2024, we have reviewed **132 members** that had not had a drug test completed and completed outreach to those without a drug test.

Fliers/Letters

- Commercial/Exchange DUR/FWA Program internal Fliers
    - Last updated 6/2023 next update 6/2024
- Current Provider Letters
        - Cystic Fibrosis Adherence Letter
        - TNF/Oral Oncology Letter
        - Statin Use in Persons with Diabetes DUE
        - Opioid Overutilization
        - Duplicate Antipsychotic medication
        - Severity Report
        - HEDIS: Statin Therapy for Patients with Cardiovascular Disease (SPC)
        - SUPD/SPD Provider Letter
        - HEDIS: Asthma Medication Ratio (AMR)
        - HEDIS: Use of Opioids from multiple providers (UOP)
        - HEDIS: Use of Opioids at High Dosage (HDO)
- Current Member Letters
        - Exchange PQA Adherence Letters
        - Cystic Fibrosis Adherence Letter
        - TNF/Oral Oncology Letter
        - Ending Opioid Authorizations
        - Tobacco Cessation Letter
        - STENT Adherence Report
        - HEDIS: Asthma Medication Ratio (AMR)
        - HEDIS: Antidepressant Medication Management (AMM)
        - HEDIS: Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)
        - HEDIS: Statin Therapy for Patients with Cardiovascular Disease (SPC)
        - HEDIS: Statin Therapy for Patients with Diabetes (SPD)
        - HEDIS: Persistence of eta-Blocker Treatment After a Heart Attack (PBH)

CHIP (CHBQ)

- All of our Medicaid adherence/DUR reports include logic to identify the CHIP population

In Progress

- Pharmacotherapy for Opioid Use Disorder (POD) HEDIS measure report

Ongoing

- **DPP-4/GLP-1 Diabetes Duplicate Therapy Report**
    - We receive this report monthly for all LOBs (Star team addresses Medicare) from Adam Kelchner. This report identifies members who potentially have duplicate therapy on a DPP-4/GLP-1 combination. Calls are made to the prescribers to discuss the lack of clinical evidence of this combination and/or duplicate therapy. Recommendations are made to discontinue one agent (ex. the DPP-4 if member on both a GLP-1 and DPP-4).
        - For 2024 we have resolved **0 cases** of therapeutic duplication.
- **Cystic Fibrosis Adherence Report**
    - We get this report **quarterly** for **all LOBs** from Adam Kelchner. The report identifies patients who have a specific diagnosis of Cystic Fibrosis & outpatient/office visits within the past 2 years. Further the report calls out medication fill history for specific CF medications and the corresponding PDC.
        - For those members who are seen by a GHS provider we send their information to the CF coordinators to discuss their medication adherence with the member
        - We send letters to non-GHS providers with the CF medication fill history for those members with a PDC less than 80%
        - And for all members we send a letter discussing the importance of medication adherence
        - For CHBQ for 2024, we sent **0 members** an adherence letter
            - Letters are only sent to members every 6 months
            - There were **0 members** who saw a non-GHS pulmonologist and a letter was sent to that pulmonologist
            - There were **0 members** who saw GHS pulmonologists and were sent to the CF coordinators for follow up
- **Duplicate Anticoagulant Report**
    - We get this report **weekly** for **all LOBs** flagging members filling duplicate anticoagulant medications. We personally reach out to the providers/members of the flagged members to confirm proper medication therapy.
        - For CHBQ in 2024, we have reviewed **0 members** and have made interventions for **0 members**
- **Duplicate Specialty Therapy**
    - We run an in-house retrospective report **quarterly** for **all LOBs** with help from Adam Kelchner and Aubrielle Smith. These members are identified and written up and sent to a medical director if follow up is needed.
        - For CHBQ for 2024, **0 members** were reviewed by pharmacists and **0 members** were referred to Medical Directors for additional follow-up.
- **Duplicate Buprenorphine Therapy**
    - We get this report **quarterly** with help from Adam Kelchner. The report works to identify members who have at least a 7 day overlap period of generic Buprenorphine and generic Buprenorphine/naloxone products. Members identified as being on both products are being forwarded to Dr. Meadows and Dr. Hossler for further outreach.

        - For CHBQ for 2024, we have reviewed **0 members** and **0 members** were referred to MDs
- **Suboxone with an Opioid Report**
    - We get this report **weekly** for **all LOBs** from Adam Kelchner and we are writing up each member that flags on the report. These members are being discussed at our weekly meeting with Dr. Meadows and Dr. Hossler. Both MDs look into whether it is appropriate to end the opioid authorizations still in place or if further intervention is required.
        - For CHBQ for 2024, we have reviewed **0 new members**, and **0 members** were referred to MDs
- **Ending Opioid Authorizations**
    - We are working on identifying members who have active opioid authorizations in place but have since started Buprenorphine therapy. The letter is sent to the members notifying them the opioid authorization has been ended due to the start of buprenorphine therapy.
        - For CHBQ for 2024, we sent **0 members** a letter notifying them of the end of their opioid authorization(s).
- **Severity Report (report on hold)**
    - This is a **monthly** report for **all LOBs** on members who have filled a medication that has a level one interaction with another medication they have a claim for
        - For CHBQ for 2024, letters have been sent to MI attributed providers of **0 CHIP members**
- **FWA Reports**
    - We get this report **weekly** for **all LOBs** from Jeremy Baker. We prepare this report by determining which claims need to be verified, and our GHP technician makes calls to pharmacies to correct/verify claims.
    - We review claims for anti-hypertensives, statins, 1-day supply, and inhalers
        - For CHBQ for 2024, we have reviewed **16** cases and corrected claims, resulting in a potential **cost savings/avoidance of $2,664.90**
- **TNF and Oral Oncology Agent Report**
    - We get this report monthly for the Commercial/Exchange, TPA, and CHIP LOBs from Adam Kelchner.
    - This report was generated in response to removing the renewal prior authorization requirement for these agents.
    - This report identifies members who are on a TNF or Oral Oncology agent and may not have been seen by their applicable specialist in the last 15 months.
    - We research these members and reach out to the offices/members as necessary to ensure the member has been seen within the last 15 months, an appointment has been scheduled or will be scheduled with the member to ensure the member continues to be able to receive their medication.
    - For 2024:
        - For CHBQ
            - Members Reviewed: **3**
            - Outreaches Made: **0**
            - Letters Sent: **0**
            - Negative Overrides Entered: **0**

- **Tobacco Cessation Program**
    - We get this report **monthly** to identify members on prolonged tobacco cessation treatment. We send a letter and resource pamphlet to provide additional behavioral health support through Geisinger Health and Wellness.
        - For CHBQ for 2024, we have not sent any letters
- **STENT Adherence Report**
    - We get this report **monthly** to identify members on an antiplatelet medication and then flag for betablocker and statin medication claims.
    - For CHBQ for 2024, we have sent letters encouraging adherence to:
        - Members for Antiplatelet:
            - CHBQ: **0**
        - Members for Beta-blocker:
            - CHBQ: **1**
        - Members for Statin:
            - CHBQ: **0**
        - *member may flag for more than one measure and are included in the count for each measure
- **Antipsychotic with Opioid Report**
    - We get this report **quarterly** to identify **CHIP** members with an overlap of 8 or more days between an opioid and antipsychotic medication.
    - We send a letter with claims data to both the opioid prescriber and the antipsychotic prescriber to encourage collaboration in medication management.
        - For CHBQ for 2024, we sent **0 letters** to **opioid and antipsychotic prescribers**
- **Duplicate Antipsychotics**
    - We get this report **quarterly**, and we send letters to the PCPs to address potential duplicate therapy issues.
        - For CHBQ in 2024, we have sent letters to **3 providers**
- **HEDIS Initiatives: *Using proactive HEDIS data***
- **Asthma Medication Ratio (AMR)**
    - Jesse Barsh runs this proactive HEDIS report **monthly,** and we send letters to the flagged members who have a ratio of controller to total asthma medications of < 0.5.
        - For CHBQ for 2024, we sent **2 letters** to members
- **Asthma Medication Ratio (AMR) Member Calls**
    - Adam Kelchner runs this report **weekly** based off of proactive HEDIS reporting. we send CHIP members who have had a controller or reliever medication filled in the past 3 months AND are past due for their controller medication to the Respiratory Therapists for direct telephonic outreach.
        - For CHBQ for 2024, we have referred **0 members** to the Respiratory Therapists for outreach.
        - For CHBQ for 2024, our pharmacy technician and the STAR reps have outreached to **4 members** and reached **2 members**
- **Antidepressant Medication Management (AMM)**
    - Jesse Barsh runs this proactive HEDIS report **monthly,** and we send letters to the flagged members who appear non-adherent to their antidepressant medications.
        - For CHBQ for 2024, we sent **0 letters** to members in the **Effective Acute Phase**, and **0 letter** to members in the **Effective Continuation Phase**

- **Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)**
    - Jesse Barsh runs this report **monthly,** and we send letters to the flagged members who appear non-adherent to their antipsychotic medications.
        - For CHBQ for 2024, we have sent **0 letters** to members
- **Statin Therapy for Patients with Cardiovascular Disease (SPC)**
    - This is a **monthly** report to identify members with cardiovascular disease and who have not received a statin medication or who are non-adherent to statin therapy
        - For CHBQ for 2024, we have sent **0 letters** to providers
        - For CHBQ for 2024, we have sent **0 letters** to members
- **Statin Therapy for Patients with Diabetes (SPD)**
    - This is a **monthly** report to identify members with cardiovascular disease and who have not received a statin medication or who are non-adherent to statin therapy
        - For CHBQ for 2024, we have sent **0 letters** to members
- **Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**
    - This is a **monthly** report to identify members with a diagnosis of AMI who received beta-blocker treatment for 6 months after discharge and who are non-adherent to beta-blocker therapy
        - For CHBQ for 2024, we have sent **0 letters** to members

Fliers/Letters

- Chip DUR/FWA Program internal Fliers
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- Current Provider Letters
        - Cystic Fibrosis Adherence Letter
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        - Duplicate Antipsychotic medication
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        - HEDIS: Statin Therapy for Patients with Cardiovascular Disease (SPC)
        - HEDIS: Statin Therapy for Patients with Diabetes (SPD)

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

NALOXONE NASAL SPRAY UPDATE

Discussion: GHP recently received a bulletin from FEHB regarding coverage of naloxone-based opioid rescue products for reversal of opioid overdose. FEBH is requiring carriers to make opioid rescue agents readily accessible and have at least one opioid rescue agent available without cost share.

Today, while naloxone nasal spray (generic Narcan) is available on the generic tier without restriction, we do not currently have a naloxone-based opioid rescue product available for $0 cost share.

Naloxone Nasal Spray Claims 4/1/2024 – 9/30/2024

Line of Business	Claim Count	Member Paid	Member Paid Annualized
Commercial/Self-Insured	80	$973.01	**$1,945.02**
Exchange	29	$534.80*	**$1,069.60**
CHIP	2	$0.00	**$0.00**

*Includes two grace period claims where member paid full cost.

Outcome: In order to improve access to naloxone-based opioid rescue agents it is recommended that naloxone nasal spray (generic Narcan) is moved to the $0 cost share tier of the Commercial, Exchange, and CHIP formularies. This will allow $0 coverage for all members prior to the deductible.

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 27 of 50 members. The vote was unanimously approved.

The next bi-monthly scheduled meeting will be held on November 19th, 2024 at 1:00 p.m.

Meeting will be held virtually via phone/Microsoft Teams.