“What’s New” Medical Pharmaceutical Policy December 2021 Updates

The following policy updates and reviews apply to all GHP members (Commercial, Marketplace, TPA, Medicare and Medicaid):

MBP 144.0 Tecentriq (atezolizumab) – Updated Policy

1. Locally Advanced or Metastatic Urothelial Carcinoma:
   - Prescription written by an oncologist AND
   - Medical record documentation of a diagnosis of locally advanced or metastatic urothelial carcinoma AND
   - Medical record documentation of one of the following:
     - Disease progression during or following platinum-containing chemotherapy OR
     - Patient is not eligible for cisplatin-containing therapy AND
     - Tumors express PD-L1 (greater than or equal to 5%) as determined by an FDA-approved test OR
     - Patient is not eligible for any platinum-containing chemotherapy (regardless of PD-L1 status)

2. Non-Small Cell Lung Cancer:
   - Prescription written by an oncologist AND
   - Medical record documentation of a diagnosis of non-small cell lung cancer meeting one of the following situations:
     - Medical record documentation of disease progression during or following platinum-containing chemotherapy
     OR
     - Medical record documentation of disease progression on at least one FDA-approved therapy targeting EGFR or ALK if the patient has EGFR or ALK genomic tumor aberrations (e.g. mutation, deletion, insertion, etc.)
     OR
     - Medical record documentation of a non-squamous histologic subtype AND
     - Medical record documentation that Tecentriq will be given as first-line treatment AND
     - Medical record documentation that Tecentriq will be given in combination with bevacizumab, paclitaxel, AND carboplatin OR paclitaxel protein-bound AND carboplatin AND
     - Medical record documentation that the patient does not have an EGFR or ALK genomic tumor aberration.
     OR
     - Medical record documentation that Tecentriq will be given as first-line treatment for metastatic disease AND
     - Medical record documentation that tumors have high PD-L1 expression (PD-L1 stained ≥ 50% of tumor cells [TC ≥ 50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥ 10% of the tumor area [IC ≥ 10%]) as determined by an FDA-approved test AND
     - Medical record documentation that the patient does not have an EGFR or ALK genomic tumor aberration.
     OR
     - Medical record documentation of stage II to IIIA disease AND
     - Medical record documentation of use as adjuvant treatment following resection and platinum-based therapy AND
Medical record documentation that tumors have PD-L1 expression on ≥1% of tumor cells as determined by an FDA-approved test AND

Medical record documentation that Tecentriq is being given as a single agent.

3. Breast Cancer:
  • Prescription written by an oncologist AND
  • Medical record documentation of a diagnosis of advanced or metastatic triple negative (ER-negative, PR-negative, HER2-negative) breast cancer AND
  • Medical record documentation that tumors express PD-L1 (greater than or equal to 1%) as determined by an FDA-approved test AND
  • Medical record documentation that Tecentriq will be used in combination with protein-bound paclitaxel (Abraxane).

MBP 196.0 Ultomiris (ravulizumab-cwvz) – Updated Policy
Paroxysmal Nocturnal Hemoglobinuria (PNH)
  • Prescription is written by a hematologist AND
  • Medical record documentation of 18 years of age or older AND
  • Medical record documentation of diagnosis of paroxysmal nocturnal hemoglobinuria (PNH) AND
  • Medical record documentation of patient being vaccinated with the meningococcal vaccine according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations AND
  • Physician documentation of one of the following:
    o member is transfusion-dependent (i.e., has at least 1 transfusion in the 24 months prior to initiation of ravulizumab due to documented hemoglobin less than 7 g/dL in persons without anemic symptoms or less than 10 g/dL in persons with symptoms from anemia) prior to initiation of ravulizumab treatment OR
    o there is a significant adverse impact on the insured individual’s health such as end organ damage or thrombosis without other cause.

MBP 224.0 Tecartus (brexucabtagene autoleucel) – Updated Policy
Mantle Cell Lymphoma (MCL)
  • Medical record documentation that Tecartus is prescribed by a hematologist/oncologist AND
  • Medical record documentation of age greater than or equal to 18 years AND
  • Medical record documentation of diagnosis of relapsed or refractory mantle cell lymphoma (MCL)

Acute Lymphoblastic Leukemia (ALL)
  • Medical record documentation that Tecartus is prescribed by a hematologist/oncologist AND
  • Medical record documentation of age greater than or equal to 18 years AND
  • Medical record documentation of a diagnosis of relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL)

MBP 245.0 Empaveli (pegcetacoplan) – New Policy
Empaveli (pegcetacoplan) will be considered medically necessary when all of the following criteria are met:
  • Medical record documentation of a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH)
  • Medical record documentation of flow cytometry confirming diagnosis AND
  • Medical record documentation that Empaveli is prescribed by a hematologist AND
  • Medical record documentation that member has received vaccinations against encapsulated bacteria, including *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B AND
  • Medical record documentation of one of the following:
    o member is transfusion-dependent (i.e., has at least 1 transfusion in the 24 months prior to initiation of pegcetacoplan due to documented hemoglobin less than 7 g/dL in persons...
without anemic symptoms or less than 9 g/dL in persons with symptoms from anemia) prior to initiation of pegcetacoplan treatment; OR
  o there is a significant adverse impact on the insured individual's health such as end organ damage or thrombosis without other cause

AUTHORIZATION DURATION: Initial approval will be for 6 months. Subsequent authorizations will be for 6 months and will require of:
  • Medical record documentation:
    o Hemolysis control measured by lactic acid dehydrogenase (LDH) level less than 1.5 times the upper limit of normal (ULN) AND
    o Reduced need or elimination of transfusion requirements OR
    o Stabilization of hemoglobin levels

The following policies were reviewed with no changes:
  • MBP 97.0 Kyprolis (carfilzomib)
  • MBP 206.0 Khapzory (levoleucovorin calcium)
  • MBP 223.0 Blenrep (belantamab mafodotin-bmf)