

“What’s New” Medical Pharmaceutical Policy November 2022 Updates

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

MBP 40.0 Orencia IV (abatacept) – Updated Policy

LIMITATIONS: ~~Abatacept should not be administered concomitantly with TNF antagonists and is not recommended for use concomitantly with anakinra.~~ The concomitant use of Orencia with other potent immunosuppressants [e.g. biologic disease-modifying antirheumatic drugs (bDMARDs), Janus kinase (JAK) inhibitors] is not recommended.

MBP 97.0 Kyprolis (carfilzomib) – Updated Policy

Multiple Myeloma:

- Must be prescribed by hematologist or oncologist **AND**
- Medical record documentation of relapsed or refractory multiple myeloma **AND**
- Medical record documentation of prior treatment with at least one therapy **AND**
- Medical record documentation that Kyprolis will be used:
 - As monotherapy **OR**
 - In combination with dexamethasone **OR**
 - In combination with dexamethasone and lenalidomide **OR**
 - In combination with daratumumab (Darzalex) and dexamethasone **OR**
 - In combination with daratumumab and hyaluronidase-fihj (Darzalex Faspro) and dexamethasone **OR**
 - In combination with isatuximab and dexamethasone

MBP 159.0 Kymriah (tisagenlecleucel) – Updated Policy

Follicular Lymphoma, Relapsed or Refractory (r/r FL)

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient is 18 years of age or older **AND**
- Medical record documentation of a diagnosis of relapsed or refractory follicular lymphoma (FL) **AND**
- Medical record documentation of a therapeutic failure on two or more previous lines of therapy **AND**
- Medical record documentation that the member has not received prior treatment with CAR-T cell therapy or other genetically modified T cell therapy

MBP 205.0 Zerbaxa (ceftolozane-tazobactam) – Updated Policy

- Prescription is written by or in consultation with Infectious Disease **AND**
- ~~Medical record documentation that the member is greater than or equal to 18 years of age **AND**~~
- Medical record documentation of one of the following:
 - Diagnosis of Complicated Intra-abdominal Infection (cIAI) caused by: *Enterobacter cloacae*, *Escherichia coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Pseudomonas aeruginosa*, *Bacteroides fragilis*, *Streptococcus anginosus*, *Streptococcus constellatus*, or *Streptococcus salivarius* **OR**
 - Diagnosis of Complicated Urinary Tract Infection (including Pyelonephritis) (cUTI) caused by *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*, or *Pseudomonas aeruginosa* **OR**
 - Medical record documentation that the member is greater than or equal to 18 years of age **AND**
 - Diagnosis of Hospital-acquired Bacterial Pneumonia or Ventilator-associated Bacterial Pneumonia (HABP/VABP) caused by *Enterobacter cloacae*, *Escherichia coli*, *Haemophilus influenzae*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Pseudomonas aeruginosa*, or *Serratia marcescens*.

MBP 220.0 Scenese (afamelanotide) – Updated Policy

- ~~Prescription written by a dermatologist~~ Prescription prescribed by, or in consultation with, a hematologist, dermatologist, gastroenterologist, or other specialist with expertise in the diagnosis and management of erythropoietic protoporphyria (EPP) **AND**

MBP 228.0 Breyanzi (lisocabtagene maraleucel) – Updated Policy

- Medical record documentation that Breyanzi is prescribed by a hematologist/oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that the member has not received prior treatment with CAR-T cell therapy or other genetically modified T cell therapy **AND**
- Medical record documentation of one of the following diagnoses:
 - High-grade B-cell lymphoma **OR**
 - Diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma) **OR**
 - Primary mediastinal large B-cell lymphoma **OR**
 - Follicular lymphoma grade 3B**AND**
- One of the following:
 - Medical record documentation of two or more lines of prior systemic therapy **AND OR**
 - Medical record documentation of refractory disease to first-line chemoimmunotherapy **OR**
 - Medical record documentation of relapse within 12 months of first-line chemoimmunotherapy **OR**
 - Medical record documentation of relapse after first-line chemoimmunotherapy and are not eligible for hematopoietic stem cell transplantation (HSCT) due to comorbidities or age
- ~~Medical record documentation that the member has not received prior treatment with CAR-T cell therapy or other genetically modified T cell therapy~~

The following policies were reviewed with no changes:

- MBP 46.0 Dacogen (decitabine)
- MBP 50.0 Vectibix (panitumumab)
- MBP 58.0 Prialt (ziconotide intrathecal infusion)
- MBP 64.0 Arranon (nelarbine)
- MBP 65.0 Torisel (temsirolimus)
- MBP 73.0 Arzerra (ofatumumab)
- MBP 78.0 Istodax (romidepsin)
- MBP 88.0 Halaven (eribulin mesylate)
- MBP 93.0 Nulojix (belatacept)
- MBP 96.0 Voraxaze (glucarpidase)
- MBP 117.0 Beleodaq (belinostat)
- MBP 121.0 Dalvance (dalbavancin)
- MBP 122.0 Sivextro (tedizolid phosphate) IV
- MBP 134.0 Cresemba IV (isavuconazonium sulfate)
- MBP 136.0 Imlygic (talimogene laherparepvec)
- MBP 137.0 Yondelis (trabectedin)
- MBP 139.0 Darzalex (daratumumab)
- MBP 142.0 Portrazza (necitumumab)
- MBP 152.0 Bavencio (avelumab)
- MBP 157.0 Brineura (cerliponase alfa)
- MBP 161.0 Aliqopa (copanlisib)
- MBP 163.0 Mylotarg (gemtuzumab ozogamicin)

- MBP 166.0 Adcetris (brentuximab vedotin)
- MBP 167.0 Vabomere (meropenem-vaborbactam)
- MBP 168.0 Parsabiv (etelcalcetide)
- MBP 170.0 Lutathera (lutetium Lu 177 dotatate)
- MBP 172.0 Trisenox (arsenic trioxide)
- MBP 182.0 Crysvida (burosumab-twza)
- MBP 187.0 Zemdri (plazomicin)
- MBP 189.0 Lumoxiti (moxetumomab pasudotox-tdfk)
- MBP 203.0 Nuzyra (omadacycline) Injection
- MBP 206.0 Khapzory (levoleucovorin calcium)
- MBP 209.0 Padcev (enfortumab vedotin-ejfv)
- MBP 210.0 Reblozyl (luspatercept-aamt)
- MBP 215.0 Recarbrio (imipenem-cilastatin-relebactam)
- MBP 221.0 Monjuvi (tafasitamab-cxix)
- MBP 222.0 Zepzelca (lurbinectedin)
- MBP 223.0 Blenrep (belantamab mafodotin-blmf)
- MBP 224.0 Tecartus (brexucabtagene autoleucl)
- MBP 236.0 Jemperli (dostarlimab-gxly)
- MBP 241.0 Amondys 45 (casimersen)
- MBP 244.0 Rylaze (asparaginase erwinia chrysanthemi (recombinant)- rywn)
- MBP 245.0 Empaveli (pegcetacoplan)
- MBP 247.0 Kimyrsa (oritavancin)

The following policy was retired:

- MBP 111.0 Marqibo (Vincristine (Liposomal)) [withdrawn from market by manufacturer]

The following policy updates and reviews apply to Commercial, Marketplace, TPA, and Medicare GHP members only:

Note: For Medicaid GHP Family members please refer to the Pennsylvania Medical Assistance Statewide Preferred Drug List (PDL) <https://papdl.com/preferred-drug-list> for specific coverage information and policy criteria for any drug listed below.

The following policies were reviewed with no changes:

- MBP 24.0 Aloxi (palonosetron)
- MBP 49.0 Erythropoietin and Darbepoetin Therapy
- MBP 77.0 Ilaris (canakinumab)
- MBP 81.0 Prolia (denosumab)
- MBP 130.0 Mircera (methoxy polyethylene glycol-epoetin beta)
- MBP 150.0 Sustol (granisetron ER)
- MBP 243.0 Durysta (bimatoprost intraocular implant)