Summary of Select Upcoming Pharmacy Policy Changes

Policies noted in this document are in the process of having more stringent requirements added.
The updated restrictions summarized below will take effect on the respective dates noted.

Policy Reference Number	Title of Policy	Summary of Changes	Date Notification Originally Posted	Effective Date
4862-A SGM P2024a	**BYLVAY**	**Cholestatic pruritis in Alagille syndrome (ALGS), initial criteria:** Per the Childhood Liver Disease Research Network, simplified Alagille syndrome (ALGS) diagnosis option to "family history of ALGS and one or more major clinical features of ALGS" (previously was "family history of ALGS in a first degree relative and two or more major clinical features of ALGS"). Added "Other" Section stating the member cannot use the requested medication concomitantly with any other intestinal ileal bile acid transporter (IBAT) inhibitor (e.g., Livmarli). In Appendix section for major clinical features of ALGS: Updated "Central nervous system abnormality (e.g., stroke, intracranial bleeding)" to state "Vascular abnormalities (e.g., intracranial bleeds, systemic vascular anomalies)".	10.20.2024	12.04.2024

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5005-A SGM P2024	**LIVMARLI**	**Cholestatic pruritis in Alagille syndrome (ALGS), initial criteria:** Per the Childhood Liver Disease Research Network, simplified Alagille syndrome (ALGS) diagnosis option to "family history of ALGS and one or more major clinical features of ALGS" (previously was "family history of ALGS in a first degree relative and two or more major clinical features of ALGS"). Added "Other" Section stating the member cannot use the requested medication concomitantly with any other intestinal ileal bile acid transporter (IBAT) inhibitor (e.g.,Bylvay). In Appendix section for major clinical features of ALGS: Updated "Central nervous system abnormality (e.g., stroke, intracranial bleeding)" to state "Vascular abnormalities (e.g., intracranial bleeds, systemic vascular anomalies)".	10.20.2024	12.04.2024
2029-A SGM P2024	**OCALIVA**	**Primary biliary cholangitis (PBC) (previously known as primary biliary cirrhosis):** Added prescriber specialties section requiring the medication to be prescribed by or in consultation with a hepatologist or gastroenterologist. For initial criteria, expanded duration of approval from 6 months to 12 months.	10.20.2024	12.04.2024

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5268-A SGM P2024a	**CAMZYOS**	**Obstructive Hypertrophic Cardiomyopathy:** Added documentation requirement for step therapy with a beta-adrenergic antagonist or non-dihydropyridine calcium channel blocker.	10.20.2024	12.13.2024
3076-A SGM P2024	**VYNDAQEL** **VYNDAMAX**	**Cardiomyopathy of Wild-Type or Hereditary Transthyretin-Mediated Amyloidosis, initial criteria:** Removed the requirement that cardiac involvement be confirmed by echocardiography or cardiac magnetic resonance imaging. Added eplontersen (Wainua) to the list of medications that Vyndaqel or Vyndamax cannot be used in combination with for treatment. For documentation for initial requests, added the requirement of chart notes or medical record documentation showing clinical symptoms of cardiomyopathy and heart failure.	10.20.2024	12.13.2024
6225-A SGM P2024a	**AGAMREE**	**Duchenne Muscular Dystrophy (DMD):** Added prescriber specialties requirement to align with other DMD programs. For members with psychiatric/behavioral issues after a trial of prednisone or prednisolone, removed criteria that issues must persist beyond the first 6 weeks of treatment.	10.20.2024	12.18.2024

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1602-A SGM P2024a	**BERINERT**	**Hereditary Angioedema (HAE):** Added criteria regarding ruling out other causes of angioedema.	10.20.2024	12.18.2024
1604-A SGM P2024a	**CINRYZE**	**Hereditary Angioedema (HAE):** Added criteria regarding ruling out other causes of angioedema.	10.20.2024	12.18.2024
1636-A SGM P2024a	**Deflazacort** **EMFLAZA**	**Duchenne Muscular Dystrophy (DMD):** Added generic deflazacort to the criteria. Added prescriber specialties requirement to align with other DMD programs. For members with psychiatric/behavioral issues after a trial of prednisone or prednisolone, removed criteria that issues must persist beyond the first 6 weeks of treatment.	10.20.2024	12.18.2024
2100-A SGM P2024a	**HAEGARDA**	**Hereditary Angioedema (HAE):** Added criteria regarding ruling out other causes of angioedema.	10.20.2024	12.18.2024
1606-A SGM P2024a	**Icatibant** **SAJAZIR** **FIRAZYR**	**Hereditary Angioedema (HAE):** Added criteria regarding ruling out other causes of angioedema.	10.20.2024	12.18.2024
1612-A SGM P20241	**RUCONEST**	**Hereditary Angioedema (HAE):** Added criteria regarding ruling out other causes of angioedema.	10.20.2024	12.18.2024

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2668-A SGM P2024a	**TAKHZYRO**	**Hereditary Angioedema (HAE):** Added criteria regarding ruling out other causes of angioedema.	11.3.2024	12.18.2024
2965-A SGM P2024	**BALVERSA**	**Urothelial carcinoma of the bladder, urethra, upper genitourinary tract, and prostate:** Removed coverage for FGFR2 genetic alterations	11.3.2024	12.18.2024
2212-A SGM P2024	**CABOMETYX**	**Non-Small Cell Lung Cancer (NSCLC):** Added requirement that member has not experienced disease progression on therapy with a RET rearrangement positive-targeted regimen for treatment of NSCLC Added coverage for treatment of soft tissue sarcoma	11.3.2024	12.18.2024
2172-A SGM P2024	**Imatinib GLEEVEC**	**Aggressive systemic mastocytosis:** Added requirement for use as a single agent	11.3.2024	12.18.2024
5042-A SGM P2024	**SCEMBLIX**	**Chromic Myeloid Leukemia (CML):** Updated criteria to include contraindicated mutations: M244V and F359V/I/C Added coverage for CML in accelerated phase	11.3.2024	12.18.2024

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2027-A SGM P2024	**Sorafenib** **NEXAVAR**	**Acute myeloid leukemia (AML) -** When used as low-intensity treatment induction, post-induction therapy, or consolidation therapy: Added requirement of 'member is without IDH1 mutation' and removed single agent use per NCCN.	11.3.2024	12.18.2024