

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
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

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6225-A SGM P2024a	AGAMREE	<p>Duchenne Muscular Dystrophy (DMD): Added prescriber specialties requirement to align with other DMD programs.</p> <p>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.</p>	10.20.2024	12.18.2024
1602-A SGM P2024a	BERINERT	<p>Hereditary Angioedema (HAE): Added criteria regarding ruling out other causes of angioedema.</p>	10.20.2024	12.18.2024
1604-A SGM P2024a	CINRYZE	<p>Hereditary Angioedema (HAE): Added criteria regarding ruling out other causes of angioedema.</p>	10.20.2024	12.18.2024
1636-A SGM P2024a	Deflazacort EMFLAZA	<p>Duchenne Muscular Dystrophy (DMD): Added generic deflazacort to the criteria. Added prescriber specialties requirement to align with other DMD programs.</p> <p>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.</p>	10.20.2024	12.18.2024
2100-A SGM P2024a	HAEGARDA	<p>Hereditary Angioedema (HAE): Added criteria regarding ruling out other causes of angioedema.</p>	10.20.2024	12.18.2024

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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
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

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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	Chronic 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
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
1934-A SGM P2024	Abiraterone ZYTIGA	Non-metastatic Prostate Cancer: Removed coverage for treatment of non-metastatic prostate cancer with prostate-specific antigen (PSA) persistence/recurrence after radical prostatectomy; Updated androgen deprivation therapy (ADT) to include luteinizing hormone releasing hormone (LHRH) agonists or antagonists for treatment of prostate cancer. Salivary Gland Tumor: Added coverage for treatment of unresectable or metastatic salivary gland tumor and added requirement of use in combination with prednisone for treatment of salivary gland tumor	12.15.2024	1.29.2025

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6118-A SGM P2024	AKEEGA	Metastatic Castration-Resistant Prostate Cancer: Updated androgen deprivation therapy (ADT) to include luteinizing hormone releasing hormone (LHRH) agonists or antagonists and added the requirement the member has not had treatment in the setting of metastatic castration-resistant prostate cancer	12.15.2024	1.29.2025
6256-A SGM P2024	AUGTYRO	Non-Small Cell Lung Cancer (NSCLC): Added requirement for single agent use	12.15.2024	1.29.2025
2754-A SGM P2024	COPIKTRA	Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL): Added requirement that member had prior therapy with Bruton tyrosine kinase inhibitor and venetoclax-based regimens for treatment of CLL/SLL	12.15.2024	1.29.2025
6246-A SGM P2024	FRUZAQLA	Colorectal Cancer (CRC): Added requirement of use as a single agent	12.15.2024	1.29.2025
1865-A SGM P2024	LENVIMA	Metastatic hepatocellular carcinoma: Updated requirement for member to have extrahepatic disease and be ineligible for resection, transplant, or locoregional therapy. For endometrial carcinoma: Updated clinical settings	12.15.2024	1.29.2025
1896-A SGM P2024	LONSURF	Colorectal Cancer (CRC): Added requirement for requested agent to be used as a single agent or in combination with bevacizumab	12.15.2024	1.29.2025

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1809-A SGM P2024	STIVARGA	<p>Hepatocellular Carcinoma: Removed inoperable and extensive liver tumor burden disease and added coverage for extrahepatic disease.</p> <p>Soft Tissue Sarcoma: Added coverage for extremity/body wall and head/neck soft tissue sarcomas.</p> <p>Central Nervous System (CNS) cancers: Added coverage for high grade glioma.</p> <p>Gastrointestinal Stromal Tumor (GIST): Updated continuation of therapy criteria to allow coverage with disease progression.</p>	12.15.2024	1.29.2025
3878-A SGM P2024	TABRECTA	<p>Non-Small Cell Lung Cancer (NSCLC): Added limitation of use for non-small cell lung cancer with high-level MET amplification to metastatic disease only</p>	12.15.2024	1.29.2025
2560-A SGM P2024	TAVALISSE	<p>Chronic immune thrombocytopenia (ITP): For continuation of therapy for members with current platelet count less than $50 \times 10^9/L$ for whom the platelet count is not sufficient to prevent clinically important bleeding, a) updated duration of therapy from 3 months to up to 12 weeks, and b) changed criteria from "who have not received a maximal Tavalisse dose for at least 8 weeks" to "who have not received the requested drug for at least 12 weeks".</p>	12.15.2024	1.29.2025

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4492-A SGM P2024	TEPMETKO	Non-Small Cell Lung Cancer (NSCLC): Added limitation of use for non-small cell lung cancer with high-level MET amplification to metastatic disease only	12.15.2024	1.20.2025
3119-A SGM P2024	XPOVIO	B-Cell Lymphomas: Updated criteria from ‘DLBCL, including transformed DLBCL from indolent lymphomas’ to ‘DLBCL, including transformed DLBCL arising from follicular lymphoma’	12.15.2024	1.20.2025
1706-A SGM P2024	ZYDELIG	Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL): Added requirement that member had prior therapy with Bruton tyrosine kinase inhibitor and venetoclax-based regimens for treatment of CLL/SLL	12.15.2024	1.20.2025
4738-A SGM P2024	EMPAVELI	Paroxysmal Nocturnal Hemoglobinuria (PNH): 1) Updated the Criteria for Initial Approval section for PNH to remove requirement for specific clone size (at least 5% PNH cells or at least 51% GPI-AP) and list as examples to confirm diagnosis. 2) Added requirement that member has clinical manifestations of disease per consultant recommendation. 3) Added criteria that Empaveli will not be used concomitantly with other complement inhibitors for the treatment of PNH. 4) Removed dosage and administration section.	12.20.2024	2.3.2025

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