P&T Committee Meeting Minutes
Commercial, Exchange, CHIP
April 2023 e-Vote

DRUG REVIEWS

ELAHERE (mirvetuximab soravtansine-gynx)

Review: Elahere is an antibody-drug conjugate (ADC) indicated for the treatment of adult patients with folate receptor alpha (FRα) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens. Elahere is made of a chimeric IgG1 antibody directed against folate alpha receptor attached to DM4, a microtubule inhibitor by a cleavable linker. Upon binding FRα, the ADC is internalized and proteolytic cleavage and release of DM4 which disrupts the microtubule network and results in cell cycle arrest and apoptotic cell death. Elahere is an intravenous infusion with a recommended dosage of 6 mg/kg adjusted ideal body weight (AIBW) administered once every 3 weeks until disease progression or unacceptable toxicity.

Premedication is administered prior to each infusion to reduce the incidence and severity of infusion related reactions, nausea, and vomiting (corticosteroids, antihistamines, antipyretics, and antiemetics). Patients should also be evaluated with an ophthalmic exam prior to initiation of Elahere and every other cycle for 8 cycles. Premedication with ophthalmic corticosteroids is recommended, starting the day prior to each infusion. Patients should receive one drop in each eye 6 times daily until day 4, then 4 times daily for days 5-8 of each cycle. Lubricating eye drops are also recommended four times daily and as needed during the treatment of Elahere.

Efficacy of Elahere was evaluated in the SORAYA trial, a single-arm trial in patients with FRα positive platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer (n=106). Patients were permitted to receive up to three prior lines of systemic therapy. All patients were required to have received bevacizumab. The trial excluded patients with corneal disorders, ocular conditions requiring ongoing treatment, peripheral neuropathy, or non-infectious interstitial lung disease. Patients received Elahere 6 mg/kg intravenous infusion every 3 weeks until disease progression or unacceptable toxicity. The major efficacy outcomes were investigator-assessed overall response rate (ORR) and duration of response (DOR) evaluated according to RECIST v.1.1. The efficacy evaluable population included 104 patients with platinum-resistant, measurable disease, and who received at least one dose of Elahere.

Elahere has warnings and precautions for severe ocular adverse reactions, pneumonitis, peripheral neuropathy, and embryo-fetal toxicity. Ocular adverse reactions occurred in 61% of patients and included visual impairment, keratopathy (corneal disorders), dry eye, photophobia, eye pain, and uveitis. Median time to first ocular adverse reaction was 1.2 months. Of patients who experience ocular events, 49% had complete resolution and 39% had partial improvement at last follow-up. Severe, life-threatening, or fatal interstitial lung disease, including pneumonitis, occurred in 10% of patients. One patient died due to respiratory failure in the setting of pneumonitis and lung metastases. Peripheral neuropathy occurred in 36% of patients with ovarian cancer treated with Elahere across clinical trial and included peripheral neuropathy, peripheral sensory neuropathy, paresthesia, neurotoxicity, hypoesthesia, peripheral motor neuropathy, neuralgia, polyneuropathy, and oral hypoesthesia. Median time to onset was 1.3 months and at least follow-up, 28% of patients who experienced peripheral neuropathy had complete resolution and 13% had partial neuropathy.

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

Clinical Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Financial Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Outcome: Elahere is a medical benefit drug and will be added to the medical benefit cost share list. When processed at a Specialty Pharmacy, Elahere will process on the Specialty tier or Brand NP tier for members with a three-tier benefit. The following prior authorization criteria will apply:

- Medical record documentation that Elahere 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 platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer **AND**
- Medical record documentation of the presence of folate receptor alpha (FRα) tumor expression as determined by an FDA-approved test* **AND**
- Medical record documentation of one to three prior systemic treatment regimens
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- Medical record documentation of a medically accepted indication

*The FDA approved test for the measurement of FRα tumor expression is Ventana FOLR1 (FOLR-2.1) RXDX Assay

GPI Level: GPI-12

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.

ORTIKOS (budesonide)

Review: Ortikos (budesonide) is an oral corticosteroid that delivers budesonide to the ileum and ascending colon. Ortikos is FDA Approved for the treatment of mild to moderate active Crohn's disease involving the ileum and/or the ascending colon, in patients 8 years and older and for the maintenance of clinical remission of mild to moderate Crohn's disease involving the ileum and/or the ascending colon for up to 3 months in adults.

The safety and efficacy of Ortikos has been established based on adequate and well-controlled adult studies of another oral budesonide product in patients with Crohn's Disease.

Safety considerations for Ortikos are the same as other oral budesonide or glucocorticoids including: hypercorticism and adrenal axis suppression, symptoms of steroid withdrawal in patients transferred from other systemic corticosteroids when not tapered slowly, increased risk of infection, including serious and fatal chicken pox and measles, tuberculosis infection, untreated fungal, bacterial, systemic viral or parasitic infections, or ocular herpes simplex. Monitor patients with concomitant conditions where corticosteroids may have unwanted effects such as hypertension and diabetes mellitus.

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

Clinical Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Financial Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Outcome: Ortikos is a pharmacy benefit and will not be added to the Commercial/Exchange/CHIP formularies. The following prior authorization criteria will apply:

- Medical record documentation of age ≥ 8 years old **AND**
- Medical record documentation of a diagnosis of mild to moderate Crohn's disease **AND**
- Medical record documentation of therapeutic failure, intolerance to, or contraindication of at least three formulary alternatives one of which is budesonide 3 mg Oral Capsule Delayed Release Particles

GPI Level: GPI-12

Authorization Duration: 6 months

Quantity Limit: 1 capsule per day

Formulary Alternatives: budesonide 3 mg Oral Capsule Delayed Release Particles, sulfasalazine 500 mg oral tablet, 500 mg DR oral tablet, prednisone 10 or 20 mg tablet or prednisolone 10mg/5ml, 15mg/5ml, or 25mg/5ml solution

RPh Sign Off: No

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

REZLIDHIA (olutasidenib)

Review: Rezlidhia is an isocitrate dehydrogenase-1 (IDH1) inhibitor indicated for the treatment of adults with relapsed or refractory acute myeloid leukemia (AML) with a susceptible IDH1 mutation as detected by an FDA approved test. Rezlidhia inhibits susceptible mutated IDH1 variants which leads to decreased 2-HG levels in leukemia cells which may restore normal myeloid cell differentiation. In vitro, Rezlidhia inhibited mutated IDH1 R132H, R132L, R132S, R132G, and R132C proteins. Wild-type IDH1 or mutated IDH2 proteins were not inhibited.

The recommended dosage of Rezlidhia is 150 mg taken orally twice daily until disease progression or unacceptable toxicity. Capsules should be taken at the same time every day and two doses should not be administered within 8 hours. Patients without disease progression or unacceptable toxicity should be treated for a minimum of 6 months to allow time for clinical response. Dosage reduction to 150 mg once daily may occur in the event of adverse reactions. Rezlidhia is supplied as 150 mg capsules.

The efficacy of Rezlidhia was evaluated in a single-arm, open-label clinical trial in 147 adult patients with relapsed or refractory AML with an IDH1 mutation. Rezlidhia was given until disease progression, unacceptable toxicity, or hematopoietic stem cell transplantation. Sixteen of 147 patients (11%) underwent stem cell transplantation following Rezlidhia treatment. Efficacy was evaluated as rate of complete remission (CR) plus complete remission with partial hematologic recovery (CRh), the duration CR + CRh, and the rate of conversion from transfusion dependence to transfusion independence.

Of the patients who achieved a CR or CRh, the median time to CR or CRh was 1.9 months and all patients that achieved a best response did so within months of initiating Rezlidhia. Of the 86 patients who were transfusion dependent at baseline, 29 (34%) became independent of RBC and/or platelet transfusions during any 56-day post-baseline period. Of the 61 patients who were transfusion independent at baseline, 39 (64%) remained transfusion independent during any 56-day post-baseline period.

Rezlidhia has a warning for differentiation syndrome, a rapid proliferation and differentiation of myeloid cells. During clinical trials, differentiation syndrome occurred in 16% of patients, with Grade 3 or 4 reactions occurring in 8% of patients and a fatality occurring in one patient. Of the 25 patients who experienced differentiation syndrome, 19 (78%) recovered after treatment or after dose interruption of Rezlidhia. Differentiation syndrome occurred as early as 1 day and up to 18 months after Rezlidhia.

Rezlidhia also has a warning for hepatotoxicity, including increased alanine aminotransferase (ALT), increased aspartate aminotransferase (AST), increased blood alkaline phosphatase, and/or elevated bilirubin. Of 153 patients with relapsed or refractory AML, hepatotoxicity occurred in 23% of patients, with Grade 3 or 4 hepatotoxicity occurring in 13% of patients. One patient who was treated with Rezlidhia in combination with azacytidine (not an approved combination) in clinical trials died from complications of drug-induced liver injury. The median time to onset of hepatoxicity was 1.2 months and the median time to resolution was 12 days.

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

Clinical Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Financial Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Outcome: Rezlidhia is a pharmacy benefit and will be added to the Oral Oncology Brand non-preferred tier ($0 copay) of the Commercial, Marketplace, and GHP Kids formularies. The following prior authorization criteria will apply:

- Medical record documentation that Rezlidhia 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 relapsed or refractory acute myeloid leukemia (AML) **AND**
- Medical record documentation of an isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA approved test*

***NOTE:** The FDA approved companion diagnostic test for Rezlidhia is Abbott RealTime IDH1.

AUTHORIZATION DURATION: Rezlidhia will be configured as a prior authorization for new starts only. Rezlidhia 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

GPI Level: GPI-12

Quantity Limits: 2 capsules per day

RPh Signoff: Yes

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

SUNLENCA (lenacapavir)

Review: Sunlenca is an HIV-1 capsid inhibitor indicated in combination with other antiretrovirals for the treatment of HIV-1 infection in heavily treatment-experienced adults with multi-drug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations. Sunlenca has a novel mechanism for HIV-1 treatment. It is a selective inhibitor of HIV-1 capsid function that binds the capsid protein and interferes with multiple essential steps in the viral lifecycle.

Sunlenca is initiated using one of two recommended dosing regimens (Table 7 & 8) using a combination of tablets and subcutaneous injections followed by maintenance subcutaneous injections every six months. Sunlenca injection is for administration into the abdomen by a healthcare provider. Sunlenca is supplied as 300 mg tablets and single dose vials containing 463.5 mg/1.5 mL. During the maintenance period, if more than 28 weeks relapse since the last injection and if clinically appropriate, patients can restart the Day 1 initiation dosage Option 1 or 2.

The efficacy of Sunlenca was evaluated in the CAPELLA trial, a randomized, placebo-controlled, double-blind trial in 72 HIV-1 infected, heavily treatment experienced patients with multi-drug resistance. Patients included were required to have a viral load of ≥ 400 copies/ML, documented resistance to at least two antiretroviral medications from at least 3 of the 4 classes of antiretroviral medications (NRTI, NNRTI, PI, and INSTI), and ≤ 2 fully active antiretroviral medications from the 4 classes of antiretroviral medications remaining at baseline. The trial included two cohorts. Subjects were enrolled into the randomized cohort (n=36) if they had < 0.5 log10 HIV-1 RNA decline compared to the screening visit. Subjects were enrolled in the non-randomized cohort (n=36) if they had a ≥ 0.5 log10 HIV-1 RNA decline compared to the screening visit or after.

The primary efficacy endpoint was proportion of patients in Cohort 1 achieving ≥ 0.5 log10 copies/mL reduction from baseline in HIV-1 RNA at the end of the functional monotherapy period. Results of the primary endpoint are shown in Table 9 and the results from Weeks 26 and 52 are shown in Tables 10 and 11. In cohort 1, at Weeks 26 and 52, the mean change from baseline in CD4+ cell count was 81 cells/mm3 (range: -101 to 522) and 82 cells/mm3 (range: -194 to 467), respectively. In cohort 2, at Week 26 and 52, 81% (29/36) and 72% (26/36) of patients achieved HIV1 RNA < 50 copies/mL, respectively, and the mean change from baseline in CD4+ cell count was 97 cells/mm3 (range: -103 to 459) and 113 cells/mm3 (range: -124 to 405), respectively.

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

Clinical Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Financial Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Outcome: Sunlenca tablets are a pharmacy benefit will be added to the Brand Preferred tier and will not require a prior authorization.

GPI Level: GPI-12

Quantity Limits:

- Sunlenca Oral Tablet Therapy Pack (4 tablets): 4 tablets per 180 days
- Sunlenca Oral Tablet Therapy Pack (5 tablets): 5 tablets per 180 days
- Sunlenca Subcutaneous Solution: 3 milliliters per 180 days

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

SYFOVRE (pegcetacoplan injection)

Review: Syfovre (pegcetacoplan injection) is a complement inhibitor indicated for the treatment of geographic atrophy secondary to age-related macular degeneration. The recommended dose of Syfovre is 15mg (0.1mL of a 150 mg/mL solution) by intravitreal injection to each affected eye once every 25 to 60 days. Syfovre is supplied in a single dose glass vial (NDC 73606-020-01) containing an overfill amount, which allows for a single 0.1 mL dose of solution to be administered.

Syfovre is the first and only intravitreal injection indicated for the treatment of GA secondary to AMD. VEGF inhibitors are used to treat neovascular AMD however they are ineffective for treatment of non-neovascular forms of AMD, including GA. Two other products are in late stage development for the indication of GA secondary to AMD. Avacincaptad pegol was submitted by Iveric Bio for Priority Review in February 2023 with a possible approval date in August 2023. ALK-001 is currently being evaluated in a Phase 3 trial with the earliest expected FDA approval date being late 2024. A subcutaneous pegcetacoplan product (Empaveli) is already FDA approved for the treatment of paroxysmal nocturnal hemoglobinuria (PNH).

Syfovre's safety and efficacy in 1,258 patients with GA, with or without subfoveal involvement, secondary to nonexudative AMD was evaluated in two multi-center, randomized, sham-controlled studies called OAKS (APL2-304; NCT03525613) and DERBY (APL2-303; NCT03525600). The studies were 24 months long, and patients received treatment for the entire study duration. Ages ranged from 60 to 100 years (mean 78.7 years) and mean total area of GA lesions was 8.23mm2 and 8.29mm2 in OAKS and DERBY, respectively. Key inclusion criteria were BCVA ≥24 letter ETDRS (20/320 Snellen equivalent), GA lesion size between 2.5mm2 and 17.5mm2, and age greater than or equal to 60 years old. Key exclusion criteria were GA secondary to a condition other than AMD, and any history of, or active, CNV in the study eye including presence of retinal pigment epithelium (RPE) tear.

Patients were randomized 2:2:1:1 to receive either Syfovre 15mg monthly, Syfovre 15mg every other month, sham monthly, or sham every other month. The primary efficacy endpoint was change from baseline to month 12 in total area of GA lesions in the study eye, based on fundus autofluorescence (FAF) imaging. The primary endpoint was met in the OAKS trial however was not met in the DERBY trial. Results are summarized in Table 2 above. At 24 months, there was no statistically significant differences in secondary endpoints including best corrected visual acuity (BCVA), maximum reading speed, Functional Reading Independence Index and microperimetry (OAKS only) between the treatment and sham groups (BCVA results summarized in Figure 4 below). Apellis, through covariate analyses, indicated some baseline imbalances (such as study eye focality, lesion location, and presence of intermediate/ large drusen) that may partially explain the differences in results. Per the prescribing information, there was a reduction in mean rate of GA lesion growth observed in both studies.

Syfovre has contraindications significant for ocular/periocular infections and active intraocular inflammation. Warnings and precautions are significant for endophthalmitis and retinal detachment, neovascular AMD, intraocular inflammation and increased intraocular pressure. The most common adverse reactions observed in clinical trials in patients receiving Syfovre monthly and every other month, respectively, were ocular discomfort (13 and 10%), nAMD (12 and 7%), vitreous floaters (10 and 7%) and conjunctival hemorrhage (8 and 8%). Patients should be monitored for signs of nAMD and if an anti-VEGF inhibitor is required, it should be given separately from Syfovre administration. The safety results from the Phase 2 trial FILLY indicated there may be a correlation between preexisting CNV in the fellow eye and increased development of CNV in the Syfovre-treated eye. This correlation was not as pronounced in DERBY and OAKS. The development of nAMD as it relates to preexisting CNV in the fellow eye for Syfovre-treated patients is summarized in Table 6 above. No drug interactions are listed within the prescribing information. In pregnant women, there are no studies to inform a drug-associated risk with Syfovre, systemic exposure following ocular administration is low.

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

Clinical Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Financial Discussion: No comments or questions. The committee unanimously voted to accept the recommendations as presented. None were opposed.

Outcome: Syfovre is a medical benefit and will require prior authorization. Syfovre will be added to the medical benefit cost share list when processed on the medical benefit. If processed at a specialty pharmacy, Syfovre will process at the Specialty tier or the Brand Non-preferred tier for members with a three tier benefit. The following prior authorization criteria will apply:

- Medical record documentation of the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD) AND
- Medical record documentation of a confirmed diagnosis of GA using imagining modalities, including but not limited to fundus autofluorescence (FAF), fundus photography, or optical coherence tomography (OCT) AND
- For new starts only: Medical record documentation of the absence of active, or history of, choroidal neovascularization* (CNV) in the eye(s) to be treated with Syfovre

***Note:** Age-related macular degeneration (AMD) with CNV is often referred to as exudative AMD (eAMD), neovascular AMD (nAMD), or wet AMD (wAMD).

GPI Level: GPI-12

Quantity Limit: 0.2mL (30mg) per 25 days (15mg per eye per 25 days)

Formulary Alternatives: None

Require RPH Sign off: No

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

FAST FACTS

BREXAFEMME (ibrexafungerp)

Clinical Summary: Brexafemme is now indicated in adult and post-menarchal pediatric females for reduction in the incidence of recurrent vulvovaginal candidiasis (RVVC). Previously it was indicated for the treatment of vulvovaginal candidiasis (VVC) in adult and post-menarchal pediatric females.

A randomized placebo-controlled clinical trial (Trial 3, NCT04029116) was conducted to evaluate the safety and efficacy of Brexafemme 300 mg (two 150 mg tablets) administered approximately 12 hours apart for one day, for a total daily dosage of 600 mg (four 150 mg tablets) administered once monthly for six months. Non-pregnant post-menarchal females presenting with a symptomatic VVC episode and a history of recurrent VVC (at least 3 episodes of VVC in the previous 12 months) were eligible. The symptomatic episode at Screening was treated with 3 doses of fluconazole 150 mg 3 days apart. To be randomized, patients had to have a culture-confirmed VVC episode at Screening and had to achieve significant resolution of their vulvovaginal signs and symptoms after fluconazole treatment. Patients were randomized at a 1:1 ratio to receive double-blind Brexafemme or placebo administered as a single-day treatment repeated every 4 weeks for a total of 6 single-day treatments. Study visits included the test of cure (TOC) at Week 24 (4 weeks after the last dose) and a follow-up visit at Week 36. The intent to treat (ITT) population was all randomized patients and consisted of 130 patients treated with Brexafemme and 130 patients treated with placebo.

Efficacy was assessed as the percentage of patients with Clinical Success, defined as subjects with No Culture Proven, Presumed or Suspected Recurrence of VVC requiring antifungal therapy up to TOC at Week 24. Clinical Success was also assessed at the Week 36 Follow-up visit. Statistically significantly greater percentages of patients experienced Clinical Success at TOC compared to placebo. The clinical success rate at TOC was lower for patients in the United States when compared to patients outside the United States (ex-US) for both Brexafemme and placebo groups. In both regions, the Brexafemme group had a higher clinical success rate compared to placebo (US: 33% vs 23% and ex-US: 81% vs 68% in Brexafemme vs placebo arms, respectively) and the difference between the treatment groups was consistent [US: 10.1% (-9.0, 29.1) and ex-US: 12.9% (0.04, 25.7)]. Clinical Success at Week 36 was also greater for Brexafemme compared to placebo.

Current Formulary Status: Pharmacy Benefit, Non-Formulary, Prior Authorization Required

Recommendation: There are no changes to formulary status recommended at this time. It is recommended to update the prior authorization criteria, quantity limits, and auth duration.

For Initial Treatment or New Infection of Vulvovaginal Candidiasis (VVC):

- Medical record documentation of a diagnosis of vulvovaginal candidiasis (VVC) **AND**
- Medical record documentation that member is greater than or equal to 12 years of age and post-menarchal **AND**
- Medical record documentation of therapeutic failure, contraindication, or intolerance to oral fluconazole tablets **AND** one formulary topical antifungal indicated for the treatment of vulvovaginal candidiasis **AND**
- Medical record documentation that member is NOT pregnant

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:** 4 tablets per day, 1 fill

AUTHORIZATION DURATION: 1 month, number of claims authorized = 1

For Reduction in the Incidence of Recurrent Vulvovaginal Candidiasis (RVVC):

- Medical record documentation of diagnosis of recurrent vulvovaginal candidiasis (RVVC), defined as at least 3 episodes of VVC in the previous 12 months)* **AND**
- Medical record documentation that member is greater than or equal to 12 years of age and post-menarchal **AND**
- Medical record documentation that member is NOT pregnant **AND**
- Medical record documentation that pregnancy status will be reassessed prior to each dose **AND**
- Medical record documentation of therapeutic failure, contraindication, or intolerance to induction and maintenance* dosing of fluconazole tablets

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:** 4 tablets per day, 1 fill per 28 days

AUTHORIZATION DURATION: 6 months, number of claims authorized = 6

Note to Reviewer:
*Treatments 1 and 2 are considered initial/new infection. If treatment 3 is within 12 months of treatments 1 and 2, would be considered as recurrent VVC.
**Induction and maintenance dosing is defined as fluconazole 150 mg orally every 72 hours for three doses, followed by maintenance oral fluconazole 150 mg once per week for six months.

REAUTHORIZATION: Medical record documentation of medical or scientific literature to support the use of this agent beyond the FDA-approved treatment duration of 6 months. At time of review, the safety and efficacy of repeat administration of Brexafemme for RVVC has not been studied.

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

JEMPERLI (dostarlimab-gxly)

Clinical Summary: Jemperli (dostarlimab-gxly) has been granted full approval for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer (EC), as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation.

Jemperli was previously granted accelerated approval for this indication based on tumor response rate and duration of response in the phase 1 GARNET trial. The conversion to regular approval was based on data from an additional 141 patients with dMMR recurrent or advanced endometrial cancer who had progressed on or after a platinum-containing regimen.

Results showed an ORR of 45.4% (95% CI, 37.0-54.0), with 15.6% of patients achieving complete response and 29.8% having partial response. 85.9% of patients had a duration of response of at least 12 months and 54.7% had a duration of response of at least 24 months. The most common adverse reactions reported were fatigue, anemia, rash, nausea, diarrhea, constipation, and vomiting.

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.

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 medical benefit policy to include the following:

Endometrial Cancer

1. Medical record documentation of a diagnosis of recurrent or advanced endometrial cancer **AND**
2. Medical record documentation of disease progression on or following prior treatment with a platinum-containing regimen **AND**
3. Medical record documentation of mismatch repair deficient (dMMR) as determined by an FDA approved test **AND**
4. Medical record documentation that member is 18 years of age or older **AND**
5. Medical record documentation that Jemperli is prescribed by a hematologist or oncologist **AND**
6. Medical record documentation that member is not a candidate for curative surgery or radiation

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

OPDIVO (nivolumab)

Clinical Summary: Opdivo is now indicated for use as a single agent or in combination with ipilimumab (Yervoy) for the treatment of unresectable or metastatic melanoma in adult and pediatric patients 12 years and older.

CHECKMATE-067 (NCT01844505) was a multicenter, randomized (1:1:1), double-blind trial in 945 patients with previously untreated, unresectable or metastatic melanoma to one of the following arms: OPDIVO and ipilimumab, OPDIVO, or ipilimumab. Patients were required to have completed adjuvant or neoadjuvant treatment at least 6 weeks prior to randomization and have no prior treatment with anti-CTLA-4 antibody and no evidence of active brain metastasis, ocular melanoma, autoimmune disease, or medical conditions requiring systemic immunosuppression. CHECKMATE-067 demonstrated statistically significant improvements in OS and PFS for patients randomized to either OPDIVO-containing arm as compared with the ipilimumab arm. The trial was not designed to assess whether adding ipilimumab to OPDIVO improves PFS or OS compared to OPDIVO as a single agent. Based on a minimum follow-up of 48 months, the median OS was not reached (95% CI: 38.2, NR) in the OPDIVO and ipilimumab arm. The median OS was 36.9 months (95% CI: 28.3, NR) in the OPDIVO arm and 19.9 months (95% CI: 16.9, 24.6) in the ipilimumab arm.

Current Formulary Status: Opdivo is currently a medical benefit requiring prior authorization under MBP 126.0

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

1. Prescription written by a hematologist/oncologist **AND**
2. Medical record documentation that patient is > 12 years of age **AND**
3. Medical record documentation of one of the following:
    a. A diagnosis of unresectable or metastatic melanoma **AND**
    b. Opdivo is not being used in combination with any other agents for the treatment of unresectable or metastatic melanoma (with the exception of ipilimumab)

Additional Recommendations: The manufacturer labeling For Yervoy now has the following indication: Treatment of unresectable or metastatic melanoma in adults and pediatric patients 12 years and older as a single agent or in combination with nivolumab.
The medical benefit policy does not mention age restrictions in the policy. See the following for the MBP:
Melanoma

1. Prescription written by a hematologist/oncologist **AND**
2. Medical record documentation of unresectable or metastatic melanoma **AND**
3. One of the following:
    a. Medical record documentation of use in combination with nivolumab for first line therapy **OR**
    b. Medical record documentation of use as a single agent or in combination with nivolumab as second-line or subsequent therapy for disease progression if not previously used **OR**
4. Medical record documentation of use as a single-agent reinduction therapy in select patients who
5. experienced no significant systemic toxicity during prior ipilimumab therapy and who relapse after initial clinical response or progress after stable disease >3 months

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

TRODELVY (sacituzumab govitecan)

Clinical Summary: Trodelvy is now indicated for the treatment of adult patients with unresectable locally advanced or metastatic hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH–) breast cancer who have received endocrine based therapy and at least two additional systemic therapies in the metastatic setting. Trodelvy also remains indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease and for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PDL1) inhibitor. The locally advanced or metastatic urothelial cancer indication is approved under accelerated approval.

The efficacy of Trodelvy was evaluated in a multicenter, open label, randomized study (TROPiCS-02; NCT03901339) conducted in 543 patients with unresectable locally advanced or metastatic HR-positive, HER2-negative (IHC 0, IHC 1+ or IHC 2+/ISH–) breast cancer whose disease has progressed after the following in any setting: a CDK 4/6 inhibitor, endocrine therapy, and a taxane. Patients received at least two prior chemotherapies in the metastatic setting (one of which could be in the neoadjuvant or adjuvant setting if recurrence occurred within 12 months). Patients were randomized (1:1) to receive Trodelvy 10 mg/kg as an intravenous infusion on Days 1 and 8 of a 21 day cycle (n=272) or single agent chemotherapy (n=271). The primary efficacy outcome measure was progression-free survival (PFS) as determined by Blinded Independent Central Review (BICR) per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1. Additional efficacy measures included overall survival (OS), overall response rate (ORR) by BICR, and duration of response (DOR) by BICR. Trodelvy demonstrated a statistically significant improvement in PFS and OS versus single agent chemotherapy.

Current Formulary Status: Trodelvy is a medical benefit requiring a prior authorization. When processed at a specialty pharmacy, it is processed at the specialty tier or brand non preferred tier.

Recommendation: No changes recommended to the formulary placement or authorization duration of Trodelvy at this time. However, it is recommended to update policy MBP 216 to include the following changes.

Unresectable Locally Advanced or Metastatic Triple-Negative Breast Cancer

- Medical record documentation that Trodelvy is written by a hematologist/oncologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of diagnosis of unresectable locally advanced or metastatic triple-negative breast cancer* **AND**
- Medical record documentation of trial of at least two previous lines of systemic therapy, of which at least one was for metastatic disease

*Note: Triple negative breast cancer lacks expression of estrogen receptor (ER-negative), progesterone receptor (PR-negative) and human epidermal growth factor receptor 2 (HER2-negative).

Unresectable Locally Advanced or Metastatic HR Positive, HER2 Negative Breast Cancer

- Medical record documentation that Trodelvy is written by a hematologist/oncologist AND
- Medical record documentation of age greater than or equal to 18 years AND
- Medical record documentation of diagnosis of unresectable locally advanced or metastatic hormone receptor (HR)positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH–) breast cancer AND
- Medical record documentation of previously receiving endocrine-based therapy AND
- Medical record documentation of previously receiving at least two additional systemic therapies in the metastatic setting

Urothelial Cancer

- Medical record documentation that Trodelvy is written by a hematologist/oncologist AND
- Medical record documentation of age greater than or equal to 18 years AND
- Medical record documentation of diagnosis of locally advanced or metastatic urothelial cancer AND
- Medical record documentation of progression on platinum-containing chemotherapy AND
- Medical record documentation of progression on a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PDL1) inhibitor

AUTHORIZATION DURATION: Initial approval will be for 6 months. Subsequent approvals will be for an additional 6 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.

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

TRULICITY (dulaglutide)

Clinical Summary: Trulicity now approved as an adjunct to diet and exercise in pediatric patients 10 years and older with Type 2 Diabetes Mellitus to improve glycemic control. Previously, it was approved in adult patients with T2DM as an adjunct to diet and exercise and to reduce the risk of major adverse cardiovascular events in adults with T2DM who have established CV disease or multiple CV risk factors.

Efficacy was observed in a 26-week randomized, double-blind, placebo-controlled trial with 154 pediatric patients 10 years and older with T2DM who had inadequate control despite diet/exercise. Subjects were randomized to once-weekly Trulicity or placebo with or without metformin +/- basal insulin. Once-weekly Trulicity was superior to placebo in regards to A1C change from baseline to week 26.

Current Formulary Status: Trulicity is a pharmacy benefit on the brand preferred tier. Trulicity requires a prior authorization for diagnosis for Commercial and CHIP. A similar prior authorization will be applied to Exchange on 1/1/24.

Recommendation: No changes are recommended to the formulary placement or prior authorization criteria.

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

TYMLOS (abaloparatide)

Clinical Summary: Tymlos is now indicated to increase bone density in men with osteoporosis at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy. Previously approved for postmenopausal women with osteoporosis at high risk for fracture or patients who have failed or are intolerant to other available osteoporosis therapy.

Efficacy of TYMLOS was evaluated in a 12 month, randomized, multicenter, double -blind, placebo-controlled trial. The primary endpoint was the percent change from baseline in lumbar spine bone mineral density (BMD) at 12 months in patients treated with TYMLOS compared to placebo. Treatment with TYMLOS for 12 months in this study resulted in significant increases in BMD compared to placebo at the lumbar spine, total hip, and femoral neck, each with $p<0.0001$.

Current Formulary Status: Tymlos is on the Specialty or Brand non-Preferred Tier for members with a three-tier benefit requiring prior authorization.

Recommendation: No changes recommended to the formulary placement or authorization duration of Tymlos at this time. However, it is recommended to update policy to include the following changes.

- There is no medical record documentation of increased baseline risk of osteosarcoma [Paget's disease, open epiphyses (pediatric or young adult patients), prior radiation therapy involving the skeleton, unexplained elevations of alkaline phosphatase] **AND**
- ~~**For women:**~~
- ~~Medical record documentation of postmenopausal osteoporosis or osteoporosis in a male **AND**~~
- Medical record documentation that member has not previously been on a parathyroid hormone analog for greater than 2 years* **AND**
- Medical record documentation of an attempt of therapy with or contraindication to bisphosphonates **OR**
- Medical record documentation of a previous osteoporotic fracture or high risk of fracture (T-score –2.5 or below with documented risk factors)

QL FOR LETTER ONLY: 1.56 mL per 30 days

AUTHORIZATION DURATION: Approval will be for 2 years or less if there is medical record documentation of a previous incomplete course of therapy with a parathyroid hormone analog.

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

UDENYCA (pegfilgrastim-cbqv)

Clinical Summary: Udenyca is a biosimilar of Neulasta (pegfilgrastim), which is a leukocyte growth factor, that is now indicated to increase the survival rate of patients that have been acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome (HSARS)). Previously, Udenyca was indicated for the prevention of febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive chemotherapy that have a clinically significant incidence of febrile neutropenia. Udenyca also now comes as a 6 mg/0.6 mL single-dose autoinjector, whereas it previously was only available as a 6 mg/0.6 mL single-dose prefilled syringe for manual use. The autoinjector delivers the entire dose (6 mg in 0.6 mL) in a single injection and is not adjustable.

The safety and efficacy of Udenyca could not be studied in humans with acute radiation syndrome for ethical and feasibility reasons. The approval of this indication was based on efficacy studies that were conducted in animals and data that supports the effect of pegfilgrastim products on severe neutropenia in patients with cancer receiving myelosuppressive chemotherapy. The efficacy for this indication was studied in a randomized, placebo-controlled non-human primate model of radiation injury. Rhesus macaques were randomized to either a control or treated cohort, with 23 subjects being in each cohort. On study day 0, animals were exposed to total body irradiation at a dose that would be lethal in 50% of animals by 60 days of follow-up (LD50/60). Animals were administered subcutaneous injections of a blinded treatment (either 5% dextrose in water for the control group, or pegfilgrastim 300-319 mcg/kg/day) on study day 1 and on study day 8. The primary endpoint of this study was survival. Pegfilgrastim significantly increased 60-day survival in irradiated non-human primates: 91% survival (21/23) in the pegfilgrastim group as compared to 48% survival (11/23) in the control group.

Current Formulary Status: Pharmacy or Medical benefit that requires a prior authorization. When processed at a specialty pharmacy, it is on the Specialty Tier or Brand Preferred Tier.

Recommendation: No changes are recommended to the formulary placement or authorization duration of Udenyca for Commercial/Exchange/CHIP or Medical Benefit. It is recommended to add the new formulation of Udenyca, 6 mg/0.6 mL autoinjector, to the formulary at the same tier as the prefilled syringe for all lines of business.

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

VERZENIO (abemaciclib)

Clinical Summary: Verzenio is now indicated:

- in combination with endocrine therapy (tamoxifen or an aromatase inhibitor) for the adjuvant treatment of adult patients with HR-positive, HER2-negative, node-positive, early breast cancer at high risk of recurrence ~~and a Ki-67 score ≥20% as determine by an FDA approved test.~~
- in combination with an aromatase inhibitor as initial endocrine based therapy for treatment of ~~postmenopausal women, and men,~~ adult patients with HR-positive, HER2-negative advanced or metastatic breast cancer
- in combination with fulvestrant for the treatment of adult patients with HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression following endocrine therapy
- as monotherapy for the treatment of adult patients with HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting.

The expanded indication for use of Verzenio in combination with endocrine therapy for the adjuvant treatment of adult patients with HR-positive, HER2-negative, node-positive, early breast cancer at high risk of recurrence was evaluated in the monarchE (NCT03155997) trial. This was a randomized (1:1), open-label, two cohort, multicenter study in adult patient with HR-positive, HER2negative, node-positive, resected, early breast cancer with clinical and pathological features consistent with high risk of disease recurrence. For cohort 1, patients had to have either ≥4 pALN (pathologic axillary lymph nodes) or 1-3 pALN and either tumor grade 3 or a tumor size ≥50 mm. To be enrolled in Cohort 2, patients could not be eligible for cohort 1 and must have had 1-3 pALN and Ki-67 score ≥ 20% (using the Ki-67 IHV MIB-1 pharmDx assay). Patients were randomized to 2 years of Verzenio plus standard endocrine therapy or standard endocrine therapy alone. The major efficacy outcome measure was invasive disease-free survival (IDFS). A statistically significant difference was seen in the intent-to-treat (ITT) population which primarily attributed to the patients treated in Cohort 1. The overall survival data in cohort 2 remains immature, more deaths were observed among those receiving Verzenio plus standard endocrine therapy comparted to those receiving standard endocrine therapy alone.

There are no new studies to review for the expansion to all adults for the use in combination with an aromatase inhibitor as initial endocrine based therapy for treatment of HR-positive, HER2-negative advanced or metastatic breast cancer. It is noted that monarchE did include women regardless of menopausal status.

Current Formulary Status: Pharmacy benefit on the oral oncology brand non preferred tier requiring a prior authorization with a quantity limit.

Recommendation: There are no changes recommended to the formulary placement or auth duration of Verzenio. The following changes are recommended to the prior authorization criteria in Commercial Policy 473.0:

Advanced of Metastatic Breast Cancer

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Verzenio is prescribed by an oncologist **AND**
- Medical record documentation of a diagnosis of advanced or metastatic breast cancer that is hormone receptor positive, human epidermal growth factor receptor 2 negative (HR+/HER2-) **AND**
- One of the following:
    - Medical record documentation that Verzenio is being prescribed as initial endocrine-based therapy **AND**
    - Medical record documentation of postmenopausal status **OR** if the patient is pre/perimenopausal or male, that they have received a gonadotropin-releasing hormone agonist (e.g., LHRH agonist; goserelin) for at least 4 weeks prior to and will continue for the duration of Verzenio therapy **AND**

- Medical record documentation that Verzenio will be prescribed in combination with an aromatase inhibitor (i.e., letrozole, anastrozole, etc.)
  OR
- Medical record documentation that the patient experienced disease progression following prior endocrine therapy* **AND** prior chemotherapy^ in the metastatic setting
  AND
- Medical record documentation that Verzenio is being used as monotherapy
  OR
- Medical record documentation that the patient experienced disease progression following prior endocrine therapy* **AND**
- Medical record documentation that fulvestrant (Faslodex) will be administered along with Verzenio **AND**
- Medical record documentation of postmenopausal status **OR** if the patient is pre/perimenopausal, that they have received a gonadotropin-releasing hormone agonist (e.g., LHRH agonist; goserelin) for at least 4 weeks prior to and will continue for the duration of Verzenio therapy

Early Breast Cancer

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Verzenio is prescribed by an oncologist **AND**
- Medical record documentation of a diagnosis of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer **AND**
- Medical record documentation that member has a high risk of recurrence[&] **AND**
- ~~Medical record documentation of a Ki-67 score greater than or equal to 20% determined by a Food and Drug Administration (FDA) approved test[#] **AND**~~
- Medical record documentation that Verzenio will be used as adjuvant treatment in combination with endocrine therapy (i.e., tamoxifen or an aromatase inhibitor) **AND**
- If patient is treated with an aromatase inhibitor (i.e., letrozole, anastrozole, etc.):
  - Medical record documentation of postmenopausal status **OR** if the patient is pre/perimenopausal or male, that they have received a gonadotropin-releasing hormone agonist (e.g., LHRH agonist; goserelin) for at least 4 weeks prior to and will continue for the duration of Verzenio therapy

NOTES:
[*]Examples of endocrine therapy include: exemestane, letrozole, anastrozole, tamoxifen, and toremifene
[&]In clinical trials, high risk of recurrence was defined as either tumor involvement in one to three axillary lymph nodes with either tumor grade 3 disease or tumor size ≥ 50 mm **OR** tumor involvement of ≥ 4 axillary lymph nodes
[#]~~The FDA approved test for the measurement of Ki-67 score is the Ki-67 IHC MIB-1 pharmDx.~~

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: 2 tablets per day, 28 day supply per fill

AUTHORIZATION DURATION:
****For adjuvant treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node positive, early breast cancer:**
One approval will be given for 24 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 Verzenio for adjuvant treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node positive, early breast cancer should not exceed the FDA-approved treatment duration of 2 year (24 months) in patients. 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

For all other indications:
Initial approval will be for 24 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 24 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.

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

WEGOVY (semaglutide)

Clinical Summary: Semaglutide injection was approved to assist adolescent patients aged 12 years and older with weight loss in December 2022. The approval provides for the following updated indication: as adjunct therapy with a reduced-calorie diet and increased physical activity in pediatric patients 12 to <18 years of age with an initial BMI in the 95th percentile or higher for age and sex.

The approval was based on data from the STEP TEENS study (ClinicalTrials.gov Identifier: NCT04102189), which included 201 participants 12 to less than 18 years of age with BMI corresponding to greater than or equal to the 95th percentile standardized for age and sex. Those with a BMI in the 85th percentile or higher who had at least one weight-related coexisting condition were also eligible. Patients were randomly assigned 2:1 to receive semaglutide administered once-weekly by subcutaneous injection or placebo for 68 weeks, in addition to lifestyle intervention. The primary endpoint of the study was the percentage change in BMI from baseline to week 68.

At week 68, the mean change in BMI from baseline in the semaglutide group was -16.1%, while in the placebo group, it was 0.6% (estimated difference, -16.7 percentage points [95% CI, -20.3, -13.2]; *P* <.0001). Compared with placebo, a greater proportion of patients treated with semaglutide achieved a BMI reduction of 5% or more (77.1% vs 19.7%), 10% or more (65.1% vs 7.7%), and 15% or more (57.8% vs 4.0%). In addition to reductions in body weight, improvements in waist circumference, HbA1c, and lipids (except for high-density lipoprotein cholesterol) were also observed with semaglutide compared with placebo.

An analysis of safety data showed that adverse reactions in adolescents were similar to those observed in adults. Nausea, vomiting, diarrhea, headache, and abdominal pain were the most frequently reported adverse reactions. An increased incidence of gallbladder problems (including gallstones), hypotension, rash, and itching was noted in adolescents when compared with adults.

Current Formulary Status: Excluded from coverage for Commercial, Exchange and GHP Kids pharmacy formulary. Prior authorization is required for select TPA plans that request the weight loss benefit.

Recommendation: For the Federal Employee Plan, AON, and select TPA plans who offer a weight loss benefit:

- Medical record documentation of age greater than or equal to 18 years with one of the following:
    - Medical record documentation of body mass index (BMI) greater than or equal to 30 kg/m2 **OR**

    - Medical record documentation of body mass index (BMI) greater than or equal to 27 kg/m2 and at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia)

OR

- Medical record documentation of age greater than or equal to 12 years and less than 18 years of age with an initial BMI in the 95th percentile or higher for age and sex

AND

- Medical record documentation of use as adjunct therapy to reduced calorie diet and increased physical activity for chronic weight management

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

UPDATES

MAKENA (hydroxyprogesterone caproate injection)

Background: On April 6th, 2023, the U.S. Food and Drug Administration announced the final decision to withdraw approval of Makena. The decision was made by both the FDA Commissioner and Chief Scientist, and as of April 6th, 2023 Makena and its generics cannot lawfully be distributed in interstate commerce. In the FDA statement, it goes on to state that the agency recognizes there is a supply of product already distributed and recommends patients who have questions discuss them with their healthcare provider. The FDA goes on to comment in a Frequently Asked Question section that providers who wish to still prescriber or administer Makena consider the FDA's conclusion that Makena is no longer shown to be effective and that benefits do not outweigh the risks to patients.

To briefly summarize events prior to the April 6th, 2023 announcement, on October 15th, 2019 the results of the required post-marketing confirmatory study PROLONG were published, which demonstrated no statistical significance in the co-primary outcome between Makena and placebo in frequency of preterm birth (PTB) less than 25 weeks gestation (11.0% vs 11.5%; RR 0.95 [95%CI 0.71-1.26]; P= 0.72) and neonatal morbidity index (5.6% vs 5.0%, RR 1.12 [95%CI 0.70-1.66]; P=0.73). On October 29th, 2019 an FDA Advisory Committee voted 9:7 recommending the FDA pursue withdrawal of approval for Makena. On October 5th, 2020 the FDA's Center for Drug Evaluation and Research (CDER) also proposed Makena be withdrawn. On October 19th, 2022 CDER concluded its 3-day public hearing and in a 14 to 1 vote recommended withdrawing Makena from the Market.

Currently there are no medications approved for reducing neonatal morbidity and mortality, or for the long-term consequences of preterm birth. The American College of Obstetricians and Gynecologists released updated guidance stating intramuscular Makena is not recommended for the primary prevention of preterm birth in patients with a history of spontaneous preterm birth. However, vaginal progesterone may be considered a treatment option if the patient has a history of preterm birth, singleton gestation, and a shortened cervix. In the absence of a shortened cervix, vaginal progesterone has not been proven effective and should not be considered as an alternative to Makena.

Recommendation: It is recommended to exclude coverage of Makena and its generics for the commercial, exchange, CHIP and Medicare lines of business and to retire MBP 127.0 Makena (hydroxyprogesterone caproate).

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

MEDICAL BENEFIT GENERIC DRUG UPDATE

Background: All current medical benefit drug policies were reviewed and drugs that have a therapeutically equivalent generic available were identified. Currently, there is no language in medical benefit drug policies requiring the use of a generic formulation first before the use of a brand formulation. When a medical benefit authorization is entered into Darwin, there is no limitation on whether a generic or brand can be filled by the specialty vendor. Using a generic drug first may provide cost savings for Geisinger Health Plan especially if a medication is being fulfilled by a specialty pharmacy. It is recommended to require a generic first before the use of a brand, when the generic formulation is available.

Recommendation: It is recommended that the following wording be added to applicable medical benefit policies for drugs that have a therapeutically equivalent generic available. Approvals for these drugs will also include "generic only" language when entered into the pharmacy claims processing system. The medical benefit list of drugs will be reviewed annually to identify drugs with newly released generic formulations. Policies identified upon annual review containing drugs with therapeutically equivalent generics will be automatically updated with the below language without further P&T committee review.

- **AND** (if a brand drug is being requested when a therapeutically equivalent generic drug exists):
    - Medical record documentation of a therapeutic failure on, or intolerance to the generic formulary agent(s) **OR**
    - Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to the inactive ingredients of the generic formulary agent(s)

List of Drugs with Available Therapeutically Equivalent Generic Formulations

- Velcade (bortezomib)
- Aloxi (palonosetron)-Brand discontinued
- Abraxane (paclitaxel-protein bound)
- Clolar (clofarabine)
- Boniva (ibandronate) IV-Brand discontinued
- Flolan or Veletri (epoprostenol)
- Remodulin (treprodtinil)
- Arranon (nelarabine)
- Torisel (temsirolimus)
- Istodax (romidepsin)
- Emend (fosaprepitant)
- Tepadina (thiotepa)
- Trisenox (arsenic trioxide)

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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

NALOXONE NASAL SPRAY (GENERIC NARCAN) UPDATE

Background: Naloxone nasal spray (generic Narcan) and brand Narcan nasal spray are currently coded to the brand preferred tier (tier 3) of the Marketplace formulary.

Recommendation: It is recommended that naloxone nasal spray (generic Narcan) is moved to the generic non-preferred tier (tier 2) of the Marketplace formulary to promote utilization of the generic product.

Discussion: No comments or questions.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

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 32 of 51 members. The vote was unanimously approved.

Future Scheduled Meetings

The next bi-monthly scheduled meeting will be held on May 16th, 2023 at 1:00 p.m.

Meeting will be held virtually via phone/Microsoft Teams.