DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Allergen Immunotherapy – Palforzia Drug Quantity Management Policy – Per Rx
- Palforzia® (peanut [*Arachis hypogaea*] allergen powder-dnfp for oral administration – Aimmune)

REVIEW DATE: 04/19/2023

OVERVIEW

Palforzia, an oral immunotherapy, is indicated for the mitigation of **allergic reactions**, including anaphylaxis, that may occur with accidental exposure to peanut.[1] It is approved for use in patients with a confirmed diagnosis of peanut allergy. Initial dose escalation may be administered to patients 4 through 17 years of age; up-dosing and maintenance may be continued in patients ≥ 4 years of age. Palforzia is labeled to be used in conjunction with a peanut-avoidant diet. It is not indicated for the emergency treatment of allergic reactions, including anaphylaxis. Prior to initiation, the prescriber should verify that the patient has injectable epinephrine and has been instructed on its appropriate use.

Dosing

There are three sequential phases of Palforzia administration: Initial Dose Escalation, Up-Dosing, and Maintenance.[1]

Initial Dose Escalation. The Initial Dose Escalation is administered on a single day under the supervision of a healthcare professional in a healthcare setting with the ability to manage possibly severe allergic reactions, including anaphylaxis. Doses are administered in a sequential order (Levels A-E; 0.5 mg to 6 mg) as outlined in Table 1. Each dose is given 20 to 30 minutes apart while the patient is observed. After the last dose, patients should be monitored for 60 minutes. Palforzia should be discontinued if the patient has symptoms requiring medical intervention following any dose.

Table 1. Dosing Configuration for Palforzia Initial Dose Escalation.[1*]
[*] Each dose is administered 20 to 30 minutes apart while the patient is observed.

Up-Dosing. Patients who tolerate at least the 3 mg dose during the Initial Dose Escalation must return to the healthcare setting for initiation of Up-Dosing.[1] If possible, Up-Dosing should begin the day after Initial Dose Escalation. If the patient is unable to begin Up-Dosing within 4 days, Initial Dose Escalation in a healthcare setting must be repeated. Up-Dosing is initiated at a 3 mg dose (Level 1) and consists of 11 dosing levels (Table 2). The first dose of each new level must be administered under the supervision of a healthcare professional in a healthcare setting where the patient is monitored for at least 60 minutes. If the new dose level is tolerated, the patient may continue daily dosing at that dose level at home. Up-Dosing is done over the course of approximately 22 weeks to achieve the maintenance dose of 300 mg.

Table 2. Daily Dosing Configuration for Up-Dosing.[1*]
[*] The first dose of each level is administered in a healthcare setting.

Maintenance. Following completion of all levels of Up-Dosing, the maintenance dose of Palforzia is 300 mg once daily (QD) supplied in a sachet.[1] Daily maintenance dosing is required to maintain Palforzia's effect. The patient should be contacted at regular intervals during maintenance dosing to assess for adverse reactions.

Dose Modification. The dose should not be modified during Initial Dose Escalation.[1] In some situations, dose modification may be appropriate during Up-Dosing or Maintenance. Palforzia should be discontinued in patients who are unable to tolerate at least the 3 mg dose during Initial Dose Escalation (e.g., patients with suspected eosinophilic esophagitis; patients unable to be compliant with daily dosing requirements; and patients who have recurrent asthma exacerbations or persistent loss of asthma control).

Availability

Palforzia is available as capsules containing 0.5 mg, 1 mg, 10 mg, 20 mg, and 100 mg of peanut protein and a sachet containing 300 mg of peanut protein. The capsules are supplied in an Initial Dose Escalation Kit (13 capsules of various strengths to facilitate dosing), as well as kits to accommodate each level of Up-Dosing and Maintenance. Contents of each kit are provided in the Quantity Limit table below. Office Dose Kits are also available to facilitate administration of each Up-Dosing level in the healthcare setting and are not targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Palforzia. The quantities listed in this policy are sufficient to accomplish a one-day initial dose escalation, each two week up-dosing level, or 30 days of maintenance treatment. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Palforzia Level 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 Up-Dosing Packs

1. If the patient requires greater than a 2 week Up-Dosing duration, approve the quantity listed below per dispensing.

Palforzia Initial Dose Pack, Palforzia 300 mg Maintenance Pack

No overrides recommended.

REFERENCES

1. Palforzia® capsules [prescribing information]. Brisbane, CA: Aimmune; March 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Alpha-Adrenergic Blockers – Doxazosin Drug Quantity Management Policy – Per Rx
- Cardura® (doxazosin tablets – Pfizer, generic)
- Cardura® XL (doxazosin extended-release tablets – Pfizer)

REVIEW DATE: 07/17/2023

OVERVIEW

Doxazosin (Cardura, generic) and Cardura XL are alpha$_1$ adrenergic antagonists.[1,2]

Doxazosin is indicated for:[1]
- **Benign prostatic hyperplasia** (BPH) signs and symptoms.
- **Hypertension** treatment.

Cardura XL is indicated for:[2]
- **BPH** signs and symptoms.

Dosing

Doxazosin (Cardura, generic)

For the management of signs and symptoms of BPH, the recommended initial dose of doxazosin is 1 mg once daily (QD).[1] Depending on the individual patient, the dose may be titrated at 1 to 2 week intervals to 2 mg QD, and thereafter to 4 mg and 8 mg QD. The maximum recommended dosage for BPH is 8 mg QD.

For the treatment of hypertension, the recommended initial dose of doxazosin is 1 mg QD. The dose may be doubled up to 16 mg QD, as needed, to achieve the desired reduction in blood pressure.

Cardura XL

The recommended initial dose of Cardura XL is 4 mg QD.[1] Based on the patient's response and tolerability, the dose may be titrated at an interval of 3 to 4 weeks to 8 mg QD, which is the maximum recommended dose. Cardura XL is not approved for hypertension. Cardura XL tablets must be swallowed whole and must not be chewed, divided, cut, or crushed.

Availability

Doxazosin (Cardura, generic) is available as 1 mg, 2 mg, 4 mg, 8 mg tablets.[1] Doxazosin tablets are scored. According to the dosing above, 30 of the 1 mg, 2 mg, or 4 mg tablets would supply enough drug for a 30-day supply of initial or maintenance therapy for patients taking 1 mg, 2 mg or 4 mg QD. If higher QD doses are needed, the patient should be referred to the next higher tablet strength. Overrides to the quantity limit are provided below. Additionally, 60 of the 8 mg tablets is a quantity sufficient for a 30-day supply at the maximum dose for hypertension, 16 mg QD.

Cardura XL is available as 4 mg and 8 mg extended-release tablets.[2] According to the dosing above, 30 of the 4 mg or 8 mg tablets would supply enough drug for a 30-day supply of initial or maintenance therapy for patients taking 4 mg or 8 mg QD.

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of doxazosin. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA
Doxazosin 1 mg tablets (Cardura, generic)

1. If the patient is taking doxazosin (Cardura, generic) twice daily, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 450 tablets per dispensing at retail or 1,350 tablets per dispensing at home delivery.
   Note: Doxazosin (Cardura, generic) is available as 1 mg, 2 mg, 4 mg, and 8 mg tablets. This override provides a quantity sufficient for a dose of up to 15 mg per day. The maximum recommended dose of doxazosin is 8 mg per day for benign prostatic hyperplasia (BPH) and 16 mg per day for hypertension. A patient who requires a dose of 16 mg per day should use the 8 mg tablets.

Doxazosin 2 mg tablets (Cardura, generic)

1. If the patient is taking doxazosin (Cardura, generic) twice daily, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 210 tablets per dispensing or 630 tablets per dispensing at home delivery.
   Note: Doxazosin (Cardura, generic) is available as 1 mg, 2 mg, 4 mg, and 8 mg tablets. This override provides a quantity sufficient for a dose of up to 14 mg per day. The maximum recommended dose of doxazosin is 8 mg per day for benign prostatic hyperplasia (BPH) and 16 mg per day for hypertension. A patient who requires a dose of 16 mg per day should be referred to the 8 mg tablets.

Doxazosin 4 mg tablets (Cardura, generic)

1. If the patient is taking doxazosin (Cardura, generic) twice daily, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
Note: Doxazosin (Cardura, generic) is available as 1 mg, 2 mg, 4 mg, and 8 mg tablets. This override provides a quantity sufficient for a dose of up to 12 mg per day. The maximum recommended dose of doxazosin is 8 mg per day for benign prostatic hyperplasia (BPH) and 16 mg per day for hypertension. A patient who requires a dose of 16 mg per day should be referred to the 8 mg tablets.

Doxazosin 8 mg tablets (Cardura, generic)
No overrides recommended.

Cardura XL 4 mg tablets
No overrides recommended.

Cardura XL 8 mg tablets
No overrides recommended.

REFERENCES

1. Cardura® tablets [prescribing information]. New York, NY: Pfizer; January 2022.
2. Cardura® XL extended-release tablets [prescribing information]. New York, NY: Pfizer; April 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Alpha-Adrenergic Blockers – Terazosin Drug Quantity Management Policy – Per Rx
- terazosin capsules (generic only)

REVIEW DATE: 02/15/2023

OVERVIEW

Terazosin is an alpha-1-selective adrenoceptor blocking agent indicated for:[1]
- Treatment of symptomatic **benign prostatic hyperplasia** (BPH).
- Treatment of **hypertension**, alone or in combination with other antihypertensive agents such as diuretics or beta-adrenergic blocking agents.

Dosing

For BPH or hypertension, the initial dose is 1 mg once daily (QD) at bedtime; this dose should not be exceeded initially.[1] Patients should be closely followed during initial administration in order to minimize the risk of severe hypotensive response. The dose of terazosin capsules and the dose interval (12 or 24 hours) should be adjusted according to the patient's individual blood pressure response. The usual recommended dose range for hypertension is 1 mg to 5 mg administered QD; however, some patients may benefit from up to 20 mg QD. Doses over 20 mg do not appear to provide further blood pressure effect and doses over 40 mg have not been studied. For BPH, the dose should be increased in stepwise fashion to 2 mg, 5 mg, and 10 mg QD to achieve desired improvement.

Availability

Terazosin capsules are available in strengths of 1 mg, 2 mg, 5 mg, and 10 mg.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of terazosin. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Terazosin 1 mg, 2 mg and 5 mg

1. If the patient is taking terazosin 1 mg, 2 mg, or 5 mg twice daily, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
Note: Patients may require twice daily dosing for adequate blood pressure control or may not tolerate once daily doses.

2. If the patient is taking a dose that does not correspond to a commercially-available dosage form, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Terazosin 10 mg

No overrides recommended.

REFERENCES

2. Terazosin capsules [prescribing information]. Chino, CA: Anpar; November 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Anti-Influenza – Oseltamivir Drug Quantity Management Policy – Per Rx
- Tamiflu® (oseltamivir capsules, powder for oral suspension – Genentech, generic)

REVIEW DATE: 03/29/2023

OVERVIEW

Oseltamivir (Tamiflu, generic), a neuraminidase inhibitor, is indicated for the following uses:[1]
- **Treatment of influenza A and B infection**, for patients with acute, uncomplicated illness who are ≥ 2 weeks of age and who have been symptomatic for ≤ 48 hours.
- **Prophylaxis of influenza A and B infection**, in patients ≥ 1 year of age.

Limitations of Use: Oseltamivir is not recommended for patients with end-stage renal disease not undergoing dialysis.

Dosing

Treatment[1]
- Patients ≥ 13 years of age: 75 mg twice daily (BID) for 5 days.
- Patients 2 weeks of age through 12 years of age: weight-based dose administered BID. Refer to the table below for weight-based dosing.

Prophylaxis[1]
- Patients ≥ 13 years of age: 75 mg once daily (QD) for at least 10 days for household exposure and up to 6 weeks for community outbreak. Oseltamivir may be used for up to 12 weeks in immunocompromised patients.
- Patients 1 year to 12 years of age: weight-based dose administered QD. Use for 10 days for household exposure and up to 6 weeks during a community outbreak.

Of note, dose adjustments are required for patients with renal dysfunction for both treatment and prophylaxis with oseltamivir.[1]

Table 1. Oseltamivir Dosage Recommendations for Treatment and Prophylaxis of Influenza.[1]
BID – Twice daily; NA – Not applicable; QD – Once daily.

Availability

Oseltamivir (Tamiflu, generic) is available as 30 mg, 45 mg, and 75 mg capsules in blister packs containing 10 capsules each.[1] It is also available as an oral suspension that is supplied as a powder, which after reconstitution delivers a total usable volume of 60 mL (6 mg/mL).

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of oseltamivir (Tamiflu, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

[α] Twenty of the 30 mg capsules is a quantity sufficient for 5 days of treatment or 10 days of prophylaxis for patients who need a 30 mg or 60 mg dose; [†] Ten of the 45 mg or 75 mg capsules is quantity sufficient for 5 days of treatment or 10 days of prophylaxis; [β] Three 60 mL bottles of oral suspension is a quantity sufficient for 5 days of treatment or 10 days of prophylaxis for a patient who requires up to a 75 mg dose.

CRITERIA

Oseltamivir (Tamiflu, generic)

1. If the patient requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 6 weeks of therapy at retail or home delivery (refer to the table below for the override quantity) between November 1st and March 31st if, according to the prescriber, there has been a CDC-confirmed outbreak in the patient's community.

~~**2.**~~ If the patient resides in a long-term care facility and requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 6 weeks of therapy at retail or home delivery (refer to the table below for the override quantity), between November 1st and March 31st.

~~3.~~ If the patient is immunocompromised and requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 12 weeks of therapy at retail or home delivery (refer to the table below for the override quantity).

EXCLUSIONS

Approval of additional quantities of oseltamivir (Tamiflu, generic) is NOT recommended in the following situations:

1. No overrides are recommended for the treatment of influenza.
Note: The initial quantity limits allow for a quantity sufficient for one standard treatment course.

REFERENCES

1. Tamiflu® capsules, oral suspension [prescribing information]. South San Francisco, CA: Genentech; August 2019.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Anti-Influenza – Relenza Drug Quantity Management Policy – Per Rx
- Relenza® (zanamivir inhalation powder– GlaxoSmithKline)

REVIEW DATE: 03/29/2023

OVERVIEW

Relenza, a neuraminidase inhibitor, is indicated for the following uses:[1]

- **Treatment of influenza A and B infection**, for patients with uncomplicated acute illness who are ≥ 7 years of age and who have been symptomatic for ≤ 2 days.
- **Prophylaxis of influenza A and B infection**, in patients ≥ 5 years of age.

Limitations of Use: Relenza is not recommended for use in persons with underlying airway disease (e.g., asthma, chronic obstructive pulmonary disease) due to risk of serious bronchospasm. It has also not been proven to be effective for treatment of influenza for patients with underlying airway disease or for treatment of influenza in the nursing home setting.

Dosing

Treatment[1]

- 10 mg (2 inhalations) once daily (QD) for 10 days.

Prophylaxis[1]

- Household setting: 10 mg QD for 10 days.
- Community outbreak: 10 mg QD for 28 days.

Availability

Each oral inhalation blister of Relenza delivers 5 mg of zanamivir.[1] Each circular double-foil pack (a Rotadisk) contains 4 blisters of drug. Five Rotadisks are packaged in a white tube, which is packaged in a box with one Diskhaler inhalation device.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Relenza. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Automation: None.

Drug Quantity Limits

[α] Twenty inhalations are adequate to supply one treatment course or 10 days of prophylaxis.

CRITERIA

1. If the patient requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 1 month of therapy (up to 60 inhalations [3 boxes]) at retail or home delivery between November 1st and March 31st if, according to the prescriber, there has been a CDC-confirmed outbreak in the patient's community.

2. If the patient resides in a long-term care facility and requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 1 month of therapy (up to 60 inhalations [3 boxes]) at retail or home delivery between November 1st and March 31st.

EXCLUSIONS

Approval of additional quantities of Relenza is NOT recommended in the following situations:

2. No overrides are recommended for the treatment of influenza.
Note: Initial quantity limits allow for a quantity sufficient for one standard treatment course.

REFERENCES

2. Relenza® for oral inhalation [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2021.

CDC – Centers for Disease Control and Prevention.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Anti-Influenza Drug Quantity Management Policy – Per Days
- Relenza® (zanamivir inhalation powder – GlaxoSmithKline)
- Tamiflu® (oseltamivir capsules, powder for oral suspension – Genentech, generic)
- Xofluza® (baloxavir marboxil tablets – Genentech)

REVIEW DATE: 03/24/2023

OVERVIEW

Table 1. Indications of the Anti-Influenza Agents.[1,2,10]
ESRD – End-stage renal disease; COPD – Chronic obstructive pulmonary disease.

Dosing

Oseltamivir

Treatment[1]
- Patients ≥ 13 years of age: 75 mg twice daily (BID) for 5 days.
- Patients 2 weeks of age through 12 years of age: weight-based dose administered BID. Refer to table below for weight-based dosing.

Prophylaxis[1]
- Patients ≥ 13 years of age: 75 mg once daily (QD) for at least 10 days for household exposure and up to 6 weeks for community outbreak. Oseltamivir may be used for up to 12 weeks in immunocompromised patients.
- Patients 1 year to 12 years of age: weight-based dose administered QD. Use for 10 days for household exposure and up to 6 weeks during a community outbreak.

Of note, dose adjustments are required for patients with renal dysfunction for both treatment and prophylaxis with oseltamivir.[1]

Table 2. Oseltamivir Dosage Recommendations for Treatment and Prophylaxis of Influenza.[1]
BID – Twice daily; NA – Not applicable; QD – Once daily.

Relenza

Treatment[2]
- 10 mg (2 inhalations) QD for 10 days.

Prophylaxis[2]
- Household setting: 10 mg QD for 10 days.
- Community outbreak: 10 mg QD for 28 days.

Xofluza

Treatment and Prophylaxis[3]

Single dose of the following:
- Patient weighing < 20 kg: 2 mg/kg once.
- Patient weighing 20 kg to < 80 kg: 40 mg once.
- Patient weighing ≥ 80 kg: 80 mg once.

Availability

Oseltamivir (Tamiflu, generic) is available as 30 mg, 45 mg, and 75 mg capsules in blister packs containing 10 capsules each.[1] It is also available as an oral suspension that is supplied as a powder, which after reconstitution delivers a total usable volume of 60 mL (6 mg/mL).

Each oral inhalation blister of Relenza delivers 5 mg of zanamivir.[1] Each circular double-foil pack (a Rotadisk) contains 4 blisters of drug. Five Rotadisks are packaged in a white tube, which is packaged in a box with one Diskhaler inhalation device.

Xofluza is available as 20 mg, 40 mg, and 80 mg tablets.[10] The 40 mg and 80 mg tablets are available as single tablets. There is also a 40 mg dose pack (2 x 20 mg tablets in a blister card) and an 80 mg dose pack (2 x 40 mg tablets in a blister card). Of note, a Xofluza 2 mg/mL oral suspension has been approved by the FDA to facilitate dosing in younger patients. However, this dosage form is not currently available.

Guidelines

The Centers for Disease Control and Prevention (CDC) recommended duration for antiviral treatment is 5 days for Tamiflu and Relenza.[4] However, longer dosing may be considered for patients who remain severely ill following 5 days of treatment. Treatment with Xofluza is given as a single-dose. The recommended duration of chemoprophylaxis with the antiviral agents is 7 days after last known exposure. For outbreak control in institutional settings (e.g., long-term care facilities) and hospitals, chemoprophylaxis is recommended with Tamiflu or Relenza for a minimum of 2 weeks and continuing up to 1 week after the last known case was identified. With Xofluza, a single-dose of post-exposure prophylaxis is recommended.

In the United States, influenza is most common during the fall and winter.[5] Most often, influenza activity peaks between December and January. Therefore, two influenza seasons can occur within the same 365-day period. Based on this, a quantity limit of up to two treatment courses per 365 days is placed on these agents.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent the stockpiling, misuse, and/or overuse of oseltamivir (Tamiflu, generic), Relenza, and Xofluza. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Automation: None.

Drug Quantity Limits

$^{\alpha}$ 40 of the 30 mg capsules is a quantity sufficient for two courses per year of 5 days of treatment or 10 days of prophylaxis for patients who need a 30 mg or 60 mg dose; † 20 of the 45 mg or 75 mg capsules is quantity sufficient for two courses per year of 5 days of treatment or 10 days of prophylaxis; $^{\beta}$ Six 60 mL bottles of oral suspension is a quantity sufficient for two courses per year of 5 days of treatment or 10 days of prophylaxis for a patient who requires up to a 75 mg dose; $^{\Delta}$ 40 inhalations is a quantity sufficient for two treatment courses per year or up to 20 days of prophylaxis; $^{\Omega}$ Two dose packs or two tablets is a quantity sufficient to provide for up to two single-dose treatment or prophylaxis doses per year.

CRITERIA

Oseltamivir (Tamiflu, generic)

1. If the patient remains severely ill and requires a longer treatment course, approve an override for an additional course of treatment at retail or home delivery (refer to the table below for the override quantity) between November 1st and March 31st.

2. If the patient requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 6 weeks of therapy at retail or home delivery (refer to the table below for the override quantity) between November 1st and March 31st if, according to the prescriber, there has been a CDC-confirmed outbreak in the patient's community.

3. If the patient resides in a long-term care facility and requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 6 weeks of therapy at retail or home delivery (refer to the table below for the override quantity), between November 1st and March 31st.

4. If the patient is immunocompromised and requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 12 weeks of therapy at retail or home delivery (refer to the table below for the override quantity).

Relenza

1. If the patient remains severely ill and requires a longer treatment course, approve an override for an additional course of treatment (20 inhalations [1 box]) at retail or home delivery between November 1st and March 31st.

2. If the patient requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 1 month of therapy (up to 60 inhalations [3 boxes]) at retail or home delivery between November 1st and March 31st if, according to the prescriber, there has been a CDC-confirmed outbreak in the patient's community.

3. If the patient resides in a long-term care facility and requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 1 month of therapy (up to 60 inhalations [3 boxes]) at retail or home delivery, between November 1st and March 31st.

Xofluza

No overrides recommended.

REFERENCES

3. Tamiflu® capsules, oral suspension [prescribing information]. South San Francisco, CA: Genentech; August 2019.
4. Relenza® for oral inhalation [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2021.
5. Xofluza® tablets [prescribing information]. South San Francisco, CA: Genentech; August 2022.
6. Centers for Disease Control and Prevention. 2022-2023 influenza antiviral medications: summary for clinicians. Accessed February 27, 2023. Available at: https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm.
7. Centers for Disease Control and Prevention. Flu season. Updated September 20, 2022. Accessed February 27, 2023. Available at: https://www.cdc.gov/flu/about/season/flu-season.htm.

CDC – Centers for Disease Control.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antidepressants – Bupropion Long-Acting Drug Quantity Management Policy – Per Rx
- Aplenzin® (bupropion hydrobromide extended-release tablets – Bausch Health)
- Forfivo XL® (bupropion hydrochloride extended-release tablets – Pillar5Pharma/Almatica)
- Wellbutrin SR® (bupropion hydrochloride sustained-release tablets – GlaxoSmithKline, generic)
- Wellbutrin XL® (bupropion hydrochloride extended-release tablets – Bausch Health, generic)

REVIEW DATE: 06/26/2023

OVERVIEW

FDA-approved indications of the bupropion long-acting antidepressants are in Table 1.

Table 1. FDA-Approved Indications of the Bupropion Long-Acting Products.[1-4]
* Indicated for prevention of seasonal affective disorder.

Dosing

Aplenzin

Major Depressive Disorder
- Starting dose: 174 mg once daily (QD) [equivalent to 150 mg bupropion HCl]. After 4 days, may increase the dose to 348 mg QD.
- Usual target dose: 348 mg QD (equivalent to 300 mg bupropion HCl). The dose should not exceed 522 mg QD (equivalent to 450 mg bupropion HCl).

Seasonal Affective Disorder
- Aplenzin should be initiated in the fall, prior to the onset of seasonal depressive symptoms.
- Starting dose: 174 mg QD (equivalent to 150 mg bupropion HCl). After 1 week, may increase the dose to 348 mg QD.
- Usual target dose: 348 mg QD (equivalent to 300 mg bupropion HCl). Treatment should continue through the winter season. The dose should not exceed 522 mg QD (equivalent to 450 mg bupropion HCl).

Dose Reductions
- Moderate to severe hepatic impairment: maximum dose of 174 mg every other day.
- Mild hepatic impairment or renal impairment: consider a dose and/or frequency reduction.

Forfivo XL

Major Depressive Disorder
- As the 450 mg tablet is the only available dose, treatment should not be initiated with Forfivo XL. Another bupropion formulation should be used for initial dose titration.
- Forfivo XL may be used in patients who are receiving 300 mg/day of another bupropion formulation for ≥ 2 weeks and who require a dose of 450 mg/day.
- The recommended dose of Forfivo XL is 450 mg QD without regard to meals. Do not crush, divide, or chew Forfivo XL; swallow tablets whole.
- Periodically, reassess the dose and need for maintenance treatment.
- Use of Forfivo XL is not recommended in patients with hepatic or renal impairment.

Bupropion sustained-release tablets (Wellbutrin SR, generic)

Major Depressive Disorder

- Starting dose: 150 mg/day. After 3 days, may increase the dose to 300 mg/day, given as 150 mg twice daily (BID) at an interval of at least 8 hours.
- Usual target dose: 300 mg/day as 150 mg BID. If the patient does not respond to 300 mg/day, the dose may be increased. However, the dose should not exceed 400 mg/day, given as 200 mg BID.
- Periodically, reassess the dose and need for maintenance treatment.

Dose Reductions

- Moderate to severe hepatic impairment: 100 mg QD or 150 mg every other day.
- Mild hepatic impairment or renal impairment: consider a dose and/or frequency reduction.

Bupropion extended-release tablets (Wellbutrin XL, generic)

Major Depressive Disorder

- Starting dose: 150 mg QD. After 4 days, may increase the dose to 300 mg QD.
- Usual target dose: 300 mg QD. The dose should not exceed 450 mg QD.

Seasonal Affective Disorder

- Bupropion extended-release tablets should be initiated in the fall, prior to the onset of seasonal depressive symptoms.
- Starting dose: 150 mg QD. After 1 week, may increase the dose to 300 mg QD.
- Usual target dose: 300 mg QD. Treatment should continue through the winter season. The dose should not exceed 450 mg QD.

Dose Reductions

- Moderate to severe hepatic impairment: 150 mg every other day.
- Mild hepatic impairment or renal impairment: consider a dose and/or frequency reduction.

Availability

Aplenzin is available as 174 mg, 348 mg, and 522 mg extended-release tablets.[1] Forfivo XL is available as a 450 mg extended-release tablet.[2] Sustained-release bupropion (Wellbutrin SR, generic) is available as 100 mg, 150 mg, and 200 mg tablets.[3] Extended-release bupropion (Wellbutrin XL, generic) is available as 150 mg and 300 mg tablets.[4]

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of bupropion. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Aplenzin 174 mg, 348 mg, and 522 mg tablets
No overrides recommended.

Forfivo XL 450 mg
No overrides recommended.

Bupropion HCl 100 mg sustained-release tablets (Wellbutrin SR, generic)
1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing, not to exceed 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.
Note: An example of this situation is a patient taking 200 mg in the morning and 100 mg in the evening. The patient would require a quantity of 3 tablets per day, for a total of 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Bupropion HCl 150 mg sustained-release tablets (Wellbutrin SR, generic)
1. If the patient requires a dose of 450 mg per day, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home deliver.

Bupropion HCl 200 mg sustained-release tablets (Wellbutrin SR, generic)
No overrides recommended.

Bupropion HCL 150 mg extended-release tablets (Wellbutrin XL, generic)

1. If the patient requires a dose of 450 mg per day, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Bupropion HCL 300 mg extended-release tablets (Wellbutrin XL, generic)

No overrides recommended.

REFERENCES

1. Aplenzin® extended-release tablets [prescribing information]. Bridgewater, NJ: Bausch Health; March 2022.
2. Forfivo XL® extended-release tablets [prescribing information]. Pine Brook, NJ: Almatica; December 2019.
3. Wellbutrin SR® sustained-release tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December.
4. Wellbutrin XL® extended-release tablets [prescribing information]. Bridgewater, NJ: Bausch Health; March 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antidepressants – Selective Serotonin Reuptake Inhibitors Drug Quantity Management Policy – Per Rx

- Brisdelle® (paroxetine mesylate capsules – Sebela, generic)
- Celexa® (citalopram tablets – Forest/Allergan, generic)
- citalopram capsules (Almatica)
- fluoxetine tablets (generic only [to discontinued brand Prozac])
- fluoxetine tablets (generic only [to discontinued brand Sarafem])
- fluvoxamine tablets (generic only)
- fluvoxamine extended-release capsules (generic only)
- Lexapro® (escitalopram tablets – AbbVie, generic)
- Paxil® (paroxetine hydrochloride tablets – Apotex, generic)
- Paxil CR® (paroxetine hydrochloride controlled-release tablets – Apotex, generic)
- Pexeva® (paroxetine mesylate tablets – Sebela)
- fluoxetine 90 mg delayed-release capsules (generic only)
- Prozac® (fluoxetine capsules – Lilly, generic)
- Trintellix® (vortioxetine tablets – Takeda)
- Viibryd® (vilazodone tablets – Allergan, generic)
- Zercapli™ (sertraline capsules – Almatica, generic)
- Zoloft® (sertraline tablets – Viatris, generic)

REVIEW DATE: 12/14/2023

OVERVIEW

The FDA-approved indications of the selective serotonin reuptake inhibitors (SSRIs) are in Table 1.

Table 1. FDA-Approved Indications of the SSRIs.[1-17]

Table 1 (continued). FDA-Approved Indications of the SSRIs.[1-17]
SSRIs – Selective serotonin reuptake inhibitors; MDD – Major Depressive Disorder; OCD – Obsessive compulsive disorder; PTSD – Posttraumatic stress disorder; SAD – Social anxiety disorder; GAD – Generalized anxiety disorder; PMDD – Premenstrual dysphoric disorder; VMS – Vasomotor symptoms; † FDA-approved indication includes children and adolescents; α FDA-approved indication includes adults and adolescents 12 to 17 years of age; * Approved for the prevention of relapse during the continuation treatment phase of depression.

Dosing and Availability
Dosing and availability for the SSRIs is in the Drug Quantity Limits table below.

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the selective serotonin reuptake inhibitors. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless otherwise noted below.

Automation: None.

Drug Quantity Limits
Drug Quantity Limits (continued)
Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)
VMS – Vasomotor symptoms; QHS – Once daily at bedtime; MDD – Major depressive disorder; QD – Once daily; OCD – Obsessive compulsive disorder; GAD – Generalized anxiety disorder; PTSD – Posttraumatic stress disorder; SAD – Social anxiety disorder; QW – Once weekly; PMDD – Premenstrual dysphoric disorder.

CRITERIA

Citalopram 10 mg tablets (Celexa, generic)
1. If the patient requires the dose to be divided two times daily, approve a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient taking 30 mg per day (three 10 mg tablets), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Citalopram 20 mg tablets (Celexa, generic)
1. If the patient requires the dose to be divided two times daily, approve a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient is receiving a 30 mg daily dose, approve 45 tablets per dispensing at retail or 135 tablets per dispensing at home delivery.
3. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more

strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Citalopram 30 mg capsules
No overrides recommended.
Note: Citalopram capsules should not be used to initiate treatment as the only strength available is 30 mg. Another citalopram product should be used for initial dosing, titration, and any dose other than 30 mg once daily.

Citalopram 40 mg tablets (Celexa, generic)

1. If the patient is receiving a 60 mg daily dose, approve up to 45 tablets per dispensing at retail or 135 tablets per dispensing at home delivery.
2. If the patient has been receiving 60 mg per day and the dose is now being increased to > 60 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing.

Escitalopram 5 mg tablets (Lexapro, generic)

1. If the patient requires the dose to be divided two times daily, approve a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving 15 mg daily, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Escitalopram 10 mg tablets (Lexapro, generic)

1. If the patient requires the dose to be divided two times daily, approve a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve for the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving 30 mg daily, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Escitalopram 20 mg tablets (Lexapro, generic)

1. If the patient has already been started and stabilized on a dose > 20 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 20 mg per day and the dose is now being increased to > 20 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Fluoxetine 10 mg tablets and capsules (Prozac capsules, generics to discontinued Prozac tablets and Sarafem)

Note: Fluoxetine 10 mg tablets (generic to discontinued Sarafem) share the same coding values with fluoxetine 10 mg capsules/tablets (generics to Prozac) and fluoxetine 20 mg tablets (generic to discontinued Sarafem) share the same coding with fluoxetine 20 mg capsules/tablets (generics to Prozac). A patient taking a single daily dose of 20 mg or 40 mg should use the 20 mg (tablets/capsules) or 40 mg (capsules) strengths, respectively. While fluoxetine tablets (generic to discontinued Sarafem) are packaged blister packs of 28-day supplies, the packages *are* breakable, if the prescriber writes for a 30-day supply and the dispensing pharmacist wishes to break a package. Further, fluoxetine tablets (generic to discontinued Sarafem) can be dosed continuously.

1. If the patient requires the dose to be divided two or three times daily, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient taking a dose of 10 mg twice daily, approve up to 60 tablets or capsules per dispensing at retail or 180 tablets or capsules per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, if the patient is taking 30 mg daily, either once daily or as a divided dose (i.e., 20 mg in the morning and 10 mg in the evening [three capsules or tablets per day]), approve 90 capsules or tablets per dispensing at retail or 270 capsules or tablets per dispensing at home delivery.

Fluoxetine 40 mg capsules (Prozac, generic)

1. If the patient has already been started and stabilized on a dose > 80 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 80 mg per day and the dose is now being increased to > 80 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Fluoxetine 20 mg capsules and 60 mg tablets

No overrides recommended.

Fluoxetine 90 mg delayed release capsules (Prozac Weekly, generic)

1. If the patient has already been receiving 90 mg twice weekly, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 90 mg once weekly and the dose is now being increased to 90 mg twice weekly, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Fluvoxamine 25 mg tablets

No overrides recommended.

Note: Patients receiving a dose of 100 mg, 150 mg, or 200 mg should use the 100 mg tablets.

Fluvoxamine 50 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving 75 mg twice daily (3 tablets per day), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Fluvoxamine 100 mg tablets

1. If the patient has already been started and stabilized on a dose > 300 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 300 mg per day and the dose is now being increased to > 300 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Fluvoxamine 100 mg extended-release capsules

No overrides recommended.

Fluvoxamine 150 mg extended-release capsules

1. If the patient has already been started and stabilized on a dose > 300 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 300 mg per day and the dose is now being increased to > 300 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Paroxetine mesylate 7.5 mg capsules (Brisdelle, generic)
No overrides recommended.

Paroxetine 10 mg tablets (Paxil, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: The 10 mg tablets and 20 mg tablets are scored. For example, if the patient is taking a dose of 10 mg in the morning and 20 mg in the evening (three 10 mg tablets per day), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Paroxetine 20 mg tablets (Paxil, generic)

1. If the patient requires the dose to be divided two or three times daily, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient taking a dose of 20 mg in the morning and 40 mg in the evening (three 20 mg tablets per day), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply at home delivery.
   Note: The 10 mg tablets and 20 mg tablets are scored. For example, if the patient taking a dose of 20 mg in the morning and 40 mg in the evening (three 20 mg tablets per day), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Paroxetine 30 mg tablets (Paxil, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply at home delivery.

Paroxetine 40 mg tablets (Paxil. generic)

1. If the patient has already been started and stabilized on a dose > 60 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 60 mg per day and the dose is now being increased to > 60 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Pexeva 10 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: The 20 mg tablets are scored and can be divided. For example, if the patient was taking a dose of 10 mg in the morning and 20 mg in the evening (three 10 mg tablets per day), then approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Pexeva 20 mg tablets

1. If the patient requires the dose to be divided two or three times daily, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or 90-day supply per dispensing at home delivery.
   Note: For example, for a patient taking a dose of 20 mg in the morning and 40 mg in the evening (three 20 mg tablets per day), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving Pexeva 50 mg daily (i.e., two and one-half of the 20 mg tablets per day), approve 75 of the 20 mg tablets for a 30-day supply per dispensing. The 20 mg tablets are scored and can be divided. For example, for a patient taking a dose of 20 mg in the morning and 40 mg in the evening (three 20 mg tablets per day), approve 90 tablets for a 30-day supply per dispensing.

Pexeva 30 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Pexeva 40 mg tablets

1. If the patient has already been started and stabilized on a dose > 60 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 60 mg per day and the dose is now being increased to > 60 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Paroxetine 12.5 mg controlled-release tablets (Paxil CR, generic)

1. If the patient requires the dose to be divided two or three times daily, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient taking a dose of 25 mg in the morning and 12.5 mg in the evening (three 12.5 mg tablets per day), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply at home delivery.
   Note: For example, for a patient receiving 62.5 mg once daily (i.e., five of the 12.5 mg tablets), approve 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery.

Paroxetine 25 mg controlled-release tablets (Paxil CR, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: A patient taking 75 mg once daily should use the 37.5 mg controlled-release tablets.

Paroxetine 37.5 mg controlled-release tablets (Paxil CR, generic)

1. If the patient has already been started and stabilized on a dose > 75 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 75 mg per day and the dose is now being increased to > 75 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Sertraline 25 mg tablets (Zoloft, generic)
No overrides recommended.

Sertraline 50 mg tablets (Zoloft, generic)
1. If the patient requires the dose to be divided two or three times daily, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, if a patient is taking a dose of 125 mg per day (two and one-half 50 mg tablets per day), approve 75 tablets per dispensing at retail or 225 tablets per dispensing at home delivery.

Sertraline 100 mg tablets (Zoloft, generic)
1. If the patient has already been started and stabilized on a dose > 200 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 200 mg per day and the dose is now being increased to > 200 mg per day (e.g., 250 mg or 300 mg per day), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Sertraline 150 mg and 200 mg capsules (Zercapli, generic)
No overrides recommended.

Trintellix 5 mg and 10 mg tablets
1. If the patient requires the dose to be divided two times daily, approve dispensing 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving Trintellix 15 mg per day (i.e., three 5 mg tablets), approve 90 of the 5 mg tablets for a 30-day supply per dispensing.

Trintellix 20 mg tablets
1. If the patient has already been started and stabilized on a dose > 20 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 20 mg per day and the dose is now being increased to > 20 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Vilazodone 10 mg and 20 mg tablets (Viibryd, generic)

1. If the patient requires the dose to be divided two times daily, approve a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths should be used), approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
   Note: For example, if the patient is 30 mg per day, approve 90 of the 10 mg tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Vilazodone 40 mg tablets (Viibryd, generic)

1. If the patient has already been started and stabilized on a dose > 40 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient has been receiving 40 mg per day and the dose is now being increased to > 40 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Viibryd Starter Kits

No overrides recommended.

REFERENCES

3. Brisdelle® capsules [prescribing information]. Roswell, GA: Sebela; August 2023.
4. Celexa® tablets [prescribing information]. Madison, NJ: Allergan; August 2023.
5. Lexapro® tablets/oral solution [prescribing information]. North Chicago, IL: AbbVie; August 2023.
6. Fluvoxamine tablets [prescribing information]. Weston, FL: Apotex; September 2023.
7. Fluvoxamine extended-release capsules [prescribing information]. Parsippany, NJ: Actavis; October 2023.
8. Paxil® tablets [prescribing information]. Weston, FL: Apotex; August 2023.
9. Paxil CR® controlled-release tablets [prescribing information]. Weston, FL: Apotex; August 2023.
10. Pexeva® tablets [prescribing information]. Roswell, GA: Sebela; August 2023.
11. Prozac® capsules [prescribing information]. Indianapolis, IN: Eli Lilly; August 2023.
12. Fluoxetine tablets [prescribing information]. Maple Grove, MN: Upsher-Smith; August 2023.
13. Sarafem® tablets [prescribing information]. Irvine, CA: Allergan; September 2021.
14. Fluoxetine delayed-release capsules [prescribing information]. Bachupally, India: Dr. Reddy's; August 2023.
15. Trintellix® tablets [prescribing information]. Lexington, MA: Takeda; August 2023.
16. Viibryd® tablets [prescribing information]. Madison, NJ: Allergan; August 2023.
17. Zoloft® tablets [prescribing information]. Morgantown, WV: Viatris; August 2023.
18. Sertraline capsules [prescribing information]. Morristown, NJ: Almatica; August 2023.
19. Citalopram capsules [prescribing information]. Morristown, NJ: Almatica; August 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antidepressants – Serotonin and Norepinephrine Reuptake Inhibitors Drug Quantity Management Policy – Per Rx

- Cymbalta® (duloxetine delayed-release capsules – Lilly, generic)
- Desvenlafaxine extended-release tablets (Sun/Ranbaxy [brand product])
- Drizalma Sprinkle™ (duloxetine delayed-release capsules - Sun)
- Duloxetine 40 mg delayed-release capsules (generic only)
- Effexor® XR (venlafaxine extended-release capsules – Wyeth/Pfizer, generic)
- Fetzima® (levomilnacipran extended-release capsules – Forest)
- Pristiq® (desvenlafaxine succinate extended-release tablets – Wyeth/Pfizer, generic)
- Savella® (milnacipran tablets – Allergan)
- Venlafaxine besylate extended-release tablets (Almatica [brand product])
- Venlafaxine hydrochloride tablets (generic only)
- Venlafaxine hydrochloride extended-release tablets (generic only)

REVIEW DATE: 06/08/2023

OVERVIEW

All of the serotonin and norepinephrine reuptake inhibitors (SNRIs), with the exception of Savella, are indicated for the treatment of Major Depressive Disorder (MDD).[1-10] Some of the SNRIs carry additional indications (Table 1).

Table 1. FDA-Approved Indications in Adults.[1-10]

Table 1. FDA-Approved Indications in Adults.[1-10]
MDD – Major Depressive Disorder; GAD – Generalized Anxiety Disorder; DPN – Diabetic Peripheral Neuropathy; ^ Approved for use in patients ≥ 7 years of age with GAD; # Approved for use in patients ≥ 13 years of age with fibromyalgia.

Dosing and Availability
Dosing and availability for the SNRIs is in the Drug Quantity Limits table below.

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the serotonin and norepinephrine reuptake inhibitors. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless otherwise noted below.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

[α] When possible, the patient should be referred to higher strength capsule/tablet if a higher dose is needed. MDD – Major depressive disorder; BID – Twice daily; QD – Once daily; GAD – Generalized Anxiety Disorder; DPNP – Diabetic peripheral neuropathy pain; ESRD – End-stage renal disease.

CRITERIA

Duloxetine 20 mg delayed-release capsules (Cymbalta, generic), Drizalma Sprinkle 20 mg delayed-release capsules

1. If the patient is taking 40 mg twice daily, approve 120 capsules per dispensing at retail and 360 capsules per dispensing at home delivery.
2. If the patient is taking 20 mg three times daily or is taking a 40 mg dose and a 20 mg dose per day, approve 90 capsules per dispensing at retail and 270 capsules per dispensing at home delivery.
3. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 180 capsules per dispensing at retail or 540 capsules per dispensing at home delivery.

Note: This override provides for a dose up to 120 mg per day.

Duloxetine 30 mg delayed-release capsules (Cymbalta, generic), Drizalma Sprinkle 30 mg delayed-release capsules

1. If the patient is taking 30 mg twice daily, approve 60 capsules per dispensing at retail and 180 capsules per dispensing at home delivery.
2. If the patient is taking 30 mg three times daily or is taking a 60 mg dose and a 30 mg dose per day, approve 90 capsules per dispensing at retail and 270 capsules per dispensing at home delivery.
3. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

Note: This override provides for a dose up to 120 mg per day.

Duloxetine 40 mg delayed-release capsules (generic to discontinued Irenka), Drizalma Sprinkle 40 mg delayed-release capsules

1. If the patient is taking a dose of 80 mg per day, approve 60 capsules per dispensing at retail and 180 capsules per dispensing at home delivery.

Duloxetine 60 mg delayed-release capsules (Cymbalta, generic), Drizalma Sprinkle 60 mg delayed-release capsules

No overrides recommended.

Desvenlafaxine 25 mg extended-release tablets (Pristiq, generic)

3. If the patient requires the dose to be divided twice daily, approve the requested quantity, not to exceed 480 tablets per dispensing at retail or 1,440 tablets per dispensing at home delivery.

Note: This override provides for a dose up to 400 mg per day.

4. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 480 tablets per dispensing at retail or 1,440 tablets per dispensing at home delivery.

Note: This override provides for a dose up to 400 mg per day.

Desvenlafaxine 50 mg extended-release tablets and desvenlafaxine 50 mg extended-release tablets (Pristiq, generic)

1. If the patient requires the dose to be divided twice daily, approve the requested quantity, not to exceed 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.

Note: This override provides for a dose up to 400 mg per day.

2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.

Note: This override provides for a dose up to 400 mg per day.

Desvenlafaxine 100 mg extended-release tablets and desvenlafaxine 100 mg extended-release tablets (Pristiq, generic)

1. If the patient has been started and stabilized on a dose greater than 100 mg per day or if the patient has been receiving 100 mg daily and the dose is now being increased, approve the requested quantity, not to exceed 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.

Note: This override provides for a dose up to 400 mg per day.

Venlafaxine HCl 25 mg immediate-release tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 450 tablets per dispensing at retail or 1,350 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 375 mg per day.

Venlafaxine HCl 37.5 mg immediate-release tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 300 tablets per dispensing at retail or 900 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 375 mg per day.

Venlafaxine HCl 50 mg immediate-release tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 210 tablets per dispensing at retail or 630 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 350 mg per day.

Venlafaxine HCl 75 mg immediate-release tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 375 mg per day.

2. If the patient has been started and stabilized on a dose greater than 300 mg per day or if the patient has been receiving 300 mg per day and the dose is now being increased, approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 375 mg per day.

Venlafaxine HCl 100 mg immediate-release tablets

No overrides recommended.

Venlafaxine HCl 37.5 mg extended-release capsules (Effexor XR, generic)

1. If the patient is taking 37.5 mg twice daily, approve 60 capsules per dispensing at retail and 180 capsules per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 300 capsules per dispensing at retail or 900 capsules per dispensing at home delivery.
Note: This override provides for a dose up to 375 mg per day.

Venlafaxine HCl 75 mg extended-release capsules (Effexor XR, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 150 capsules per dispensing at retail or 450 capsules per dispensing at home delivery.
   Note: This override provides for a dose up to 375 mg per day.
2. If the patient has been started and stabilized on a dose greater than 225 mg per day or if the patient has been receiving 225 mg daily and the dose is now being increased, approve the requested quantity, not to exceed 150 capsules per dispensing at retail or 450 capsules per dispensing at home delivery.
   Note: This override provides for a dose up to 375 mg per day.

Venlafaxine HCl 150 mg extended-release capsules (Effexor XR, generic)

1. If the patient has been started and stabilized on a dose greater than 225 mg per day or if the patient has been receiving 225 mg per day and the dose is now being increased, approve the requested quantity, not to exceed 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
   Note: This override provides for a dose up to 300 mg per day.

Venlafaxine HCl 37.5 mg extended-release tablets (generic)

1. If the patient is taking 37.5 mg twice daily, approve 60 capsules per dispensing at retail and 180 tablets per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 300 tablets per dispensing at retail or 900 tablets per dispensing at home delivery.
   Note: This override provides for a dose up to 375 mg per day.

Venlafaxine HCl 75 mg extended-release tablets (generic)

1. If the patient is taking 75 mg twice daily, approve 60 capsules per dispensing at retail and 180 tablets per dispensing at home delivery.
2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery.
   Note: This override provides for a dose up to 375 mg per day.
3. If the patient has been started and stabilized on a dose greater than 225 mg per day or if the patient has been receiving 225 mg per day and the dose is now being increased, approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery.
   Note: This override provides for a dose up to 375 mg per day.

Venlafaxine HCl 150 mg extended-release tablets (generic)

1. If the patient is taking 300 mg per day (as a single or divided dose), approve 60 tablets per dispensing at retail and 180 tablets per dispensing at home delivery.

Venlafaxine HCl 225 mg extended-release tablets

No overrides recommended.

Venlafaxine besylate 112.5 mg extended-release tablets

1. If the patient is taking 225 mg per day (as a single or divided dose), approve 60 tablets per dispensing at retail and 180 tablets per dispensing at home delivery.

Fetzima 20 mg extended-release capsules

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 150 capsules per dispensing at retail or 450 capsules per dispensing at home delivery.
Note: This override provides for a dose up to 100 mg per day.

Fetzima 40 mg extended-release capsules

1. If the patient requires a dose of 40 mg twice daily, approve 60 capsules per dispensing at retail and 180 capsules per dispensing at home delivery.
2. If the patient requires a dose of 40 mg three times daily, approve 90 capsules per dispensing at retail and 270 capsules per dispensing at home delivery.

Fetzima 80 mg and 120 mg extended-release capsules and Fetzima Titration Pack
No overrides recommended.

Savella 12.5 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 480 tablets per dispensing at retail or 1,440 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 200 mg per day.

Savella 25 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 200 mg per day.

Savella 50 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths be used), approve the requested quantity, not to exceed 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.
Note: This override provides for a dose up to 200 mg per day.

Savella 100 mg tablets and Titration Pack
No overrides recommended.

REFERENCES

20. Cymbalta® capsules [prescribing information]. Indianapolis, IN: Lilly; July 2021.
21. Desvenlafaxine extended-release tablets [prescribing information]. Cranbury, NJ: Sun; April 2023.
22. Drizalma Sprinkle™ delayed-release capsules [prescribing information]. Cranbury, NJ: Sun; July 2021.
23. Irenka™ delayed-release capsules [prescribing information]. Baltimore, MD: Lupin; June 2015.
24. Effexor XR® extended-release capsules [prescribing information]. Philadelphia, PA: Pfizer; August 2022.
25. Fetzima® extended-release capsules [prescribing information]. Irvine, CA: Abbvie; March 2023.
26. Pristiq® extended-release tablets [prescribing information]. Philadelphia, PA: Pfizer; November 2021.
27. Savella® tablets [prescribing information]. Madison, NJ: Allergan; December 2022.
28. Effexor® tablets [prescribing information]. Philadelphia, PA: Wyeth; December 2012.
29. Venlafaxine hydrochloride extended-release tablets [prescribing information]. Cranbury, NJ: Sun; October 2021.
30. Venlafaxine besylate extended-release tablets [prescribing information]. Morristown, NJ: Almatica; June 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Antiemetics – Doxylamine and Pyridoxine Combination Products Drug Quantity Management Policy – Per Days

- Bonjesta® (doxylamine succinate and pyridoxine hydrochloride tablets – Duchesnay)
- Diclegis® (doxylamine succinate and pyridoxine hydrochloride delayed-release tablets – Duchesnay, generic)

REVIEW DATE: 04/19/2023

OVERVIEW

Bonjesta and Diclegis are fixed dose combination drug products of doxylamine succinate, an antihistamine, and pyridoxine hydrochloride, a Vitamin B6 analog.[1,2] Diclegis and Bonjesta are indicated for the treatment of **nausea and vomiting of pregnancy** in women who do not respond to conservative management.

Dosing

On Day 1, the dose of Bonjesta is one tablet at bedtime.[1] If this dose adequately controls symptoms on Day 2, the patient continues to take one tablet at bedtime. However, if symptoms persist on Day 2, the dose is increased to two tablets daily (one tablet in the morning and one tablet at bedtime). The maximum recommended dose is two tablets per day.

On Day 1, the dose of Diclegis is two tablets at bedtime.[2] If this dose adequately controls symptoms on Day 2, the patient continues to take two tablets at bedtime. However, if symptoms persist into the afternoon of Day 2, the dose is increased to three tablets daily on Day 3 (one tablet in the morning and two tablets at bedtime). If three tablets adequately control symptoms on Day 4, the dose is continued. If symptoms persist, the dose on Day 4 is four tablets daily (one tablet in the morning, one tablet mid-afternoon, and two tablets at bedtime). The maximum recommended dose is four tablets per day.

For both Bonjesta and Diclegis, the tablets must be swallowed whole.[1,2] Tablets should not be crushed, chewed or split.

Availability

Bonjesta is available as tablets containing 20 mg of doxylamine succinate and 20 mg of pyridoxine hydrochloride in bottles of 60 tablets.[1] Diclegis (generic) is available as delayed-release tablets containing 10 mg of doxylamine succinate and 10 mg of pyridoxine hydrochloride in bottles of 100 tablets.[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse while providing a sufficient quantity for the indications of doxylamine and pyridoxine products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. Approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

‡ This is enough drug for patients to complete 6 months of therapy. For coverage of additional quantities (for example, 9 months of therapy), a coverage review is required.

CRITERIA

Bonjesta 20 mg/20 mg tablets

1. If the patient has continued nausea and vomiting of pregnancy beyond 6 months, approve 60 tablets per 30 days for three fills to allow for a total treatment duration of 9 months at retail or home delivery.

Doxylamine succinate and pyridoxine hydrochloride 10 mg/10 mg tablets (Diclegis, generic)

1. If the patient has continued nausea and vomiting of pregnancy beyond 6 months, approve 120 tablets per 30 days for three fills to allow for a total treatment duration of 9 months at retail or home delivery.

REFERENCES

1. Bonjesta® tablets [prescribing information] Bryn Mawr, PA: Duchesnay; March 2022.
2. Diclegis® tablets [prescribing information] Bryn Mawr, PA: Duchesnay; March 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antiemetics – Serotonin Receptor Antagonists (Oral and Transdermal) Drug Quantity Management – Per Rx

- granisetron tablets (generic only)
- Sancuso® (granisetron transdermal system – Kyowa Kirin)
- Zofran® (ondansetron tablets – Novartis, generic)
- ondansetron orally disintegrating tablets (generic only)
- ondansetron oral solution (generic only)
- Zuplenz® (ondansetron oral soluble film – Aquestive)

REVIEW DATE: 12/21/2023

OVERVIEW

Indications and Dosing/Availability

All of the oral serotonin (5-HT_3) receptor antagonists have similar indications regarding the prevention of nausea/vomiting associated with emetogenic cancer chemotherapy.[1-5] Details, additional indications, and recommended dosing are in Table 1.

Table 1. Indications and Dosages for Oral and Transdermal 5-HT_3 Receptor Antagonists.[1-5]

Table 1 (continued). Indications and Dosages for Oral and Transdermal 5-HT$_3$ Receptor Antagonists.[1-5]
HEC – Highly emetogenic chemotherapy; CINV – Chemotherapy-induced nausea and vomiting; AC – Anthracycline and cyclophosphamide; MEC – Moderately emetogenic chemotherapy; PONV – Post-operative nausea and vomiting; BID – Twice daily; Q12H – Every 12 hours; TID – Three times daily; Q8H – Every 8 hours; QD – Once daily.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the serotonin receptor antagonists (oral and transdermal). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Granisetron 1 mg tablets (generic only)

1. If the patient is receiving granisetron for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed a total of 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

2. If the patient is receiving granisetron for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery (i.e., allow for two tablets per day), for 6 months:

- prevention or treatment of radiation-induced emesis,
- delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
- as needed for nausea and vomiting after chemotherapy,
- anticipatory nausea and vomiting,
- vertigo or motion-induced nausea and vomiting,
- opioid-induced nausea and vomiting,
- treatment of postoperative nausea and vomiting,
- pregnancy-induced nausea and vomiting,
- drug-induced (non-chemotherapy) nausea and vomiting, or
- nausea and vomiting due to other etiologies including idiopathic.

Sancuso 34.3 mg (3.1 mg/24 hours) Transdermal System

1. If the patient is receiving Sancuso for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the quantity requested, not to exceed a total of 4 patches per dispensing at retail or 16 patches per dispensing at home delivery.

Ondansetron 4 mg tablets (Zofran, generic), Ondansetron 4 mg orally-disintegrating tablets, Zuplenz 4 mg soluble film

1. If the patient is receiving ondansetron (Zofran, generic) or Zuplenz for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of chemotherapy within 1 month, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.

2. If the patient is receiving ondansetron (Zofran, generic) or Zuplenz for the *prevention* of radiation-induced nausea and vomiting associated with multiple courses or multiple days of radiation within 1 month, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.

3. If the patient is receiving ondansetron (Zofran, generic) or Zuplenz for pregnancy-induced nausea and vomiting, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., three tablets/orally-disintegrating tablets/films per day) for 6 months.

4. If the patient is receiving ondansetron (Zofran, generic) or Zuplenz for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets/orally-disintegrating tablets/films per dispensing at retail or 180 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., allow for two tablets/orally-disintegrating tablets/films per day), for 6 months:
- treatment of radiation-induced emesis,
- delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
- as needed for nausea and vomiting after chemotherapy,
- anticipatory nausea and vomiting,
- vertigo or motion-induced nausea and vomiting,
- opioid-induced nausea and vomiting,
- treatment of postoperative nausea and vomiting,
- drug-induced (non-chemotherapy) nausea and vomiting, or
- nausea and vomiting due to other etiologies including idiopathic.

Ondansetron 8 mg tablets (Zofran, generic), Ondansetron 8 mg orally-disintegrating tablets, Zuplenz 8 mg soluble film

1. If the patient is ≥ 12 years of age and is receiving ondansetron (Zofran, generic) or Zuplenz for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of chemotherapy within 1 month, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.

2. If the patient is ≥ 12 years of age and is receiving ondansetron (Zofran, generic) or Zuplenz for the *prevention* of radiation-induced nausea and vomiting associated with multiple courses or multiple days of radiation within 1 month, approve the requested quantity not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.

3. If the patient is receiving ondansetron (Zofran, generic) or Zuplenz for pregnancy-induced nausea and vomiting, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., three tablets/orally-disintegrating tablets/films per day) for 6 months.

5. If the patient is ≥ 12 years of age AND is receiving ondansetron (Zofran, generic) or Zuplenz for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets/orally-disintegrating tablets/films per dispensing at retail or 180 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., allow for two tablets/orally-disintegrating tablets/films per day), for 6 months:

- treatment of radiation-induced emesis,
- delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
- as needed for nausea and vomiting after chemotherapy,
- anticipatory nausea and vomiting,
- vertigo or motion-induced nausea and vomiting,
- opioid-induced nausea and vomiting,
- treatment of postoperative nausea and vomiting,
- drug-induced (non-chemotherapy) nausea and vomiting, or
- nausea and vomiting due to other etiologies including idiopathic.

Ondansetron 4 mg/5 mL oral solution (generic only)

1. If the patient is receiving ondansetron (Zofran, generic) for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of chemotherapy within 1 month, approve the quantity specified below.

- Patients ≥ 12 years of age: approve the requested quantity, not to exceed a total of 18 bottles (900 mL) per dispensing at retail or 54 bottles (2,700 mL) per dispensing at home delivery.
  Note: This override would accommodate up to 30 mL (24 mg) per day. Round up to accommodate a whole package size. For example, if the required dose is 90 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 270 mL), approve six 50 mL bottles (total 300 mL) per dispensing.
- Patients ≤ 11 years of age: approve the requested quantity, not to exceed a total of 9 bottles (450 mL) per dispensing at retail or 27 bottles (1,350 mL) per dispensing at home delivery.
  Note: This would accommodate a dose of 15 mL (12 mg) per day. Round up to accommodate a whole package size. For example, if the required dose is 45 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 135 mL), approve three 50 mL bottles (total 150 mL) per dispensing.

2. If the patient is receiving ondansetron (Zofran, generic) for the *prevention* of radiation-induced nausea and vomiting associated with multiple courses or multiple days of radiation within 1 month.

- Patients ≥ 12 years of age: approve the requested quantity, not to exceed 18 bottles (900 mL) per dispensing at retail or 54 bottles (2,700 mL) per dispensing at home delivery for 6 months.

Note: This would accommodate a dose of 30 mL (24 mg) per day. Round up to accommodate a whole package size. For example, if the required dose is 90 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 270 mL), approve six 50 mL bottles (total 300 mL per dispensing).

- Patients ≤ 11 years of age: approve the requested quantity, not to exceed 9 bottles (450 mL) per dispensing at retail or 27 bottles (1,350 mL) per dispensing at home delivery for 6 months.

Note: This would accommodates a dose of 15 mL (12 mg) per day. Round up to accommodate a whole package size. For example, if the required dose is 45 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 135 mL), approve three 50 mL bottles (total 150 mL per dispensing).

3. If the patient is ≥ 12 years of age AND is receiving ondansetron (Zofran, generic) for the treatment of one of the following conditions, approve the requested quantity, not to exceed 12 bottles (600 mL) per dispensing at retail or 36 bottles (1,800 mL) per dispensing at home delivery (i.e., allow for 20 mL [16 mg] per day), for 6 months:
- treatment of radiation-induced emesis
- delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
- as needed for nausea and vomiting after chemotherapy,
- anticipatory nausea and vomiting,
- vertigo or motion-induced nausea and vomiting,
- opioid-induced nausea and vomiting,
- treatment of postoperative nausea and vomiting,
- pregnancy-induced nausea and vomiting
- drug-induced (non-chemotherapy) nausea and vomiting, or
- nausea and vomiting due to other etiologies including idiopathic.

4. If the patient is ≤ 11 years of age AND is receiving ondansetron (Zofran, generic) for the treatment of one of the following conditions, approve the requested quantity, not to exceed 6 bottles (300 mL) per dispensing at home delivery or 18 bottles (900 mL) per dispensing at home delivery (i.e., allow for 10 mL [8 mg] per day), for 6 months:
- treatment of radiation-induced emesis
- delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
- as needed for nausea and vomiting after chemotherapy,
- anticipatory nausea and vomiting,
- vertigo or motion-induced nausea and vomiting,
- opioid-induced nausea and vomiting,
- treatment of postoperative nausea and vomiting,
- pregnancy-induced nausea and vomiting
- drug-induced (non-chemotherapy) nausea and vomiting, or
- nausea and vomiting due to other etiologies including idiopathic.

<u>Ondansetron 24 mg tablets</u>

1. If the patient is receiving ondansetron for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

REFERENCES

1. Granisetron tablets [prescribing information]. Berlin, CT: Breckenridge; May 2022.
2. Sancuso® transdermal system [prescribing information]. Bedminster, NJ: Kyowa Kirin; December 2022.
3. Zofran® tablets, orally disintegrating tablets, and oral solution [prescribing information]. East Hanover, NJ: Novartis; October 2021.
4. Zuplenz® oral soluble film [prescribing information]. Raleigh, NC: Aquestive; August 2021.
5. Ondansetron tablets [prescribing information]. Bachupally, India: Dr. Reddy's; November 2021

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antiemetics – Substance P/Neurokinin-1 Receptor Antagonists (Oral) Drug Quantity Management Policy – Per Rx
- Akynzeo® (netupitant/palonosetron capsules – Helsinn)
- Emend® (aprepitant capsules, powder for oral suspension – Merck, generic for capsules only)
- Varubi® (rolapitant tablets – TerSera)

REVIEW DATE: 08/14/2023

OVERVIEW

Indications and Dosing

FDA-approved indications and dosing for the oral Substance P/Neurokinin-1 (NK_1) receptor antagonists are in Table 1.

Table 1. Indications and Dosing for the Oral Substance P/NK_1 Receptor Antagonists.[1-3]

NK_1 – Neurokinin-1; HEC – Highly emetogenic chemotherapy; * Oral suspension indicated in patients 6 months of age and older, oral capsules indicated in patients 12 years of age and older; MEC – Moderately emetogenic chemotherapy.

Availability

The availability of the oral substance-P/NK_1 receptor antagonists is in the Drug Quantity Limits table below.

Guidelines

Antiemesis guidelines from the National Comprehensive Cancer Network (NCCN) [version 2.2023 – May 24, 2023] make recommendations regarding the use of the substance P/NK_1 receptor antagonists.[1] In general, recommended dosing follows along with FDA-approved labeling and also provides for antiemetic use for multiple courses or multiple days of chemotherapy. Specifically, NCCN notes that Varubi has an extended half-life and should not be administered more frequently than every 2 weeks.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the oral substance P-NK_1 receptor antagonists. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Akynzeo 300 mg/0.5 mg capsules

3. If the patient is receiving Akynzeo for the prevention of nausea and vomiting associated with multiple courses of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed 6 capsules per dispensing at retail and 18 capsules per dispensing at home delivery.

Aprepitant 40 mg capsules (Emend, generic)

No overrides recommended.

Aprepitant 80 mg capsules (Emend, generic)

1. If the patient is receiving aprepitant for the prevention of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed 12 capsules per dispensing at retail and 36 capsules per dispensing at home delivery.

Aprepitant 125 mg capsules (Emend, generic)

1. If the patient is receiving aprepitant for the prevention of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed 6 capsules per dispensing at retail and 18 capsules per dispensing at home delivery.

Aprepitant Tri Pack (Emend TriPack, generic) [one 125 mg capsule and two 80 mg capsules]

1. If the patient is receiving aprepitant for the prevention of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed 6 TriPacks (18 capsules) per dispensing at retail and 18 TriPacks (54 capsules) per dispensing at home delivery.

Emend 125 mg powder for oral suspension packets

1. If the patient is receiving aprepitant for the prevention of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed 18 packets per dispensing at retail and 54 packets per dispensing at home delivery.

Varubi 90 mg tablets

1. If the patient is receiving Varubi for the prevention of nausea and vomiting associated with multiple courses of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed 4 tablets (2 wallets) per dispensing at retail and 12 tablets (6 wallets) per dispensing at home delivery.

REFERENCES

1. Akynzeo® capsules [prescribing information]. Iselin, NJ: Helsinn; June 2021.
2. Emend® capsules and oral suspension [prescribing information]. Whitehouse Station, NJ: Merck; November 2019.
3. Varubi® tablets [prescribing information]. Deerfield, IL: TerSera; August 2020.
4. The NCCN Antiemesis Clinical Practice Guidelines in Oncology (version 2.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network, Inc. Available at: www.nccn.org. Accessed on July 10, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antifungals – Fluconazole (Oral) Drug Quantity Management Policy – Per Rx
- Diflucan® (fluconazole 150 mg tablets – Pfizer, generic)

REVIEW DATE: 06/07/2023

OVERVIEW

Fluconazole (Diflucan, generic), a triazole antifungal, is indicated for the following uses:[1]
- **Vaginal candidiasis**, as a treatment for vaginal yeast infections due to *Candida*.
- **Oropharyngeal and esophageal candidiasis** as treatment.
- **Cryptococcal meningitis.**
- **Prophylaxis to decrease the incidence of candidiasis**, in patients undergoing bone marrow transplantation who receive cytotoxic chemotherapy and/or radiation therapy.

In small, non-comparative studies, fluconazole was also effective for the treatment of *Candida* urinary tract infections, peritonitis, and systemic *Candida* infections including candidemia, disseminated candidiasis, and pneumonia.[1]

Dosing

For vaginal candidiasis, the recommended dose of fluconazole is 150 mg as a single, oral dose.[1] Therefore, two tablets (refer to Quantity Limit table below) are sufficient to treat two episodes of vaginal candidiasis.

The Centers for Disease Control and Prevention guidelines for sexually transmitted infections (2021) and the Infectious Diseases Society of America guidelines for the management of candidiasis (2016), recommend fluconazole 150 mg orally x 1 dose as a prescription treatment option for vulvovaginal candidiasis.[2,3] For severe vulvovaginal candidiasis (e.g., extensive vulvar erythema, edema, excoriation, and fissure formation), the recommended regimen is 150 mg of fluconazole given in two or three sequential doses (given 72 hours apart). Additionally, immunocompromised patients may require 7 to 14 days of therapy.[2] For recurrent vulvovaginal candidiasis, usually defined as three or more episodes of symptomatic vulvovaginal candidiasis in less than 1 year, guidelines recommend either fluconazole 100 mg, 150 mg, or 200 mg once every 72 hours (Days 1, 4, and 7) to attempt mycologic remission prior to initiating a maintenance antifungal regimen.[2] The indicated maintenance regimen is oral fluconazole 100 mg, 150 mg, or 200 mg once weekly (QW) for 6 months. Overrides to the standard quantity limit are provided for these situations.

Fluconazole 150 mg QW has been used off-label, to treat various tinea infections (e.g., tinea pedis, tinea cruris, tinea corporis, tinea manuum, tinea capitis, onychomycosis, and pityriasis versicolor [formerly tinea versicolor]).[4-6] A dose of 300 mg QW has also been used for pityriasis versicolor and onychomycosis. The recommended duration of therapy varies by specific indication, but generally, 2 to 6 weeks of therapy are required, with the exception of onychomycosis, which is treated for up to 6 months. Once weekly dosing at 150 mg for up to 4 weeks has also been used for intertrigo (also referred to as cutaneous candidiasis) and *Candida* folliculitis.[4,5] Overrides are provided to accommodate this dosing.

Other FDA-approved and off-label indications for fluconazole, such as *Candida* urinary tract infections, Coccidioidomycosis, Cryptococcal meningitis, Histoplasmosis, and oropharyngeal/esophageal candidiasis require doses other than 150 mg and other strengths of fluconazole tablets (i.e., 50 mg, 100 mg, or 200 mg) or oral solution should be used.

Availability

Oral fluconazole (Diflucan, generic) is available as 50 mg, 100 mg, 150 mg, and 200 mg tablets.[1] A 10 mg/mL and 40 mg/mL oral suspension is also available. Of note, only the 150 mg tablets are targeted in this policy. No quantity limits apply to the other strengths/dosage forms of fluconazole.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of fluconazole 150 mg tablets (Diflucan, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below. Note: Only the 150 mg tablets are targeted in this policy. No quantity limits apply to the other strengths/dosage forms of fluconazole (Diflucan, generic).

Automation: None.

Drug Quantity Limits

* Quantity limit applies only to the 150 mg tablets. Other strengths/dosage forms of fluconazole (Diflucan, generic) are not targeted by quantity limits.

CRITERIA

1. If the patient is immunocompromised and requires treatment of vulvovaginal candidiasis, approve a one-time override for the requested quantity, not to exceed 5 tablets at retail or home delivery.

2. If the patient requires treatment for severe vulvovaginal candidiasis, approve a one-time override for the requested quantity, not to exceed 3 tablets at retail or home delivery.
   Note: Characteristics of severe disease may include extensive vulvar erythema, edema, excoriation, and fissure formation.

3. If the patient requires treatment of recurrent vulvovaginal candidiasis, approve a one-time override for the requested quantity, not to exceed 3 tablets at retail or home delivery.

4. If the patient requires maintenance treatment for recurrent vulvovaginal candidiasis, approve the requested quantity, not to exceed 4 tablets per dispensing at retail or home delivery.

5. If the patient requires treatment for onychomycosis, approve the requested quantity, not to exceed 4 tablets per dispensing at retail or home delivery.

6. If the patient requires treatment for one of the following conditions (A, B, C, D, E, F, G, or H), approve a one-time override for the requested quantity, not to exceed 6 tablets at retail or home delivery:
   A) Intertrigo (also referred to as cutaneous candidiasis).
   B) *Candida* folliculitis.
   C) Tinea capitis.
   D) Tinea pedis.
   E) Tinea cruris.
   F) Tinea corporis (includes tinea faciei and tinea gladiatorum).
   G) Tinea manuum.
   H) Pityriasis versicolor (formerly tinea versicolor).

EXCLUSIONS

Approval of additional quantities of fluconazole 150 mg tablets (Diflucan, generic) is NOT recommended in the following situations:

1. *Candida* urinary tract infections.

2. Coccidioidomycosis.

3. Cryptococcal meningitis.

4. Histoplasmosis.

5. Oropharyngeal or esophageal candidiasis.

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antifungals – Itraconazole Drug Quantity Management Policy – Per Rx
- Sporanox® (itraconazole capsules and oral solution – Janssen, generic)
- Onmel™ (itraconazole tablets – Merz)
- Tolsura® (itraconazole capsules – Mayne)

REVIEW DATE: 04/06/2023

OVERVIEW

Sporanox capsules (generic) and oral solution (generic), Onmel tablets, and Tolsura capsules all contain itraconazole, an azole antifungal.[1,5,8,10]

Itraconazole capsules (Sporanox, generic) and Tolsura, are indicated for the treatment of the following fungal infections in immunocompromised and non-immunocompromised patients[1,5]:
- Pulmonary and extrapulmonary **blastomycosis**;
- **Histoplasmosis**, including chronic cavitary pulmonary disease and disseminated, nonmeningeal histoplasmosis;
- Pulmonary and extrapulmonary **aspergillosis**, in patients who are intolerant of or who are refractory to amphotericin B therapy.

In addition, itraconazole capsules (Sporanox, generic) are indicated for the treatment of the following fungal infections in non-immunocompromised patients[1]:
- **Onychomycosis of the toenail**, with or without fingernail involvement, due to dermatophytes (tinea unguium);
- **Onychomycosis of the fingernail** due to dermatophytes (tinea unguium).

Itraconazole oral solution (Sporanox, generic) is indicated for the treatment of **oropharyngeal and esophageal candidiasis**.[10]

Onmel is indicated for the treatment of **onychomycosis of the toenail** caused by *Trichophyton rubrum* or *T. mentagrophytes*.[8]

Dosing

Itraconazole capsules (Sporanox, generic)

For the treatment of blastomycosis or histoplasmosis, the recommended dose is 200 mg once daily (QD).[1] If there is no obvious improvement, or if there is evidence of progressive fungal disease, the dose should be increased in 100 mg increments to a maximum of 400 mg/day. Doses above 200 mg/day should be given in two divided doses. For the treatment of aspergillosis, the dose is 200 to 400 mg/day.[1] In life-threatening situations, a loading dose of 200 mg three times daily (TID) [600 mg/day] for the first 3 days of treatment is recommended. Treatment should be continued for a minimum of 3 months and until clinical parameters and laboratory test indicate that the active fungal infection has subsided; inadequate treatment may lead to recurrence of the active infection. Doses up to 200 mg TID are recommended in guidelines.[2-4]

According to the prescribing information, for the treatment of toenail onychomycosis with or without fingernail involvement, the recommended dose is 200 mg QD for 12 weeks.[1] For the treatment of fingernail-only onychomycosis, the recommended dose is two treatment-pulses, each consisting of 200 mg twice daily (BID) [400 mg/day] for 1 week. Pulses are separated by a 3-week period without itraconazole; therefore, two treatment-pulses occur over a 2-month period.

Off-label dosing in onychomycosis has also been described. A treatment-pulse dosing regimen in toenail onychomycosis consists of three treatment-pulses (200 mg BID for 1 week, followed by 3 weeks of no itraconazole, over a 3 month period).[6] Daily continuous dosing has been used in fingernail onychomycosis (200 mg BID for 6 weeks). A meta-analysis of treatments for toenail onychomycosis determined that mycotic cure rates were 63% for itraconazole with treatment-pulse dosing and 59% for itraconazole with continuous daily dosing. Clinical cure rates were the same for itraconazole with pulse dosing and continuous dosing (70% for both).

Itraconazole capsules (Sporanox, generic) have been used off-label for the treatment of tinea versicolor, pityriasis versicolor, tinea capitis, tinea barbae, tinea faciei, tinea manuum, tinea imbricata, tinea pedis, tinea corporis, and acute or recurrent vaginal candidiasis. Thirty capsules are adequate for one course of treatment of these conditions. It has also been used to treat or prevent various other suspected or confirmed systemic and superficial fungal conditions that are not listed above.[9]

Itraconazole Oral Solution (Sporanox, generic)

For the treatment of oropharyngeal and esophageal candidiasis, the solution should be vigorously swished in the mouth (10 mL at a time) and swallowed.[10]

The recommended dose for the treatment of oropharyngeal candidiasis is 200 mg (20 mL) daily for 1 to 2 weeks.[10] Generally, signs and symptoms of oropharyngeal candidiasis resolve within several days. For patients with oropharyngeal candidiasis unresponsive/refractory to treatment with fluconazole tablets, the recommended dose is 100 mg (10 mL) BID. For patients responding to therapy, clinical response will be seen in 2 to 4 weeks. Patients may be expected to relapse shortly after discontinuing therapy. Limited data on the safety of long-term use (> 6 months) of itraconazole oral solution are available.

For the treatment of esophageal candidiasis, the recommended dose is 100 mg (10 mL) daily for a minimum of 3 weeks.[10] Treatment should continue for 2 weeks following resolution of symptoms. Doses up to 200 mg (20 mL) per day may be used based on the patient's response and medical judgment.

Itraconazole oral solution (Sporanox, generic) and itraconazole capsules (Sporanox, generic) should not be used interchangeably.[10]

Onmel tablets

The dose of Onmel is one tablet QD for 12 weeks for toenail onychomycosis.[5] Pulse regimens of itraconazole for fingernail and toenail onychomycosis are also effective (as described above).[6]

Tolsura capsules

The dose of Tolsura is 130 mg to 260 mg/day for the treatment of blastomycosis, histoplasmosis, and aspergillosis.[8] Tolsura is not approved for the treatment of onychomycosis. For the treatment of blastomycosis and histoplasmosis, the recommended dose is 130 mg QD; if there is no obvious improvement, or there is evidence of progressive fungal disease, the dose should be increased in 65 mg increments to a maximum of 260 mg/day (130 mg BID). For the treatment of aspergillosis, the recommended dose is 130 mg QD or 260 mg BID. For all three approved indications, in life-threatening situations, a loading dose of 130 mg TID (390 mg/day) is recommended to be given for the first 3 days,

followed by the appropriate recommended dosing based on indication. Treatment should be continued for a minimum of 3 months and until clinical parameters and laboratory tests indicate that the active fungal infection has subsided. An inadequate period of treatment may lead to recurrence of active infection.

Availability

Itraconazole capsules (Sporanox, generic) are available as 100 mg capsules and itraconazole oral solution (Sporanox, generic) is available as a 10 mg/mL oral solution in 150 mL bottles.[1,10] Onmel is available as a 200 mg tablet (supplied as a 14 tablet blister pack) and Tolsura is available as a 65 mg capsule.[5,8]

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, waste, and address potential order entry error of the itraconazole products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. Approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

* This provides a quantity sufficient for a dose of 20 mL per day for 14 days.

CRITERIA

Itraconazole 100 mg capsules (Sporanox, generic)

1. If the patient has blastomycosis, histoplasmosis, or aspergillosis, approve the requested quantity sufficient for a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery for up to 1 year.

2. If the patient has onychomycosis of the fingernail or toenail and the request is for continuous dosing (i.e., 200 mg daily for 6 to 12 weeks), approve 60 capsules per dispensing at retail or home delivery for up to 90 days if the patient meets ONE of the following criteria (A or B):

A) Patient has completed at least one complete course of pulse therapy with itraconazole; OR
Note: One complete course of pulse therapy with itraconazole is defined as two consecutive pulses for fingernails and three consecutive pulses for toenails and each pulse consists of 200 mg twice daily (BID) for 1 week followed by a 3-week period without itraconazole.

B) Patient cannot tolerate the adverse effects of pulse therapy dosing.

3. If the medication is being requested for the prevention or treatment of other superficial and systemic mycoses (suspected or confirmed), approve the requested quantity, not to exceed 180 capsules per dispensing at retail or 540 capsules per dispensing at home delivery for 1 year.

Itraconazole 10 mg/mL oral solution (Sporanox, generic)

1. If the patient has oropharyngeal candidiasis that is unresponsive/refractory to treatment with fluconazole, approve the requested quantity, not to exceed 600 mL per dispensing at retail or at home delivery.

Note: This provides a quantity sufficient for up to 20 mL per day for up to 4 weeks.

2. If the patient has esophageal candidiasis, approve the requested quantity, not to exceed 600 mL per dispensing at retail or at home delivery.

Note: This provides a quantity sufficient for up to 20 mL per day for up to 4 weeks.

Onmel 200 mg tablets

1. If the patient has blastomycosis, histoplasmosis, or aspergillosis, approve the requested quantity sufficient for a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery for 1 year.

2. If the patient has onychomycosis of the fingernail or toenail and the request is for continuous dosing (i.e., 200 mg daily for 6 to 12 weeks), approve 30 tablets per dispensing at retail or home delivery for up to 90 days if the patient meets ONE of the following criteria (A or B):

A) Patient has completed at least one complete course of pulse therapy with itraconazole; OR
Note: One complete course of pulse therapy with itraconazole is defined as two consecutive pulses for fingernails and three consecutive pulses for toenails and each pulse consists of 200 mg twice daily (BID) for 1 week followed by a 3-week period without itraconazole.

B) Patient cannot tolerate the adverse effects of pulse therapy dosing.

3. If the medication is being requested for the prevention or treatment of other superficial and systemic mycoses (suspected or confirmed), approve the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery for 1 year.

Tolsura 65 mg capsules

1. If the patient has life-threatening histoplasmosis, blastomycosis, or aspergillosis, approve a one-time override for the requested quantity, not to exceed 126 capsules at retail or home delivery.
Note: This quantity provides a 30-day supply to accommodate the loading dose (130 mg three times daily for 3 days [18 capsules]) followed by up to 260 mg twice daily (BID) for 27 days (108 capsules).

2. If the patient has aspergillosis, approve the quantity requested, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery for up to 1 year.

3. If the patient has been receiving 130 mg per day and has not experienced improvement, approve 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery for up to 1 year.

4. If the patient has progressive histoplasmosis or blastomycosis, approve 120 capsules per dispensing at retail or 360 capsules per dispensing for up to 1 year.

EXCLUSIONS

Approval of additional quantities of itraconazole 100 mg capsules (Sporanox, generic) and Onmel 200 mg tablets are NOT recommended in the following situations:

6. Tinea versicolor.

7. Tinea capitis.

8. Tinea corporis.

9. Tinea cruris.

10. Tinea pedis (any type including moccasin or plantar).

11. Tinea manuum.

12. Tinea imbricate.

13. Tinea faciei.

14. Vaginal candidiasis, acute or recurrent.

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antieseizure Medications – Vigabatrin Drug Quantity Management Policy – Per Rx
- Sabril® (vigabatrin tablets and powder for oral solution – Lundbeck, generic)
- Vigadrone® (vigabatrin powder for oral solution – Upsher-Smith [generic to Sabril powder for oral solution])

REVIEW DATE: 01/18/2023

OVERVIEW

Vigabatrin, an antieseizure medication, is indicated for the following uses:[1]
- **Refractory complex partial seizures** as adjunctive therapy in adults and pediatric patients ≥ 2 years of age who have inadequately responded to several alternative treatments and for whom the potential benefits outweigh the risk of vision loss. Vigabatrin is not indicated as a first line agent for complex partial seizures.
- **Infantile spasms** as monotherapy in pediatric patients 1 month to 2 years of age for whom the potential benefits outweigh the potential risk of vision loss.

Dosing and Administration

Vigabatrin's dosing regimen depends on the indication, age group, weight, and dosage form (i.e., tablets or powder for oral solution).[1] Patients with impaired renal function require dose adjustment. Vigabatrin may be taken with or without food. Vigabatrin powder for oral solution should be mixed with water prior to administration. A calibrated measuring device is recommended to measure and deliver the prescribed dose accurately. A household teaspoon or tablespoon is not an adequate measuring device. When discontinuing vigabatrin, the dose should be gradually reduced.

Refractory Complex Partial Seizures

Adults (Patients ≥ 17 Years of Age)

Treatment with vigabatrin should be initiated at 1,000 mg/day (500 mg twice daily [BID]).[1] Total daily dose may be increased in 500 mg increments at weekly intervals, depending on response. The recommended dose of vigabatrin in adults is 3,000 mg/day (1,500 mg BID). However, doses up to 6,000 mg have been studied.[1,3] According to current guidelines, vigabatrin doses of 1 , 3, and 6 grams per day yielded significant higher responder rates and larger reductions in monthly seizure frequency.[3] Fatigue and drowsiness are the most frequent adverse events, with higher drug discontinuation in the 6 gram per day group.

Pediatric (Patients 2 to 16 Years of Age)

The recommended dosage of vigabatrin is based on body weight and administered as two divided doses.[1] The dosage may be increased in weekly intervals to the total daily maintenance dosage, depending on response (Table 1). Pediatric patients weighing > 60 kg should be dosed according to adult recommendations.

Table 1: Dosing Recommendations for Vigabatrin in Pediatric Patients Weighing 10 kg up to 60 kg.[1]

Infantile Spasms (patients 1 month to 2 years of age)

The initial daily dosage of vigabatrin is 25 mg/kg BID (50 mg/kg/day); subsequent dosing can be titrated by 25 mg/kg/day to 50 mg/kg/day increments every 3 days, up to a maximum of 75 mg/kg BID (150 mg/kg/day) [Table 2].[1]

Table 2: Dose and Volume of Vigabatrin 50 mg/mL Solution in Infants by Weight. [1]
BID – Twice daily.

Availability

Vigabatrin (Sabril, generic) is available as 500 mg film-coated tablets, scored on one side and supplied in bottles of 100 tablets.[1] Vigabatrin (Sabril, generic) and Vigadrone are available as powder for oral solution in 500 mg packets of powder and supplied in cartons of 50 packets.[1,2]

Safety

Vigabatrin can cause permanent bilateral concentric visual field constriction, including tunnel vision that can result in disability. In some cases, vigabatrin may also decrease visual acuity. Risk increases with increasing dose and cumulative exposure, but there is no dose or exposure to vigabatrin known to be free of risk of vision loss. Use the lowest dosage and shortest exposure to vigabatrin consistent with clinical objectives. In patients with refractory complex partial seizures, vigabatrin should be withdrawn if a substantial clinical benefit is not observed within 3 months of initiating treatment. If the prescriber notes evidence of treatment failure earlier than 3 months, treatment should be discontinued at that time. In patients with infantile spasms, vigabatrin should be withdrawn if a substantial clinical benefit is not observed within 2 to 4 weeks. If the prescriber notes treatment failure earlier than 2 to 4 weeks, treatment should be discontinued at that time.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of vigabatrin. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

CRITERIA

Vigabatrin 500 mg tablets (Sabril, generic)

1. If a patient requires a dose of more than 3,000 mg per day, approve the requested quantity not to exceed 360 tablets per dispensing at retail or 1,080 tablets per dispensing at home delivery.
Note: This override allows for dosing up to 6,000 mg per day.

Vigabatrin 500 mg powder packets (Sabril, generic) and Vigadrone 500 mg powder packets

1. If a patient requires a dose of more than 2,500 mg per day, approve the requested quantity not to exceed 350 packets per dispensing at retail or 1,050 packets per dispensing at home delivery.
Note: This override allows for dosing up to approximately 6,000 mg per day, rounded to the nearest 50 packet carton.

REFERENCES

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NA – Not applicable.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antiseizure Medications – Xcopri Drug Quantity Management Policy – Per Rx
- Xcopri® (cenobamate tablets – SK Life Science)

REVIEW DATE: 04/24/2023

OVERVIEW
Xcopri is indicated for the treatment of **partial-onset seizures** in adults.[1]

Dosing
Xcopri is administered orally once daily.[1] The recommended dosage and titration schedule and maximum daily dose are provided in Table 1. Tablets should not be not crushed or chewed.

Table 1. Recommended Dosing for Partial-Onset Seizures in Adults.[1]
QD – Once daily.

Availability
Xcopri is supplied in bottles containing 30 tablets in the following strengths: 50 mg, 100 mg, 150 mg, and 200 mg.[1] Titration blister packs (28-days) are available in the following strengths: 12.5 mg/25 mg (12.5 mg for 14 days and 25 mg for 14 days), 50 mg/100 mg (50 mg for 14 days and 100 mg for 14 days), and 150 mg/200 mg (150 mg for 14 days and 200 mg for 14 days). Maintenance blister packs (28-days) are available in the following strengths: 250 mg/day (28 x 100-mg tablets and 28 x 150-mg tablets) and 350 mg/day (28 x 150-mg tablets and 28 x 200-mg tablets).

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote dose consolidation, to prevent stockpiling and waste, and to address potential order entry error of Xcopri. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA
Xcopri 50 mg tablets
No overrides recommended.

Xcopri 100 mg tablets
No overrides recommended.

Xcopri 150 mg tablets
1. If the patient is taking a daily dose of 300 mg, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Xcopri 200 mg tablets

1. If the patient is taking a daily dose of 400 mg, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Xcopri Titration Blister Packs (12.5 mg/25 mg tablets, 50 mg/100 mg tablets, 150 mg/200 mg tablets)

No overrides recommended.

Xcopri Maintenance Blister Packs (250 mg/day and 350 mg/day)

No overrides recommended.

REFERENCES

34. Xcopri® tablets [prescribing information]. Paramus, NJ: SK Life Science; June 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antivirals – Famciclovir Drug Quantity Management Policy – Per Rx
- Famciclovir tablets – generic only

REVIEW DATE: 04/06/2023

OVERVIEW

Famciclovir is an orally administered prodrug of the anti-alpha herpes viral agent penciclovir.[1] It is indicated in the following instances:

- Immunocompetent Adults:
  - Treatment of recurrent **herpes labialis** (cold sores).
  - Treatment and chronic suppressive therapy of recurrent episodes of **genital herpes**.
  - Treatment of **herpes zoster**.
- Human Immunodeficiency Virus (HIV)-Infected Adults:
  - Treatment of recurrent episodes of **orolabial or genital herpes**.

Dosing/Availability

Famciclovir is available as 125 mg, 250 mg, and 500 mg tablets.[1] The 125 mg tablet is available for dosage reductions in renal impairment. Manufacturer recommended dosing is provided in Table 1. The maximum number of tablets needed per course of treatment is 21 tablets, unless famciclovir is being used for the suppression of recurrent genital herpes; then, it may be used for up to 1 year.

Table 1. FDA-Approved Famciclovir Dosing.[1]
CrCl – Creatinine clearance; BID – Twice daily; HIV – human immunodeficiency virus.

Literature and guidelines support the use of famciclovir for several indications related to reactivation to latent varicella (chickenpox) virus.

For the treatment of an initial episode of genital herpes in immunocompetent patients, the Centers for Disease Control and Prevention (CDC) guidelines recommend famciclovir 250 mg three times daily (TID) for 7 to 10 days.[2] For immunocompetent individuals with recurrent genital herpes simplex virus (HSV) the CDC outlines the following treatment regimens: 1 gram twice daily (BID) for 1 day (FDA-approved dose), 500 mg one time followed by 250 mg BID for 5 days, or 125 mg BID for 5 days.[2]

Certain immunocompetent patients with herpes zoster will present with ocular, otic, or neurologic manifestations. In these situations, patients may require intravenous (IV) and/or prolonged therapy.[11] Herpes zoster ophthalmicus is a serious sight-threatening condition associated with varicella zoster virus reactivation within the trigeminal ganglion. Patients can develop conjunctivitis, episcleritis, keratitis, and/or iritis. The standard approach to herpes zoster ophthalmicus includes oral antiviral therapy (acyclovir, valacyclovir, or famciclovir) to limit viral replication, and the use adjunctive topical steroid drops to reduce the inflammatory response and control immune-associated keratitis and iritis. IV acyclovir (10 mg/kg TID for 7 days) should be administered if the patient is immunocompromised or requires hospitalization for sight-threatening disease.

For Bell's Palsy, famciclovir 250 mg TID for 5 to 7 days in combination with a corticosteroid has been used.[5-9] The major otologic complication of varicella zoster reactivation is Ramsay Hunt syndrome, which includes the triad of ipsilateral facial paralysis, ear pain, and vesicles in the auditory canal and auricle.[7] Valacyclovir (1 g TID) [not famciclovir] for 7 to 10 days with prednisone is used. In severe cases (vertigo, tinnitus, or hearing loss), IV therapy can be initiated, and the patient can then be transitioned to an oral antiviral agent when the lesions begin to crust.

For adults with human immunodeficiency virus (HIV), the Department of Health and Human Services (DHHS) guidelines on opportunistic infections recommend that orolabial HSV be treated with famciclovir 500 mg BID for 5 to 10 days; first episodes of genital HSV should be treated with famciclovir 500 mg BID for 7 to 10 days and recurrent episodes for 5 to 10 days.[3] Severe mucocutaneous HSV lesions respond best to initial treatment with IV therapy; once lesions regress, patients can be switched to oral famciclovir and continued until lesions have completely healed. Suppressive therapy is effective in preventing recurrences of HSV lesions and is preferred for patients who have severe or frequent recurrences or who want to minimize the frequency of recurrences. Suppressive therapy for HSV with famciclovir 500 mg BID may be continued indefinitely, without regard to improved CD4 count, although the need for continued therapy should be addressed on an annual basis, particularly if immune reconstitution has occurred.

For uncomplicated varicella, famciclovir (500 mg TID), initiated as early as possible after lesion onset and continued for 5 to 7 days is a preferred regimen.[3] For individuals with severe or complicated varicella, IV therapy is recommended; if no evidence of visceral involvement is apparent, it is recommended to switch to oral antiviral therapy after the patient has defervesced (famciclovir 500 mg TID, optimal duration is not cited). For herpes zoster virus, antiviral therapy with famciclovir 500 mg TID should be instituted as soon as possible and continued for 7 to 10 days, although longer durations of therapy should be considered if lesions resolve slowly.

For acute localized dermatomal herpes zoster in individuals with HIV, famciclovir 500 mg TID for 7 to 10 days is recommended, although longer durations of therapy should be considered if lesions resolve slowly.[3] If cutaneous lesions are extensive or if visceral involvement is suspected, IV acyclovir should be initiated and continued until clinical improvement is evident. A switch from IV acyclovir to oral antiviral therapy (famciclovir 500 mg TID to complete a 10 to 14 day treatment course) is reasonable when formation of new cutaneous lesions has ceased and the signs and symptoms of visceral varicella zoster virus infection are improving. For herpes zoster ophthalmitis, following IV acyclovir, patients are switched to oral therapy which can include famciclovir 500 mg TID to complete a 10 to 14 day course of therapy.

Table 2. DHHS Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV.[3]
DHHS – Department of Health and Human Services; HIV – Human Immunodeficiency Virus; BID – Twice daily; CrCl – Creatinine clearance; Q24 – Every 24; HD – Hemodialysis; TID – Three times daily; IV – Intravenous.

There are no dosage forms of famciclovir available to accommodate pediatric patients who cannot swallow tablets. According to the guidelines for the treatment of opportunistic infections in HIV-infected children, famciclovir 250 mg BID for 5 to 14 days is used to treat genital HSV episodes.[4] Children who have frequent, severe, or troubling recurrences of mucocutaneous HSV (four to six severe episodes a year) can be given daily prophylaxis with oral famciclovir (500 mg BID).[4] For the treatment of recurrent herpes labialis in children old enough for adult dosing, famciclovir 1 g BID for 1 day is an option. Recurrent genital HSV in children can be treated with famciclovir 1 g BID for two doses.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of famciclovir. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Famciclovir 125 mg tablets

1. If the patient meets the following criteria (A and B), approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery:
   - **A)** The medication is for chronic suppression or prevention of recurrent genital herpes; AND
   - **B)** Patient has reduced renal function.

2. If the medication is being requested for an ophthalmic infection, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Famciclovir 250 mg tablets

1. If the medication is being requested for an ophthalmic infection, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Famciclovir 500 mg tablets

1. If the medication is being requested for the chronic suppression or prevention of mucocutaneous herpes (genital, perianal, oral) in an immunocompromised patient, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

2. If the medication is being requested for the treatment of mucocutaneous herpes (genital, perianal, oral) in an immunocompromised patient, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

3. If the medication is being requested for an ophthalmic infection, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

4. If the medication is being requested for the treatment of varicella zoster virus infection in an immunocompromised patient, approve the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

5. If the medication is being requested for the treatment of acute local dermatomal herpes zoster in an immunocompromised patient, approve the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Antivirals – Valacyclovir Drug Quantity Management Policy – Per Rx
- Valtrex® (valacyclovir tablets – GlaxoSmithKline, generic)

REVIEW DATE: 04/06/2023

OVERVIEW

Valacyclovir is a deoxynucleoside analogue DNA polymerase inhibitor indicated for:[1]

Adults

- **Cold Sores** (Herpes labialis)
- **Genital Herpes**
  - **A)** Treatment in immunocompetent patients (initial or recurrent episode)
  - **B)** Suppression in immunocompetent or patients with human immunodeficiency virus (HIV-1) infection
  - **C)** Reduction of transmission in immunocompetent patients
- **Herpes Zoster**
  - **A)** Treatment in immunocompetent patients

Pediatric Patients

- **Cold Sores** (Herpes labialis), pediatric patients ≥ 12 years of age
- **Chickenpox**, immunocompetent pediatric patients 2 to < 18 years of age

The efficacy and safety of valacyclovir has not been established in immunocompromised patients other than for the suppression of genital herpes inpatients with HIV-1.[1]

Dosing

See Table 1 for the manufacturer recommended dosing.[1] The maximum number of tablets needed per course of treatment is 30 tablets.

Table 1. FDA-Approved Indications and Dosing.[1]

Table 1 (continued). FDA-Approved Indications and Dosing.[1]
CrCl – Creatinine clearance; † Patients requiring hemodialysis should receive the recommended dose of valacyclovir after hemodialysis. BID – Twice daily; QD – Once daily; * Alternative regimen in patients with a history of ≤ 9 recurrences per year; Q48H – Every 48 hours; HIV – Human immunodeficiency virus; TID – Three times daily.

In addition to FDA-approved uses, literature and guidelines also support use of valacyclovir for several indications related to reactivation of latent varicella (chickenpox) virus.[10,15-19] For example, oral therapy can be required for up to 6 weeks for infections affecting the eyes or up to 10 days for the ears/facial nerves (Ramsay Hunt).[5,6,8,9]

Valacyclovir has been used in acute retinal necrosis, a reactivation of herpes zoster virus.[8,9,15,16] In immunocompetent patients with acute retinal necrosis, the recommended treatment is acyclovir IV for 10 to 14 days, followed by oral valacyclovir 1 gram three times daily (TID) for approximately 6 weeks.[16] The major otologic complication of varicella zoster virus reactivation is the Ramsay Hunt syndrome, which includes ipsilateral facial paralysis, ear pain, and vesicles in the auditory canal and auricle.[15] For this indication, valacyclovir 1 gram TID for 7 to 10 days has been used.

Valacyclovir has been used for the management of herpes simplex keratitis at a dose of 500 mg TID for 2 weeks.[15] For patients with frequent or recurrent herpes simplex epithelial keratitis, suppressive oral antiviral therapy with valacyclovir 500 mg once daily for 12 months has been used.[17] Valacyclovir has been used for the treatment of localized herpes zoster (dermatomal) in solid organ transplant recipients at a dose of 1 gram TID for 7 days, or until lesions have crusted over which may be delayed in immunocompromised hosts.[18] Valacyclovir 500 mg twice daily (BID) can be used for short-term prophylaxis of herpes zoster virus/varicella zoster in patients with solid organ transplant who are herpes simplex virus seropositive and not receiving cytomegalovirus prophylaxis. It may also be considered in seronegative recipients.[18]

In adults and adolescents with HIV, valacyclovir has several uses for the prevention or treatment of opportunistic infections.[10] For the treatment of herpes simplex virus (HSV) orolabial lesions, valacyclovir 1 gram BID for 7 to 10 days is recommended. For initial or recurrent genital HSV, valacyclovir 1 gram BID for 5 to 14 days is recommended. In severe mucocutaneous HSV, after initial intravenous (IV) therapy, oral therapy can be used as oral lesions begin to regress (valacyclovir 1 gram BID continued until lesions are completely healed). For chronic suppressive therapy of HSV, the recommended dose of valacyclovir is 500 mg BID. For the treatment of primary varicella infection (chickenpox), the dose of valacyclovir in uncomplicated cases is 1 gram TID for 5 to 7 days; for severe or complicated cases, patients are treated with IV therapy then transitioned to oral therapy with valacyclovir after defervescence if no evidence of visceral improvement is noted. For the treatment of acute, localized, dermatomal herpes zoster (shingles), the recommended dose is valacyclovir 1 gram TID for 7 to 10 days, or longer if lesions are slow to resolve. For varicella zoster virus with extensive cutaneous lesions or visceral involvement after IV therapy, patients may switch to oral therapy with valacyclovir after clinical improvement and continue for 10 to 14 days. Similar dosing is also recommended in solid organ transplant recipients.[18]

For individuals with < 2 years history of herpes gladiatorum infection, valacyclovir 1 gram daily has been used.[13] In those with of disease for ≥ 2 years, doses of 500 mg to 1 gram daily have been used as prophylaxis.

For the suppression of HSV in pregnant women in the third trimester until delivery, valacyclovir 500 mg BID has been used.[14]

For the short-term prophylaxis of varicella zoster/herpes zoster in solid organ transplant recipients who are HSV-seropositive and not receiving cytomegalovirus (CMV) prophylaxis, valacyclovir 500 mg BID has

been used.[18] It may also be considered in seronegative recipients. For the prevention of CMV after solid organ transplantation (e.g., renal, renal-pancreas, heart), bone marrow transplantation, or stem cell transplantation, valacyclovir 1 gram TID or 2 grams four times daily (QID) have been used.[2,19]

Availability

Valacyclovir is available in 500 mg and 1,000 mg (1 gram) tablets.[1] Valacyclovir oral suspension (25 mg/mL or 50 mg/mL) may be prepared extemporaneously from 500 mg valacyclovir tablets for use in pediatric patients for whom a solid dosage form is not appropriate. In situations where a 1 gram dose is indicated, the participant should be referred to the 1 gram strength (e.g., for the treatment of herpes zoster [shingles], the initial episode of genital herpes, or chronic suppression of recurrent genital herpes [≥ 9 episodes per year]).

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation of valacyclovir. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Valacyclovir 500 mg tablets

1. If the medication is being requested for the chronic suppression or prevention of mucocutaneous herpes (genital, perianal, oral) in immunocompromised patients, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

2. If the medication is being requested for the prophylaxis of herpes gladiatorum, approve a one-time override for 60 tablets at retail or home delivery.

3. If the medication is being requested for an ophthalmic infection, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

4. If the medication is being requested for the suppression of herpes simplex virus (HSV) in pregnancy from 36 weeks of gestation until delivery, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

5. If the medication is being requested for the prophylaxis of herpes zoster/varicella zoster virus after solid organ transplantation, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Valacyclovir 1 gram tablets

2. If the medication is being requested for the prevention of cytomegalovirus disease after solid organ transplantation (e.g., renal, renal-pancreas, heart), bone marrow transplantation, or stem cell transplantation, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

3. If the medication is being requested for an ophthalmic infection, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

4. If the medication is being requested for the treatment of mucocutaneous herpes infection in an immunocompromised patient, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

5. If the medication is being requested for the treatment of acute local dermatomal herpes zoster in an immunocompromised patient, approve the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

EXCLUSIONS

Approval of additional quantities of valacyclovir 500 mg tablets or 1 gram tablets are NOT recommended in the following situations:

1. Exceptions are not recommended for treatment of multiple sclerosis, chronic fatigue syndrome, or Epstein-Barr virus.

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Benzodiazepines – Alprazolam Drug Quantity Management Policy – Per Days
- Xanax® (alprazolam tablets – Viatris, generic)
- Xanax® XR (alprazolam extended release tablets – Pharmacia & Upjohn, generic)
- alprazolam orally disintegrating tablets (ODT) [generic only]
- alprazolam solution, concentrate (generic only)

REVIEW DATE: 03/23/2023

OVERVIEW

Alprazolam products are indicated for the management of **anxiety disorders or panic disorder** with or without agoraphobia.[1-4]

Dosing

The dose of alprazolam should be individualized for maximum beneficial effect.

The recommended initial dose of alprazolam tablets (Xanax, generic), alprazolam orally disintegrating tablets (ODT), and alprazolam oral solution concentrate for the treatment of anxiety disorders is 0.25 mg to 0.5 mg given three times daily (TID).[1,2,4] The dose may be increased to achieve a maximum therapeutic effect at 3- to 4-day intervals in increments of no more than 1 mg/day. Most patients can be managed on doses of < 4 mg per day, some patients will require doses > 4 mg/day. Doses up to 10 mg per day have been required in some cases to achieve a successful response. For the treatment for panic disorders, the recommended initial dose for alprazolam tablets and alprazolam ODT is 0.5 mg TID. Depending on the response, the dose may be increased at 3- to 4-day intervals in increments of ≤ 1 mg/day. Some patients may require as much as 10 mg per day to achieve a successful response.

The recommended initial dose of alprazolam extended-release tablets (Xanax XR, generic) is 0.5 mg to 1 mg once daily (QD).[3] The dose may be increased at 3- to 4-day intervals in increments of ≤ 1 mg per day. The suggested total daily dose range is 3 to 6 mg per day. The dosage should be individualized for maximum beneficial effect, some patients will require doses > 6 mg per day. There have been patients who have required as much as 10 mg per day to achieve a successful response.

Availability

Alprazolam tablets (Xanax, generic) and alprazolam ODT are available in the following strengths: 0.25 mg, 0.5 mg, 1 mg, and 2 mg.[1,2] Alprazolam extended-release tablets (Xanax XR, generic) are available as 0.5 mg, 1 mg, 2 mg, and 3 mg tablets.[3] Alprazolam oral solution concentrate is available as 1 mg/mL oral solution in a 30 mL bottle.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of alprazolam products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablets (Xanax, generic) and Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg ODT tablets

1. If the patient requires more frequent dosing or require higher doses, approve a quantity sufficient to allow for up to 10 mg per day per 30 days at retail or 90 days at home delivery.

Alprazolam 1mg/mL oral solution, concentrate

1. If the patient requires a dose greater than 3 mg per day, approve to the requested quantity, not to exceed 300 mL per 30 days at retail or 900 mL per 90 days at home delivery.

Alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg extended-release tablets (Xanax XR, generics)

1. If the patient requires more frequent dosing or require higher doses, approve a quantity sufficient to allow for up to 10 mg per day per 30 days at retail or 90 days at home delivery.

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Benzodiazepines – Clonazepam Drug Quantity Management Policy – Per Days
- Clonazepam orally disintegrating tablet – generic only
- Klonopin® (clonazepam tablets – Genentech, generic)

REVIEW DATE: 11/01/2023

OVERVIEW

The clonazepam products are indicated:[1,2]
- Alone or as an adjunct in the treatment of Lennox-Gastaut syndrome, akinetic, and myoclonic **seizures** and in patients with absence seizures who have failed to respond to succinimides.
- For the treatment of **panic disorder**, with or without agoraphobia, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

Dosing

Seizure Disorder

Adult Dosing

The initial dose should not exceed 1.5 mg/day divided into three doses.[1,2] The dose may be increased in increments of 0.5 mg to 1 mg every 3 days until seizures are adequately controlled or until adverse events preclude any further dose increase. The maintenance dose must be individualized for each patient depending on response. The maximum recommended daily dose is 20 mg.

Pediatric Dosing

For patients up to 10 years of age or 30 kg of body weight, the initial dose should be between 0.01 and 0.03 mg/kg/day, not to exceed 0.05 mg/kg/day given in two to three divided doses.[1,2] The dose should be increased by no more than 0.25 mg to 0.5 mg every third day until a daily maintenance dose of 0.1 to 0.2 mg/kg of body weight has been reached, unless seizures are controlled or side effect preclude further increase. When possible, the daily dose should be divided in three equal doses.

Panic Disorder

The initial dose is 0.25 mg twice daily (BID).[1,2] An increase to the target dose of 1 mg/day (for most patients) may be made after 3 days. It is possible that some individual patients may benefit from doses of up to a maximum dose of 4 mg/day, and in those instances, the dose may be increased in increments of 0.125 to 0.25 mg BID every 3 days until panic disorder is controlled or until side effects make further increases undesired. To reduce the inconvenience of somnolence, administration of one dose at bedtime may be desirable.

There is no clinical trial experience with clonazepam in panic disorder patients under 18 years of age.[1,2]

Availability

Clonazepam tablets (Klonopin, generic) are available in 0.5 mg, 1 mg, and 2 mg strengths.[1] Clonazepam orally disintegrating tablets are available in 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, and 2 mg strengths.[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of oral clonazepam products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is a quantity sufficient for three times daily dosing; α This is a quantity sufficient for a dose of up to a 4 mg per day.

CRITERIA

Clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, and 2 mg orally disintegrating tablets and clonazepam 0.5 mg, 1 mg, and 2 mg tablets (Klonopin, generic)

1. If the patient requires more frequent dosing or needs higher daily doses, approve the requested quantity, not to exceed a quantity sufficient for up to 20 mg per day for a 30-day supply at retail and for a 90-day supply at home delivery.

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Benzodiazepines – Diazepam (Oral) Drug Quantity Management Policy – Per Days

- diazepam oral solution – generic only
- diazepam intensol™ oral solution (concentrate) – generic only
- Valium® (diazepam tablets – Waylis, generic)

REVIEW DATE: 04/24/2023

OVERVIEW

The oral diazepam products are indicated:[1-3]

- For the management of **anxiety disorders** or for the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic.
- In acute **alcohol withdrawal**, for the symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis.
- As an adjunct for the relief of **skeletal muscle spasm** due to reflex spasm to local pathology (such as inflammation of the muscles or joints, or secondary to trauma), spasticity caused by upper motor neuron disorders (such as cerebral palsy and paraplegia), athetosis, and stiff-man syndrome.
- As an adjunct in **convulsive disorders**, although it has not proved useful as the sole therapy.

Dosing

The dose of diazepam is individualized for maximum benefit. Usual daily doses provided in Table 1 below will meet the needs of most patients; however, there will be some who may require higher doses.[1] In such cases, dose should be increased cautiously to avoid adverse effects.

Table 1. FDA-Approved Dosing of Diazepam.[1]

BID – Twice daily; QID – Four times daily; * Depending on the severity of symptoms; TID – Three times daily; QD – Once daily; CNS – Central nervous system.

Availability

Diazepam is available as tablets (Valium, generic) in the following strengths: 2 mg, 5 mg, and 10 mg.[1] Diazepam is also available as an oral solution (5 mg/5 mL, in a 5 mL cup) as well as an oral concentrate solution (5 mg/mL, in a 30 mL bottle).[2,3]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of oral diazepam products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This quantity is sufficient to cover 30 days of therapy when dosed at the maximum frequency of four times a day.

CRITERIA

Diazepam 2 mg tablets (Valium, generic)

1. If the patient requires a dose greater than 8 mg per day, approve the requested quantity, not to exceed 600 tablets per 30 days at retail or 1,800 tablets per 90 days at home delivery.
Note: This override allows for a dose of up to 40 mg per day.

Diazepam 5 mg tablets (Valium, generic)

1. If the patient requires a dose greater than 20 mg per day, approve the requested quantity, not to exceed 240 tablets per 30 days at retail or 720 tablets per 90 days at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 40 mg per day.

Diazepam 10 mg tablets (Valium, generics)
No overrides recommended.

Diazepam 5 mg/5 mL oral solution
No overrides recommended.

Diazepam intensol 5 mg/mL oral solution, concentrate
No overrides recommended.

REFERENCES

11. Valium® tablets [prescribing information]. Wixom, MI: Waylis; March 2023.
12. Diazepam intensol™ oral solution concentrate [prescribing information]. Eatontown, NJ: West-Ward; February 2021.
13. Diazepam oral solution [prescribing information]. Berkeley Heights, NJ: Hikma; August 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Benzodiazepines – Lorazepam (Oral) Drug Quantity Management Policy – Per Days
- Ativan® (lorazepam tablets – Bausch, generic)
- lorazepam oral concentrate (generic only)
- Loreev XR™ (lorazepam extended-release capsules – Almatica)

REVIEW DATE: 11/01/2023

OVERVIEW

Lorazepam tablets and oral concentrate are indicated for the **management of anxiety disorders** or for the **short-term relief of the symptoms of anxiety or anxiety-associated with depressive symptoms**.[1,2] Loreev XR is indicated for the treatment of **anxiety disorders in adults who are receiving stable, evenly divided, three times daily dosing with lorazepam tablets**.[3] The effectiveness of lorazepam tablets, lorazepam oral concentrate, or Loreev XR for more than 4 months has not been assessed in clinical studies. Healthcare providers should periodically re-evaluate longer term use of lorazepam.

Dosing

Lorazepam Tablets and Oral Concentrate

For lorazepam tablets and oral concentrate, the usual dosage range is 2 mg to 6 mg per day given in divided doses, with the largest dose taken before bedtime.[1] However, the daily dosage may vary from 1 mg/day to 10 mg/day. For anxiety, most patients require an initial total daily dose of 2 mg to 3 mg given in two or three divided doses. For insomnia due to anxiety or transient situational stress, a single daily dose of 2 mg to 4 mg may be given, usually at bedtime. For elderly or debilitated patients, an initial dosage of 1 mg/day to 2 mg/day in divided doses is recommended, to be adjusted as needed and tolerated.

Loreev XR

In patients who are being treated with lorazepam tablets administered three times daily in evenly divided doses, the recommended once daily dosage of Loreev XR is equal to the total daily dose of lorazepam tablets.[3] For example, for a patient who has been receiving lorazepam tablets 1 mg three times daily, the recommended dose of Loreev XR is 3 mg once daily in the morning. If the clinical response to Loreev XR is inadequate and the patient requires a dose increase, Loreev XR should be discontinued and the patient switched back to lorazepam tablets to increase the dose. Once an adequate clinical response is achieved with a stable, evenly divided three times daily dose of lorazepam tablets, then Loreev XR may be resumed at a once daily dose equivalent. When discontinuing Loreev XR or reducing the dose, gradually taper to reduce the risk of withdrawal reactions.

Availability

Lorazepam tablets (Ativan, generics) are available as 0.5 mg, 1 mg, and 2 mg tablets.[1] Lorazepam oral concentrate is available as a 2 mg/mL oral concentrate in a 30 mL bottle.[2] Loreev XR is available as 1 mg, 1.5 mg, 2 mg, and 3 mg extended-release capsules.[3] Strengths and quantities of Loreev XR needed for dosing of up to 10 mg per day are in Table 1.

Table 1. Loreev XR Dosing up to 10 mg per Day.[3]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of lorazepam. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Lorazepam 0.5 mg, 1 mg, 2 mg tablets (Ativan, generic)

1. If the patient is dosing more frequently than three times a day or needs higher daily doses, approve the requested quantity not to exceed a quantity sufficient for up to 10 mg per day for a 30-day supply at retail and for a 90-day supply at home delivery.

Lorazepam 2 mg/ml oral concentrate

1. If the patient needs a dose greater than 6 mg per day, approve the requested quantity not to exceed 150 mL per 30 days at retail and not to exceed 450 mL per 90 days at home delivery.

Note: This override provides a quantity sufficient for a dose of up to 10 mg per day.

Loreev XR (lorazepam 1 mg extended-release capsules)

1. If the patient needs a dose greater than 3 mg per day, approve the requested quantity not to exceed 210 extended-release capsules per 30 days at retail and not to exceed 630 extended-release capsules per 90 days at home delivery.
   Note: This override provides a quantity sufficient for a dose of up to 10 mg per day.

Loreev XR (lorazepam 1.5 mg extended-release capsules)

1. If the patient needs a dose greater than 3 mg per day, approve the requested quantity not to exceed 150 extended-release capsules per 30 days at retail and not to exceed 450 extended-release capsules per 90 days at home delivery.
   Note: This override provides a quantity sufficient for a dose of up to 10 mg per day.

Loreev XR (lorazepam 2 mg extended-release capsules)

1. If the patient needs a dose greater than 3 mg per day, approve the requested quantity not to exceed 150 extended-release capsules per 30 days at retail and not to exceed 450 extended-release capsules per 90 days at home delivery.
   Note: This override provides a quantity sufficient for a dose of up to 10 mg per day.

Loreev XR (lorazepam 3 mg extended-release capsules)

1. If the patient needs a dose greater than 3 mg per day, approve the requested quantity not to exceed 90 extended-release capsules per 30 days at retail and not to exceed 270 extended-release capsules per 90 days at home delivery.
   Note: This override provides a quantity sufficient for a dose of up to 10 mg per day.

REFERENCES

14. Ativan® tablets [prescribing information]. Bridgewater, NJ: Bausch; January 2023.
15. Lorazepam oral concentrate [prescribing information]. Glasgow, KY: Amneal; July 2023.
16. Loreev XR™ extended-release capsules [prescribing information]. Morristown, NJ: Almatica; January 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Benzodiazepine (selected) 14-Day Supply Dispensing Limit for InMynd – Drug Quantity Management Policy – Per Rx

- Ativan® (lorazepam tablets – Bausch, generic)
- lorazepam oral concentrate – generic only
- Klonopin® (clonazepam tablets – Cheplapharm, generic)
- clonazepam orally disintegrating tablets (ODT) – generic only
- Xanax® (alprazolam tablets – Upjohn, generic)
- Xanax® XR (alprazolam extended-release tablets – Upjohn, generic)
- alprazolam orally disintegrating tablets (ODT) – generic only
- alprazolam intensol oral solution – generic only
- Valium® (diazepam tablets – Waylis, generic)
- diazepam oral solution – generic only
- diazepam concentrate oral solution – generic only

REVIEW DATE: 08/23/2023

OVERVIEW

Benzodiazepines, as a class, are indicated for use in a wide variety of conditions, including insomnia, anxiety disorders, seizure disorders, skeletal muscle relaxation, and alcohol withdrawal.[1-6] The benzodiazepines are differentiated by their pharmacokinetic profiles, which reflect differences in half-life (long-acting, intermediate-acting, and short-acting), onset of action (rapid, intermediate, or slow), and metabolic outcomes (with or without active metabolites).

Physiologic and psychological dependence occurs as a consequence of regular use of therapeutic doses. Because of these dependence consequences, this class of drugs is best avoided in patients with a history of substance abuse. Physiologic benzodiazepine dependence occurs as a consequence of regular use of benzodiazepines, but does not indicate drug misuse or abuse.

Benzodiazepines are best used in the short-term treatment of symptoms of acute anxiety, as temporary adjuncts to selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrine reuptake inhibitors (SNRIs) during treatment initiation, and for temporary use during periods of anxiety exacerbation during long-term treatment. Guidelines for the treatment of anxiety disorders, obsessive-compulsive disorder, and posttraumatic stress disorder recommend benzodiazepines as adjunctive therapy for a maximum of two to four weeks to reduce the risks of dependence and tolerance. Patients should be assessed regularly and the need for continued treatment should be evaluated.

Dosing

Dosing for the benzodiazepines varies depending on the therapeutic use.

Availability

The benzodiazepines within this policy include tablets, orally disintegrating tablets, oral solutions and oral concentrate solutions. As new products or dosage forms become available, they will roll into this policy and the list will be updated periodically.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of benzodiazepines. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: This policy will target new users of the targeted benzodiazepine products only. If the patient has a history of one of the targeted benzodiazepines within the past 130 days, the claim will adjudicate. If the patient has a prescription for an oncology medication, anticonvulsant, antidepressant or antipsychotic (see Appendix A for STC codes/descriptions used) within a 180-day period, the claim will adjudicate. When available, ICD-10 codes for cancer/hospice, seizure disorders will be used as part of automation to allow approval of the requested medication (see Appendix B).

Drug Quantity Limits

A quantity sufficient for a 14-day supply will be covered without Prior Authorization. Additional quantities for greater than a 14-day supply will require coverage review.

CRITERIA

1. Approve the quantity requested at retail or home delivery in patients who meet ONE of the following (A, B, or C):

- **A)** Patient has ONE of the following diagnoses (i, ii, iii, iv, or v):
  - **i.** Seizure disorder (e.g.; absence/petit-mal, atonic, tonic-clonic/grand mal, myoclonic, simple focal, complex focal, secondary generalized); OR
  - **ii.** Depression; OR
  - **iii.** Schizophrenia; OR
  - **iv.** Bipolar disorder; OR
  - **v.** Cancer; OR
- **B)** Patient is in a hospice program, end-of-life care, or palliative care; OR
- **C)** For patients who do not meet criteria A or B, approve if the patient meets the following criteria (i and ii):
  - **i.** According to the prescriber, the patient's of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP); AND
  - **ii.** According to the prescriber, the risks (e.g., addiction, overdose) and realistic benefits of benzodiazepine therapy have been discussed with the patient.

REFERENCES

1. Reinhold JA and Rickels K. Pharmacological treatment for generalized anxiety disorder in adults: an update. *Expert Opin Pharmacother*. 2015;16(11):1669-1681.
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3. Strawn JR, Geracioti L, Rajdev N, Clemenza K, and Levine A. Pharmacotherapy for generalized anxiety disorder in adult and pediatric patients: an evidence-based treatment review. *Expert Opin Pharmacother*. 2018;19(10)1057-1070.
4. Locke A, Kirst N, Shultz C. Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults. *Am Fam Physician*. 2015;91(9):617-624.
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APPENDIX A

Note: These lists are not inclusive. As new drugs become available, they will roll into this policy and the list will be updated periodically.

Oncology Drugs

* Excluding topical products

Antidepressants/Antipsychotic Drugs

APPENDIX B

*Indicates the inclusion of subheadings.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Bone Modifiers – Teriparatide Drug Quantity Management Policy – Per Days
- Forteo® (teriparatide subcutaneous injection – Eli Lilly)
- Teriparatide subcutaneous injection (Alvogen)

REVIEW DATE: 05/03/2023

OVERVIEW

Teriparatide products, which are parathyroid hormone analogs (PTH 1-34), are indicated for the following uses:[1,2]

- **Glucocorticoid-induced osteoporosis (treatment)**, in men and women at high risk for fracture associated with sustained systemic glucocorticoid therapy (daily dosage equivalent to 5 mg or greater of prednisone).
- **Osteoporosis, treatment of postmenopausal women** at high risk for fracture.
- **Osteoporosis, to increase bone mass in men with primary or hypogonadal osteoporosis** at high risk for fracture.

Teriparatide has been used for patients with hypoparathyroidism.[3-8] Natpara® (parathyroid hormone subcutaneous injection) is indicated as an adjunct to calcium and vitamin D to control hypocalcemia in patients with hypoparathyroidism. However, there is a recall of Natpara and teriparatide is one of two main alternatives recommended in a joint guidance statement from the American Society for Bone and Mineral Research and Endocrine Society for patients with hypoparathyroidism transitioning from Natpara.[3]

Dosing

The recommended dose of teriparatide in osteoporosis is 20 mcg given subcutaneously (SC) once daily (QD).[1,2] The use of teriparatide for > 2 years during a patient's lifetime for the FDA-approved indications should only be considered if a patient remains at or has returned to having a high risk for fracture.

For hypoparathyroidism, teriparatide has been studied at a dose of 20 mcg twice daily (BID), but higher doses (up to 100 mcg given daily or every other day) have also been used.[4-6]

Availability

Forteo is available as a 600 mcg/2.4 mL (250 mcg/mL) prefilled pen, containing 28 daily doses of 20 mcg each.[1] Teriparatide is available as a 620 mcg/2.48 mL (250 mcg/mL) prefilled pen, containing 28 daily doses of 20 mcg each.[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of teriparatide. The quantity limit is specific to the specific chemical entity for all strengths combined. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Forteo 600 mcg/2.4 mL pen

1. If the request is for the treatment of hypoparathyroidism, approve the requested quantity, not to exceed 12 mL (5 pens) per 28 days at retail or 36 mL (15 pens) per 84 days at home delivery.

Note: This is a quantity sufficient to provide 100 mcg per day.

Teriparatide 620 mcg/2.48 mL pen

1. If the request is for the treatment of hypoparathyroidism, approve the requested quantity, not to exceed 12.4 mL (5 pens) per 28 days at retail or 37.2 mL (15 pens) per 84 days at home delivery.

Note: This is a quantity sufficient to provide 100 mcg per day.

REFERENCES

1. Forteo® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; September 2021.
2. Teriparatide subcutaneous injection [prescribing information]. Morristown, NJ: Alvogen; October 2019.
3. Joint American Society for Bone and Mineral Research (ASBMR) and Endocrine Society guidance on transitioning hypoparathyroidism patients from Natpara. Available at: Joint American Society for Bone and Mineral Research (ASBMR) – Endocrine Society Guidance on Transitioning Hypoparathyroidism Patients from NATPARA® - American Society for Bone and Mineral Research. Accessed on March 23, 2023.
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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Bone Modifiers – Xgeva Drug Quantity Management Policy – Per Rx
- Xgeva® (denosumab subcutaneous injection – Amgen)

REVIEW DATE: 01/23/2023

OVERVIEW

Xgeva, a receptor activator of nuclear factor kappa-B ligand inhibitor, is indicated for the following uses[1]:

- **Giant cell tumor of bone**, treatment of adults and skeletally mature adolescents with disease that is unresectable or where surgical resection is likely to result in severe morbidity.
- **Hypercalcemia of malignancy**, treatment of, that is refractory to bisphosphonate therapy.
- **Skeletal-related events**, prevention of, in patients with multiple myeloma and in those with bone metastases from solid tumors.

Another injectable formulation of denosumab, Prolia®, is available, but it is not included in this policy.[2]

Dosing

Xgeva is given as a subcutaneous injection as follows:[1]

- **Giant Cell Tumor of Bone and Hypercalcemia of Malignancy:** 120 mg given by subcutaneous injection once every 4 weeks with additional doses of 120 mg on Days 8 and 15 of the first month of therapy.
- **Skeletal-related events:** 120 mg given by subcutaneous injection once every 4 weeks.

Availability

Xgeva is available as a 120 mg/1.7 mL single-dose vial.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Xgeva. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

7. If the patient has giant cell tumor of bone and is initiating therapy, approve a one-time override for the requested quantity, not to exceed 5.1 mL (3 vials) at retail or home delivery.

8. If the patient has hypercalcemia of malignancy and is initiating therapy or is repeating treatment (up to six times per year), approve a one-time override for the requested quantity, not to exceed 5.1 mL (3 vials) at retail or home delivery.

REFERENCES

1. Xgeva® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; June 2020.
2. Prolia® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; January 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Bowel Agents – Lubiprostone Drug Quantity Management Policy – Per Rx
- Amitiza® (lubiprostone capsules – Sucampo/Takeda, generic)

REVIEW DATE: 06/08/2023

OVERVIEW

Lubiprostone (Amitiza, generic), a chloride channel activator, is indicated for the following uses:[1]

- **Chronic idiopathic constipation** (CIC) in adults.
- **Opioid-induced constipation** (OIC) in adults with chronic, non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation.
  Limitation of Use: Effectiveness of lubiprostone in the treatment of OIC in patients taking diphenylheptane opioids (e.g., methadone) has not been established.
- **Irritable bowel syndrome with constipation** (IBS-C) in women ≥ 18 years old.

Dosing

The recommended dose of lubiprostone for CIC and OIC is 24 mcg twice daily (BID).[1] For IBS-C, the recommended dose is 8 mg BID. For patients with moderate and severe hepatic impairment, dose reductions are recommended (Table 1).

Table 1. Lubiprostone Hepatic Dosing Recomendations.[1]
CIC – Chronic idiopathic constipation; OIC – Opioid-induced constipation; IBS-C – Irritable bowel syndrome with constipation; BID – Twice daily; * If the dose is tolerated and an adequate response has not been obtained after an appropriate interval, doses can then be escalated to full dosing with appropriate monitoring of patient response; QD – Once daily.

Availability

Lubiprostone (Amitiza, generic) is available as 8 mg and 24 mg capsules supplied in bottles of 60 capsules.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of lubiprostone (Amitiza, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Lubiprostone 8 mcg capsules (Amitiza, generic)

2. If the patient requires a dose of 16 mcg twice daily, approve 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

Lubiprostone 24 mcg capsules (Amitiza, generic)

No overrides recommended.

REFERENCES

39. Amitiza® capsules [prescribing information]. Bedminster, NJ and Lexington, MA: Sucampo/Takeda; November 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Cabergoline Drug Quantity Management Policy – Per Days
- Cabergoline tablets – generic only

REVIEW DATE: 06/14/2023

OVERVIEW

Cabergoline tablets are indicated for the treatment of **hyperprolactinemic disorders**, either idiopathic or due to pituitary adenomas.[1]

Cabergoline has also been used off-label for the management of acromegaly, Parkinson's disease, and Cushing's syndrome.[2-8]

Dosing

The recommended dose of cabergoline for hyperprolactinemic disorder is 0.25 mg twice weekly.[1] The dose may be increased by 0.25 mg twice weekly up to a maximum dose of 1 mg twice weekly (4 x 0.5 mg tablets/week). Dose adjustments should not occur more frequently than every 4 weeks. Some patients have required doses up to 11 mg/week to overcome resistance.[2]

For acromegaly, cabergoline has been used at doses ranging from 0.3 mg/week to 7 mg/week.[3,4] For Parkinson's disease, cabergoline has been used at doses up to 20 mg/day[5] For restless leg syndrome, cabergoline has been used at doses of up to 3 mg/day.[6,8] For Cushing's syndrome, cabergoline has been used at doses up to 7 mg/week.[7]

Availability

Cabergoline is available as 0.5 mg scored tablets in bottles containing 8 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of cabergoline. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

[*] 8 tablets provide adequate quantity of medication for 4 weeks of therapy at retail or 12 weeks of therapy at home delivery at a dose of 0.5 mg twice weekly.

CRITERIA

1. If the patient has hyperprolactinemia, approve the requested quantity not to exceed 88 tablets per 28 days at retail or 264 tablets per 84 days at home delivery.
Note: For hyperprolactinemic disorder, patients may require doses up to 11 mg per week to overcome resistance.[2]

2. If the patient has acromegaly, approve the requested quantity not to exceed 56 tablets per 28 days at retail or 168 tablets per 84 days at home delivery.
Note: For acromegaly, cabergoline has been used at doses ranging from 0.3 mg/week to 7 mg/week.[3,4]

3. If the patient has Parkinson's disease, approve the requested quantity not to exceed 1,120 tablets per 28 days at retail or 3,360 tablets per 84 days at home delivery at home delivery.
Note: For Parkinson's disease, cabergoline has been used at doses up to 20 mg/day.[5]

4. If the patient has restless legs syndrome, approve the requested quantity not to exceed 168 tablets per 28 days at retail or 504 tablets per 84 days at home delivery.
Note: For restless leg syndrome, cabergoline has been used at doses of up to 3 mg/day.[6,8]

5. If the patient has Cushing's syndrome, approve the requested quantity not to exceed 56 tablets per 28 days at retail or 168 tablets per 84 days at home delivery.
Note: For Cushing's syndrome, cabergoline has been used at doses up to 7 mg/week.[7]

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Calcitonin Gene-Related Peptide Inhibitors – Aimovig Drug Quantity Management Policy – Per Days

- Aimovig® (erenumab-aooe subcutaneous injection – Amgen)

REVIEW DATE: 04/24/2023

OVERVIEW

Aimovig, a calcitonin gene-related peptide (CGRP) receptor antagonist, is indicated for the **preventive treatment of migraine** in adults.[1]

Dosing

The recommended dose of Aimovig is 70 mg injected subcutaneously (SC) once monthly.[1] Some patients may benefit from a dose of 140 mg SC once monthly. If a dose of Aimovig is missed, administer as soon as possible. Thereafter, Aimovig can be scheduled monthly from the date of the last dose.

Availability

Aimovig is available as 70 mg/mL and 140 mg/mL single-dose prefilled auto-injectors.[1] Aimovig is also approved to be supplied as 70 mg/mL and 140 mg/mL single-dose prefilled syringes; however, the prefilled syringes are not currently available.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Aimovig. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

SC – Subcutaneous.

CRITERIA

Aimovig 70 mg/mL prefilled auto-injectors

1. If the patient requires a dose titration from 70 mg once monthly to 140 mg once monthly, approve a one-time override for one 70 mg/mL prefilled syringe or auto-injector at retail or home delivery.
   Note: In other situations where the patient is changing to a 140 mg once monthly dose, the 140 mg/mL auto-injector should be used.

Aimovig 140 mg/mL prefilled auto-injector/syringes

No overrides recommended.

REFERENCES

17. Aimovig® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; October 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Calcitonin Gene-Related Peptide Inhibitors – Emgality Drug Quantity Management Policy – Per Days
- Emgality® (galcanezumab-gnlm subcutaneous injection – Eli Lilly)

REVIEW DATE: 03/23/2023

OVERVIEW

Emgality, a calcitonin gene-related peptide (CGRP) antagonist, is indicated for the following uses:[1]
- **Episodic cluster headache treatment** in adults.
- **Migraine headache prevention** in adults.

Migraine headaches have been defined as chronic or episodic. Chronic migraine is described by the International Headache Society as headache occurring on ≥ 15 days/month for more than 3 months, which has the features of migraine headache on ≥ 8 days/month.[2] Episodic migraine is characterized by headaches that occur < 15 days/month.[3] Episodic migraine is more common than chronic migraine; however, chronic migraine is associated with a markedly greater personal and societal burden.

Cluster headaches are associated with attacks of severe, strictly unilateral pain, lasting 15 to 180 minutes.[2] The headaches occur from once every other day to eight times per day. Cluster headache is considered among the most severe of the primary headache disorders.[4] Episodic cluster headache is defined as cluster headache attacks occurring in periods lasting from 7 days to 1 year, separated by pain-free periods lasting ≥ 3 months. Typically, episodic cluster periods last between 2 weeks and 3 months. Chronic cluster headache attacks affect 10% to 15% of patients with cluster headache, lasting for ≥ 1 year without remission, or with remission periods lasting < 3 months.

Dosing

The recommended dosage of Emgality for preventative treatment of migraine is a 240 mg loading dose (two consecutive subcutaneous [SC] injections of 120 mg each), followed by 120 mg SC once a month.[1] The recommended dosage of Emgality for episodic cluster headache is 300 mg (three consecutive SC injections of 100 mg each) at the onset of the cluster period, and then monthly thereafter until the end of the cluster period.

Availability

Emgality is available as 120 mg/mL single-dose prefilled pens and prefilled syringes supplied in cartons containing one or two pens or syringes.[1] It is also available as a 100 mg/mL single-dose prefilled syringes in cartons containing three syringes.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Emgality. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

SC – Subcutaneous.

CRITERIA

Emgality 100 mg/mL prefilled syringes
No overrides recommended.

Emgality 120 mg/mL prefilled pens and syringes
1. If the patient is initiating therapy for the preventative treatment of migraine, approve a one-time override for two prefilled pens or syringes at retail or four prefilled pens or syringes at home delivery.

REFERENCES

18. Emgality® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; May 2022.
19. Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders: 3rd edition. *Cephalalgia*. 2018;38:1-211.
20. Lipton RB, Silberstein SD. Episodic and chronic migraine headache: breaking down barriers to optimal treatment and prevention. *Headache*. 2015;52:103-122.
21. Robbins MS, Starling AJ, Pringsheim TM, et al. Treatment of cluster headache: the American Headache Society evidence-based guidelines. *Headache*. 2016;56:1093-1106.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Cardiology – Verquvo Drug Quantity Management Policy – Per Rx
- Verquvo® (vericiguat tablets – Merck)

REVIEW DATE: 04/06/2023

OVERVIEW

Verquvo, a soluble guanylate cyclase (sGC), is indicated is indicated to **reduce the risk of cardiovascular death and heart failure hospitalization** following a hospitalization for heart failure or need for outpatient intravenous diuretics, in adults with symptomatic chronic heart failure and ejection fraction < 45%.[1]

Dosing

The recommended starting dose of Verquvo is 2.5 mg orally once daily (QD) with food.[1] The dose of Verquvo should be doubled approximately every 2 weeks as tolerated up to the target maintenance dose of 10 mg QD. For patients who are unable to swallow whole tablets, they may be crushed and mixed with water immediately prior to administration.

Availability

Verquvo is available as 2.5 mg, 5 mg, and 10 mg tablets.[1] The 2.5 mg and 5 mg tablets are supplied in bottles of 14 or 30 tablets and cartons of 100 tablets (10 blister packs of 10 tablets each). The 10 mg tablets are supplied in 30 and 90 count bottles, as well as cartons of 100 tablets (10 blister packs of 10 tablets each).

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Verquvo. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Verquvo 2.5 mg tablets

2. If the patient's dose is increasing from 2.5 mg to 5 mg once daily, approve a one-time override of 60 tablets at retail or home delivery.

Verquvo 5 mg tablets

1. If the patient's dose is increasing from 5 mg to 10 mg once daily, approve a one-time override of 60 tablets at retail or home delivery.

Verquvo 10 mg tablets

No overrides recommended.

REFERENCES

1. Verquvo® tablets [prescribing information]. Rahway, NJ: Merck; February 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Chorionic Gonadotropins Drug Quantity Management Policy – Per Rx
- Pregnyl® (chorionic gonadotropin injection [urine-derived] – Merck)
- Novarel® (chorionic gonadotropin injection [urine-derived] – Ferring)
- Chorionic gonadotropin injection [urine-derived] – Fresenius Kabi)

REVIEW DATE: 09/27/2023

OVERVIEW

Pregnyl, Novarel, and (human) chorionic gonadotropin (hCG) are indicated for the following:[1-3]

- **Prepubertal cryptorchidism** not due to anatomical obstruction. hCG is thought to induce testicular descent in situations when descent would have occurred at puberty. hCG may help predict whether or not orchiopexy will be needed in the future. In most cases, descent following hCG use is temporary, but in some instances, the descent is permanent. hCG therapy is usually initiated in children between the ages of 4 and 9 years.
- Selected cases of **hypogonadotropic hypogonadism in males** (hypogonadism secondary to a pituitary deficiency).
- **Induction of ovulation and pregnancy** in the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menotropins.

Of note, these hCG products are not indicated for use in assisted reproductive technology (ART)-programs, though they have been consistently used and studied for this indication.

Dosing and Availability

Table 1. Chorionic Gonadotropin Product Description/Dosing Regimens.[1-4]

IM – Intramuscular; * The dosage regimen used in any particular patient will depend upon the indication for the use, the age and weight of the patient, and the physician's preference. The regimens listed are from the prescribing information; TIW – Three times a week; OI – Ovulation induction; † following the last dose of gonadotropins (for Pregnyl); hCG – human chorionic gonadotropin.

Of note, there is another chorionic gonadotropic, Ovidrel® (choriogonadotropin alfa injection [recombinant]), which is also indicated for ovulation induction. Additionally, it is indicated for induction of final follicular maturation and early luteinization in infertile women who have undergone pituitary desensitization and who have been appropriately pretreated with follicle stimulating hormone as part of an ART program. It is not targeted by this quantity management policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the chorionic gonadotropins. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

Based on the dosing and availability above, six 5,000 USP unit vials (30,000 USP units) or three 10,000 USP unit vials (30,000 USP units) would provide a quantity sufficient for 30 days of therapy for most of the recommended dosing regimens for prepubertal cryptorchidism and hypogonadotropic hypogonadism in males and it would also be adequate for the induction of ovulation.

CRITERIA

Pregnyl 10,000 unit vials, Novarel 10,000 unit vials, Chorionic gonadotropin injection 10,000 unit vials

1. If the patient has prepubertal cryptorchidism not due to an anatomical obstruction, approve the requested quantity, not to exceed a total of 4 vials per dispensing at retail and 12 vials per dispensing at home delivery.
2. If the patient has hypogonadotropic hypogonadism (hypogonadism secondary to pituitary deficiency), approve the requested quantity, not to exceed a total of 6 vials per dispensing at retail and 18 vials per dispensing at home delivery.
3. For induction of ovulation and pregnancy, no overrides are recommended.

Novarel 5,000 unit vials

1. If the patient has prepubertal cryptorchidism not due to an anatomical obstruction, approve the requested quantity, not to exceed a total of 8 vials per dispensing at retail and 24 vials per dispensing at home delivery.
2. If the patient has hypogonadotropic hypogonadism (hypogonadism secondary to pituitary deficiency), approve the requested quantity, not to exceed 12 vials at retail and 36 vials per dispensing at home delivery.
3. For induction of ovulation and pregnancy, no overrides are recommended.

REFERENCES

40. Novarel® intramuscular injection [prescribing information]. Parsippany, NJ: Ferring; June 2023.
41. Pregnyl® intramuscular injection [prescribing information]. Whitehouse Station, NJ: Merck; March 2023.
42. Chorionic gonadotropin for intramuscular injection [prescribing information]. Lake Zurich, IL: Fresenius Kabi; April 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Coronavirus – Oral Medications for Treatment of Coronavirus Disease 2019 (COVID-19) Drug Quantity Management Policy – Per Days
- Lagevrio™ (molnupiravir capsules – Merck)
- Paxlovid™ (nirmatrelvir tablets; ritonavir tablets [co-packaged] – Pfizer)

REVIEW DATE: 09/11/2023

OVERVIEW

Lagevrio is a nucleoside analogue that inhibits SARS-CoV replication by viral mutagenesis.[1] It was issued Emergency Use Authorization for the treatment of **mild to moderate COVID-19 in adults** with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19, including hospitalization and death, and for whom alternative COVID-19 treatment options authorized by the FDA are not accessible or clinically appropriate.

Lagevrio limitations of authorized use include the following:[1]
- Lagevrio is not authorized for use in patient < 18 years of age.
- Lagevrio is not authorized for initiation of treatment in patients requiring hospitalization due to COVID-19. Benefit of treatment has not been observed when treatment was initiated after hospitalization due to COVID-19.
- Lagevrio is not authorized for pre-exposure or post-exposure prophylaxis for prevention of COVID-19.
- Lagevrio is not authorized for use longer than 5 consecutive days.

Paxlovid contains nirmatrelvir tablets (a SARS-CoV-2 [severe acute respiratory syndrome coronavirus 2] main protease inhibitor) co-packaged with ritonavir tablets (a cytochrome P450 [CYP]3A inhibitor).[2] Paxlovid is FDA-approved for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults who are at high risk for progression to severe COVID-19, including hospitalization or death. Paxlovid is not approved for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19.

Of note, the Centers for Disease Control and Prevention states that available evidence suggests that reinfection with SARS-CoV-2 with the same virus variant as the initial infection or reinfection with a different variant are both possible; early reinfection within 90 days of the initial infection can occur.[3]

Dosing

The recommended dose is as follows:[1,2]
- Paxlovid: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together twice daily (BID) for 5 days. Nirmatrelvir must be co-administered with ritonavir. Failure to correctly co-administer nirmatrelvir with ritonavir may result in plasma levels of nirmatrelvir that are insufficient to achieve the desired therapeutic effect.
  - Renal impairment: No dose adjustment is required for patients with mild renal impairment. In patients with moderate renal impairment, the recommended dose of Paxlovid is 150 mg nirmatrelvir (one 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) BID for 5 days. Use of Paxlovid is not recommended in patients with severe renal impairment.
- Lagevrio: 800 mg (four 200-mg capsules) taken orally every 12 hours for 5 days.

Treatment with Paxlovid or Lagevrio should be initiated as soon as possible after diagnosis of COVID-19 and within 5 days of symptom onset. Completion of the full 5-day treatment course and continued isolation in accordance with public health recommendations are important to maximize viral clearance and minimize transmission of SARS-CoV-2. Should a patient require hospitalization after starting treatment, the patient may complete the full 5-day treatment course per the healthcare provider's discretion.

Availability

Paxlovid is supplied in two different dose-packs (cartons)[2]:

- Carton containing 30 tablets divided in five daily-dose blister cards. Each daily blister card contains four nirmatrelvir 150 mg tablets and two ritonavir 100 mg tablets.
- Carton containing 20 tablets divided in five daily-dose blister cards. Each daily blister card contains two nirmatrelvir 150 mg tablets and two ritonavir 100 mg tablets.

Lagevrio is supplied as 200-mg capsules packaged in a bottle of 40 capsules.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of oral medications for the treatment of COVID-19. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below. All approvals will be reviewed by a clinician (nurse or pharmacist).

Automation: None.

Drug Quantity Limits

CRITERIA

Paxlovid tablets

1. Approve a one-time override for a second course of treatment (either one 30 tablet carton or one 20 tablet carton) if the patient meets BOTH of the following (A and B):

A) Patient has a repeat diagnosis of COVID-19; AND
Note: This is a second diagnosis unrelated to the initial diagnosis of COVID-19 which was treated with Paxlovid.

B) At least 90 days have elapsed since completion of the initial course of Paxlovid for treatment of COVID-19.

Lagevrio capsules

1. Approve a one-time override for a second course of treatment (40 capsules) if the patient meets BOTH of the following (A and B):

A) Patient is has a repeat diagnosis of COVID-19; AND
Note: This is a second diagnosis unrelated to the initial diagnosis of COVID-19 which was treated with Lagevrio.

B) At least 90 days have elapsed since completion of the initial course of Lagevrio for treatment of COVID-19.

REFERENCES

43. Lagevrio™ capsules [Fact Sheet, Emergency Use Authorization]. Whitehouse Station, NJ: Merck; July 2023. Available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs. Accessed on August 14, 2023.
44. Paxlovid™ tablets [prescribing information]. New York, NY: Pfizer; May 2023.
45. Clinical considerations for care of children and adults with confirmed COVID-19: reinfection. Centers for Disease Control and Prevention Web site. Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/clinical-considerations-reinfection.html. Updated March 15, 2023. Accessed on August 14, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Corticosteroids (Nasal) – Mometasone Drug Quantity Management Policy – Per Rx
- mometasone furoate nasal spray (generic only)

REVIEW DATE: 04/12/2023

OVERVIEW

Mometasone furoate nasal spray (generic to prescription Nasonex®, no longer available), a nasal corticosteroid, is indicated for:[1]

- **Prophylaxis of the nasal symptoms** of seasonal allergic rhinitis in patients ≥ 12 years of age.
- **Chronic rhinosinusitis with nasal polyps**, treatment in patients ≥ 18 years of age.

Dosing

The recommended dose of mometasone nasal spray in patients ≥ 12 years of age with seasonal allergic rhinitis is 2 sprays per nostril once daily (QD). For patients ≥ 18 years of age with chronic rhinosinusitis with nasal polyps, the recommended dose is 2 sprays per nostril twice daily. QD dosing may also be effective for some patients.

Availability

Mometasone nasal spray is available as a 17 g manual pump spray.[1] Each actuation delivers 50 mcg of mometasone furoate and there are 120 sprays per bottle.

In March 2022, the FDA-approval of Nasonex (mometasone furoate nasal spray) was changed from prescription to over-the-counter (OTC) status. Therefore, prescription brand Nasonex has been discontinued. Prescription generic products remain available. The OTC Nasonex 24HR Allergy product is NOT targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of mometasone furoate nasal spray. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

1. If the patient is treating nasal polyps, approve the requested quantity, not to exceed 34 grams (2 bottles) per dispensing at retail or 102 grams (6 bottles) per dispensing at home delivery.

REFERENCES

1. Nasonex® [prescribing information]. Whitehouse Station, NJ: Merck; June 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Corticosteroids (Nebulized) – Budesonide Drug Quantity Management Policy – Per Rx
- Pulmicort Respules® (budesonide inhalation suspension – AstraZeneca, generic)

REVIEW DATE: 02/01/2023

OVERVIEW

Indication

Budesonide inhalation suspension (Pulmicort Respules, generic) is indicated for the maintenance treatment of **asthma** and as prophylactic therapy in children 12 months to 8 years of age.[1]

Dosing

Recommended dosing for budesonide inhalation solution is provided in Table 1. Additionally, for symptomatic children not responding to non-steroidal therapy, an initial dose of 0.25 mg once daily (QD) may be considered.

Table 1. Budesonide Inhalation Solution Dosing.[1]
QD – Once daily; BID – Twice daily; ICS – Inhaled corticosteroids.

Availability

Budesonide inhalation suspension is available 0.25 mg/2 mL, 0.5 mg/2 mL, and 1 mg/2 mL in respules.[1] The respules are supplied in sealed aluminum enveloped containing a plastic strip of five single-dose respules. There are 30 respules in a carton.

Off-Label Use

Budesonide inhalation suspension is used off-label in patients ≥ 9 years of age who require budesonide therapy to be delivered via a nebulizer.[2] Dosing in patients 9 to 11 years of age is generally similar to that for patients ≤ 8 years of age. However, for patients ≥ 11 years of age, doses of 1 to 2 mg twice daily (max dose of 4 mg/day) have been used. Additionally, for the management of chronic obstructive pulmonary disease exacerbations in adults, nebulized budesonide at a dose of 1 to 2 mg once every 6 hours is a common dose. In this setting, the reported total daily dose range is 4 to 8 mg/day.

Budesonide has been proven to be an effective therapy for the treatment of eosinophilic esophagitis in randomized trials.[3,4] Doses of up to 2 mg daily, typically in divided doses of 1 mg twice daily, have been used.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of budesonide inhalation suspension (Pulmicort Respules, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

[α] Provides a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery at the recommended dosing intervals of once or twice daily; [β] Provides a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery at maximum recommended dosing.

CRITERIA

Budesonide Inhalation Suspension (Pulmicort Respules, generic) 0.25 mg/2 mL and 0.5 mg/2 mL respules
No overrides recommended.

Budesonide Inhalation Suspension (Pulmicort Respules, generic) 1 mg/2 mL respules

2. If the patient has esophageal eosinophilia/eosinophilic esophagitis, approve the requested quantity, not to exceed 120 mL (60 respules) per dispensing at retail or 360 mL (180 respules) per dispensing at home delivery.
3. If the patient is ≥ 11 years of age and according to the prescriber requires a dose greater than 1 mg per day, approve the requested quantity, not to exceed 240 mL (120 respules) per dispensing at retail or 720 mL (360 respules) per dispensing at home delivery.
4. If the patient is ≥ 18 years of age and is experiencing a chronic obstructive pulmonary disease exacerbation, approve a one-time override for the requested quantity, not to exceed 480 mL (240 respules) at retail or home delivery.

REFERENCES

46. Pulmicort Respules® inhalation suspension [prescribing information]. Wilmington, DE; AstraZeneca: December 2018.
47. Clinical Pharmacology [database online]. Elselvier, Inc.; 2023. Available at: https://www.clinicalkey.com/pharmacology/. Accessed on Jauary 19, 2023. Search terms: Budesonide.
48. Bonis PAL, Gupta SK. Treatment of eosinophilic esophagitis. Version 70.0. ©2023 UpToDate, Inc. Available at: www.uptodate.com. Updated November 21, 2022. Accessed on January 19, 2023.
49. Dellon ES, Gonsalves N, Hirano I, et al. ACG clinical guideline: Evidenced based approach to the diagnosis and management of esophageal eosinophilia and eosinophilic esophagitis (EoE). *Am J Gastroenterol*. 2013;108(5):679-92.

COPD – Chronic obstructive pulmonary disease.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Cushing's Disease – Isturisa Drug Quantity Management Policy – Per Rx
- Isturisa® (osilodrostat tablets – Recordati Rare Disease)

REVIEW DATE: 05/16/2023

OVERVIEW

Isturisa is a cortisol synthesis inhibitor indicated for the treatment of adults with **Cushing's disease** for whom pituitary surgery is not an option or has not been curative.[1]

Dosing

The recommended initial dose of Isturisa is 2 mg orally twice daily (BID).[1] The dose is titrated by 1 mg to 2 mg BID no more frequently than every 2 weeks based on the rate of cortisol changes, individual tolerability, and improvement in signs and symptoms of Cushing's disease. If a patient tolerates a dose of 10 mg BID and continues to have elevated 24-hour urine free cortisol levels above upper normal limit, the dose can be titrated further by 5 mg BID every 2 weeks. The maintenance dose of Isturisa is individualized and determined by titration based on cortisol levels and patient's signs and symptoms. In clinical trials, the maintenance dose varied between 2 mg and 7 mg BID. The maximum recommended maintenance dose of Isturisa is 30 mg BID.

Lower starting doses are recommended in patients with moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment.[1] Dose reductions are recommended when Isturisa is used with a strong cytochrome P450(CYP) 3A inhibitor. The dose of Isturisa may need to be increased if used with strong inducers of CYP3A4 and CYP2B6. Dose modifications of Isturisa are guided by cortisol concentration and the patient's signs and symptoms.

Availability

Isturisa is available as 1 mg, 5 mg, and 10 mg tablets.[1] The tablets are supplied in cartons containing three blister packs (60 tablets) or one blister pack (20 tablets); each blister pack contains 20 tablets.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Isturisa. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Isturisa 1 mg tablets

3. If the patient is taking 6 mg twice daily, approve 360 tablets per dispensing at retail or 1,080 tablets per dispensing at home delivery.

4. If the patient is taking 7 mg twice daily, approve 420 tablets per dispensing at retail or 1,260 tablets per dispensing at home delivery.

5. If the patient is taking 8 mg twice daily, approve 480 tablets per dispensing at retail or 1,440 tablets per dispensing at home delivery.
6. If the patient is taking 9 mg twice daily, approve 540 tablets per dispensing at retail or 1,620 tablets per dispensing at home delivery.

Isturisa 5 mg tablets

1. If the patient is taking 15 mg twice daily, approve 180 tablets per dispensing at retail or 540 per dispensing at home delivery.
2. If the patient is taking 25 mg twice daily, approve 300 tablets per dispensing at retail or 900 tablets per dispensing at home delivery.

Isturisa 10 mg tablets

No overrides recommended.

REFERENCES

50. Isturisa® tablets [prescribing information]. Lebanon, NJ: Recordati Rare Disease; March 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Cystic Fibrosis – Trikafta Drug Quantity Management Policy – Per Rx

- Trikafta® (elexacaftor/tezacaftor/ivacaftor tablets; ivacaftor tablets [co-packaged] and elexacaftor/tezacaftor/ivacaftor oral granules; ivacaftor oral granules [co-packaged] – Vertex)

REVIEW DATE: 05/31/2023

OVERVIEW

Trikafta is a combination of ivacaftor, a cystic fibrosis transmembrane regulator (CFTR) potentiator, tezacaftor, and elexacaftor. It is indicated for the **treatment of cystic fibrosis (CF)** in patients ≥ 2 years of age who have:

- At least one F508del mutation in the CFTR gene; OR
- A mutation in the CFTR gene that is responsive to Trikafta based on in vitro data.[1]

Dosing

The recommended dosage of Trikafta for adult and pediatric patients ≥ 2 years of age is provided in Table 1.[1] The morning and the evening dose should be taken approximately 12 hours apart. Dose reductions may be needed to manage hepatic impairment.

The entire contents of each packet of Trikafta oral granules should be mixed with one teaspoon (5 mL) of age-appropriate soft food or liquid that is at or below room temperature for administration.

Table 1. Recommended Dosage of Trikafta.[1]

Availability
Trikafta is available as the following dosage forms:

- Fixed-dose tablets:
  - Elexacaftor 50 mg/tezacaftor 25 mg/ivacaftor 37.5 mg tablets co-packaged with ivacaftor 75 mg tablets. Each carton contains 84 tablets (56 combination tablets and 28 single tablets).
  - Elexacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75 mg tablets co-packaged with ivacaftor 150 mg tablets. Each carton contains 84 tablets (56 combination tablets and 28 single tablets).
- Unit dose packets of oral granules:
  - Elexacaftor 80 mg, tezacaftor 40 mg, and ivacaftor 60 mg packets and ivacaftor 59.5 mg packets. Each carton contains 56 packets (28 combination packets and 28 single packets).
  - Elexacaftor 100 mg, tezacaftor 50 mg, and ivacaftor 75 mg packets and ivacaftor 75 mg packets. Each carton contains 56 packets (28 combination packets and 28 single packets).

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Trikafta. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Trikafta Oral Granules (elexacaftor 80 mg, tezacaftor 40 mg, ivacaftor 60 mg packets co-packaged with ivacaftor 59.5 mg packets)
No overrides recommended.

Trikafta Oral Granules (elexacaftor 100 mg, tezacaftor 50 mg, ivacaftor 75 mg packets co-packaged with ivacaftor 75 mg packets)

9. If the patient is 6 to 11 years of age and weighs ≥ 30 kg, approve the requested quantity, not to exceed 112 packets per dispensing at retail or 336 packets per home delivery.

10. If the patient is ≥ 12 years of age, approve the requested quantity, not to exceed 112 packets per dispensing at retail or 336 packets per home delivery.

Trikafta Tablets (elexacaftor 100 mg, tezacaftor 50 mg, ivacaftor 75 mg tablets co-packaged with ivacaftor 75 mg tablets)
No overrides recommended.

Trikafta Tablets (elexacaftor 50 mg/tezacaftor 25 mg/ivacaftor 37.5 mg tablets co-packaged with ivacaftor 75 mg tablets)
No overrides recommended.

REFERENCES

51. Trikafta® tablets and oral granules [prescribing information]. Boston, MA: Vertex; April 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Dermatology – Vtama Drug Quantity Management Policy – Per Days
- Vtama® (tapinarof 1% cream – Dermavant)

REVIEW DATE: 06/08/2023

OVERVIEW
Vtama, an aryl hydrocarbon receptor agonist, is indicated for the topical treatment of **plaque psoriasis** in adults.[1]

Dosing
Apply a thin layer of Vtama to the affected area(s) once daily (QD).[1] The pivotal studies enrolled patients with plaque psoriasis, with a body surface area involvement of 3% to 20%.

Availability
Vtama is available as a 1% cream, supplied in 60 g tubes.[1]

Application Information
For topical product application, a standard measure, the finger-tip unit (FTU), is often used.[2,3] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 2 g of a topical agent would provide enough product for one application to approximately 8% of the patient's BSA.

Based on the FTU method, the quantity limits of 60 g per 30 days are estimated to provide enough Vtama to cover approximately 8% of the patient's BSA when applying QD for 1 month (30 days).

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Vtama. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

11. If a patient needs to treat greater than 8% of their body surface area, approve the requested quantity, not to exceed 180 grams (3 tubes) per 30 days at retail and 540 grams (9 tubes) at home delivery.

REFERENCES

52. Vtama® topical cream [prescribing information]. Long Beach, CA: Dermavant; May 2022.
53. Elmets CA, Korman NJ, Prater EF, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. *J Am Acad Dermatol* 2021;84(2):432-470.
54. Stacey SK, McEleney M. Topical corticosteroids: choice and application. *Am Fam Physician*. 2021;103(6):337-343.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Dermatology – Zoryve Drug Quantity Management Policy – Per Days
- Zoryve™ (roflumilast 0.3% cream – Arcutis Biotherapeutics)

REVIEW DATE: 08/23/2023

OVERVIEW

Zoryve, a phosphodiesterase 4 inhibitor, is indicated for the topical treatment of **plaque psoriasis**, including intertriginous areas, in patients ≥ 12 years of age.[1]

Dosing

Apply Zoryve to affected areas once daily (QD) and rub in completely.[1] The pivotal studies enrolled patients with plaque psoriasis, with a body surface area involvement of 2% to 20%.

Availability

Zoryve is available as a 0.3% cream (3 mg of roflumilast per gram), supplied in 60 g tubes.[1]

Application Information

For topical product application, a standard measure, the finger-tip unit (FTU), is often used.[2] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 2 g of a topical agent would provide enough product for one application to approximately 8% of the patient's BSA.

Based on the FTU method, the quantity limit of 60 g per 30 days at retail and 180 g per 90 days at home delivery is estimated to provide enough Zoryve to cover approximately 8% of the patient's BSA when applying QD for 1 month (30 days) or 3 months (90 days), respectively.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Zoryve. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

12. If a patient needs to treat greater than 8% of their body surface area, approve the requested quantity, not to exceed 180 grams (3 tubes) per 30 days at retail and 540 grams (9 tubes) per 90 days at home delivery.

REFERENCES

55. Zoryve™ cream [prescribing information]. Westlake, CA; Arcutis: July 2022.
56. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 3. Guidelines of care for the management and treatment of psoriasis with topical therapies. *J Am Acad Dermatol.* 2009;60(4):643-659.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Diabetes – Canagliflozin Products Drug Quantity Management Policy – Per Rx
- Invokana® (canagliflozin tablets – Janssen)
- Invokamet® (canagliflozin and metformin HCl tablets – Janssen)
- Invokamet® XR (canagliflozin and metformin HCl extended-release tablets – Janssen)

REVIEW DATE: 06/01/2023

OVERVIEW

Invokana, Invokamet, and Invokamet XR are products that all contain canagliflozin, a sodium-glucose co-transporter-2 (SGLT-2) inhibitor.[1] Invokamet and Invokamet XR are combination products that contain canagliflozin in combination with metformin HCl.[2] These agents are indicated as an adjunct to diet and exercise to **improve glycemic control** in adults with **Type 2 diabetes mellitus**.[1,2]

The canagliflozin component, specifically, is indicated in patients with **Type 2 diabetes mellitus**:
- To **reduce the risk of major adverse cardiovascular events** in adults with established cardiovascular disease.
- To **reduce the risk of end-stage kidney disease, doubling of serum creatinine, cardiovascular death, and hospitalization for heart failure** in adults with diabetic nephropathy with albuminuria.

Limitation of Use: Invokana is not recommended for use in patients with Type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients. Invokana is not recommended for use to improve glycemic control in adults with Type 2 diabetes mellitus with an estimated glomerular filtration rate (eGFR) less than 30 mL/min/1.73m^2. Invokana is likely to be ineffective in this setting based upon its mechanism of action.

Dosing

Invokana

The recommended dose of Invokana for glycemic control is 100 mg once daily (QD).[1] The dose may be increased to 300 mg QD if needed for additional glycemic control. Dose reductions may be needed for patients with renal dysfunction.

Invokamet/Invokamet XR

Invokamet is dosed as one tablet twice daily (BID) and Invokamet XR is dosed as two tablets QD, with the initial and maintenance dosing based on the patient's renal function and current medication regimen.[2] Following initial dosing, if patients require additional glycemic control, the dose can be titrated up, to a maximum daily dose of canagliflozin 300 mg and metformin HCl 2,000 mg, in patients with an eGFR of 60 mL/min/1.73m^2. For patients with renal impairment, the maximum recommended dose is lower. Initiation of Invokamet or Invokamet XR is not recommended in patients with an eGFR < 45 mL/min/1.73 m^2, due to the metformin component.

Drug Interactions

If the patient is taking a canagliflozin product with a UDP-glucuronosyltransferase (UGT) inducer (e.g., rifampin, phenytoin, phenobarbital, ritonavir), the total daily dose should be increased from 100 mg to 200 mg.[1,2] If the patient has an eGFR ≥ 60 mL/min/1.73 m^2, the daily dose may be further increased to 300 mg, if needed for additional glycemic control.

Availability

Invokana is available as 100 mg tablets and 300 mg tablets in bottles of 30 or 90 tablets.[1]

Invokamet and Invokamet XR are each available as tablets containing 50 mg/500 mg, 50 mg/1,000 mg, 150 mg/500 mg, and 150 mg/1,000 mg of canagliflozin/metformin, respectively, supplied in bottles of 60 tablets.[2] Invokamet XR differs from Invokamet in that it provides canagliflozin for immediate-release and metformin HCl for extended-release.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the canagliflozin products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Invokana 100 mg tablets

1. If the patient is taking Invokana with a UDP-glucuronosyltransferase (UGT) inducer approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Note: Examples of UGT inducers include rifampin, phenytoin, phenobarbital, and ritonavir.

Invokana 300 mg tablets
No overrides recommended.

Invokamet 50 mg/500 mg tablets

1. If the patient is taking Invokamet with a UDP-glucuronosyltransferase (UGT) inducer, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.

Note: Examples of UGT inducers include rifampin, phenytoin, phenobarbital, and ritonavir.

Invokamet 50 mg/1,000 mg tablets
No overrides recommended.
Invokamet 150 mg/500 mg tablets
No overrides recommended.

Invokamet 150 mg/1,000 mg tablets
No overrides recommended.

Invokamet XR 50 mg/500 mg tablets

1. If the patient is taking Invokamet XR with a UDP-glucuronosyltransferase (UGT) inducer, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.

Note: Examples of UGT inducers include rifampin, phenytoin, phenobarbital, and ritonavir.

Invokamet XR 50 mg/1,000 mg tablets
No overrides recommended.

Invokamet XR 150 mg/500 mg tablets
No overrides recommended.

Invokamet XR 150 mg/1,000 mg tablets
No overrides recommended.

REFERENCES

1. Invokana® tablets [prescribing information]. Titusville, NJ: Janssen; October 2022.
2. Invokamet® tablets/Invokamet® XR extended-release tablets [prescribing information]. Titusville, NJ: Janssen; October 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Diabetes – Metformin Extended-Release Drug Quantity Management Policy – Per Rx
- Fortamet® (metformin extended-release tablets – Shionogi, generic [brand obsolete])
- metformin HCl extended-release tablets (generic only)
- Glumetza® (metformin extended-release tablets – Salix, generic)

REVIEW DATE: 07/05/2023

OVERVIEW

The extended-release metformin products are indicated as adjunct to diet and exercise to improve glycemic control in adults with **type 2 diabetes mellitus**.[1-3]

Dosing

Recommended dosing is similar for all of the extended-release metformin products.[1-3] The recommended starting dose is 500 mg once daily (QD) with the evening meal. The dose may be increased in increments of 500 mg weekly depending on glycemic control and tolerability, up to a maximum recommended dose of 2,000 mg QD. If this dose does not provide adequate glycemic control, consider a dose of 1,000 mg twice daily (BID). According to Glucophage XR (product obsolete) labeling, if higher doses are required, the patient should switch to metformin immediate-release at total daily doses of up to 2,550 mg.[2]

Availability

Fortamet is obsolete, but generics are available as 500 mg and 1,000 mg tablets.[1] Another product, Glucophage XR, is also obsolete, but generics are available as 500 mg and 750 mg tablets.[2] Glumetza (generic) is available as 500 mg and 1,000 mg tablets.[3]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of extended-release metformin. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Metformin 500 mg extended-release tablets (Fortamet, generic [brand no longer available])

1. If the patient is taking 1,500 mg per day, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Note: At a dose of 1,500 mg per day, 90 of the 500 mg tablets is a quantity sufficient to allow for a 30-day supply per dispensing at retail or 270 tablets is a quantity sufficient to allow for a 90-day supply per dispensing at home delivery. If the patient is taking a dose of 1,000 mg or 2,000 mg daily, they should be referred to the 1,000 mg tablet. If a higher dose of metformin is required, metformin immediate-release tablets should be used.

Metformin 1,000 mg extended-release tablets (Fortamet, generic [brand no longer available])
No overrides recommended.

Metformin 500 mg and 750 mg extended-release tablets (generic to formerly available Glucophage XR)
No overrides recommended.

Metformin 500 mg and 1,000 mg extended-release tablets (Glumetza, generic)
No overrides recommended.

REFERENCES

1. Fortamet® extended-release tablets [prescribing information]. Florham Park, NJ: Shionogi; November 2018.
2. Glucophage® tablets/Glucophage® XR extended-release tablets [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; May 2018.
3. Glumetza® extended-release tablets [prescribing information]. Bridgewater, NJ: Salix; August 2019.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Diabetes – Omnipod Pods Drug Quantity Management Policy – Per Days
- Omnipod® Classic Pods (Insulet)
- Omnipod DASH® Pods (Insulet)
- Omnipod® 5 G6 Pods (Insulet)
- Omnipod GO™ Pods (Insulet)

REVIEW DATE: 07/26/2023

OVERVIEW

The Omnipod® Insulin Management System, Omnipod DASH® Insulin Management System, Omnipod® 5 Automated Insulin Delivery System, and the Omnipod GO™ Insulin Delivery Device are subcutaneous (SC) insulin delivery systems.[1-4]

- The Omnipod Insulin Management System is intended for SC delivery of insulin at set and variable rates for the management of diabetes mellitus (DM) in persons requiring insulin and for the quantitative measurement of glucose in fresh capillary whole blood (in vitro) from the finger.[1]
- Omnipod DASH Insulin Management System is intended for SC delivery of insulin at set and variable rates (basal and bolus) for the management of DM in persons requiring insulin.[2] Omnipod DASH is indicated for patients of all ages with either Type 1 or Type 2 DM. Omnipod DASH is interoperable with a compatible blood glucose meter to receive and display blood glucose measurements.
- Omnipod 5 Automated Insulin Delivery System is intended for the SC delivery of insulin, at set and variable rates (basal and bolus), for the management of DM in persons requiring insulin.[3] It is indicated for patients with Type 1 DM ≥ 2 years of age. The Omnipod 5 is able to reliably and securely communicate with compatible, digitally connected devices, including automated insulin dosing software, to receive, execute, and confirm commands from these devices.
- Omnipod GO is intended for the SC infusion of insulin at a preset basal rate in one 24-hour time period for 3 days (72 hours) in adults with Type 2 DM.[4]

Dosing

For the Omnipod, Omnipod DASH, and Omnipod 5 systems, the pods should be replaced at least once every 72 hours or after delivering 200 units of U-100 insulin, whichever comes first.[1-3] Pods may also need to be replaced more frequently due to possible issues with the pod itself or the device. The type of insulin may also dictate how frequently the pod needs to be changed. Omnipod GO pods delivery insulin continuously for up to 72 hours at a fixed daily basal rate.[4]

The Omnipod and Omnipod DASH systems have been studied and found to be safe with the following U-100 rapid-acting insulins: NovoLog® (insulin aspart), Fiasp® (insulin aspart), Humalog® (insulin lispro), Lyumjev™ (insulin lispro-aabc), Apidra® (insulin glulisine), or Admelog® (insulin lispro). Novolog, Fiasp, Humalog, Lyumjev, and Admelog are compatible with for use up to 72 hours (3 days), while Apidra is compatible for use up to 48 hours (2 days).[1,2]

The Omnipod 5 system is compatible with NovoLog, Humalog, and Admelog, which can all be used for up to 72 hours (3 days).[3]

The Omnipod GO system is compatible with NovoLog, Fiasp, Humalog, Admelog, and Lyumjev, which can all be used for up to 72 hours (3 days).[4]

Availability

The Omnipod, Omnipod DASH, and Omnipod 5 systems are each made up of two parts: the pod, which delivers insulin to the patient, and the Personal Diabetes Manager (PDM), which allows the patient to control the pod.[1,2] The pod itself is a lightweight, self-adhesive device that the patient fills with insulin and wear directly on their body. Each pod requires a minimum of 85 units of U-100 insulin to begin operation and can hold up to 200 units. The pod is applied to the patient's skin with an adhesive, similar to an adhesive bandage and delivers insulin into through a small flexible cannula, based on instructions from the PDM.

Unlike the other Omnipod systems, Omnipod GO does not require the use of a dedicated controller or mobile application.[4] Omnipod GO pods deliver insulin at preprogrammed basal rates of 10, 15, 20, 25, 30, 35, or 40 units per day over 3 days (72 hours). Pods are available in packages of 5 pods each.

Of note, the pods from the different Omnipod systems are not interchangeable with one another. For example, Omnipod Pods will not be compatible with an Omnipod DASH system.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Omnipod Pods. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is enough drug to provide a patient with a new pod every 48 hours and allow for delivery approximately 200 units of a U-100 every 48 hours.

CRITERIA

Omnipod Classic Pods, Omnipod DASH Pods, Omnipod 5 Pods

13. If a patient requires the pod to be changed more frequently than every 48 hours, approve the requested quantity for a 30-day supply at retail and a 90-day supply at home delivery.

Omnipod GO Pods

No overrides recommended.

REFERENCES

57. Omnipod® Insulin Management System [user guide]. Acton, MA: Insulet; October 2021. Available at: https://www.omnipod.com/sites/default/files/2021-04/Omnipod-System_User-Guide_English.pdf
58. Omnipod DASH® Insulin Management System [user guide]. Acton, MA: Insulet; November 2022. Available at: https://www.omnipod.com/sites/default/files/2021-04/Omnipod-DASH_User-Guide_English.pdf
59. Omnipod® 5 Automated Insulin Delivery System [user guide]. Acton, MA: Insulet; November 2022. Available at: https://www.omnipod.com/sites/default/files/Omnipod-5_User-guide.pdf.
60. Omnipod GO™ Insulin Management System [fact sheet]. Acton, MA: Insulet; April 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Erectile Dysfunction Agents Drug Quantity Management Policy – Per Days

- Cialis® (tadalafil tablets – Eli Lilly, generic)
- Levitra® (vardenafil tablets – GlaxoSmithKline, generic [brand discontinued])
- Staxyn® (vardenafil orally disintegrating tablets – GlaxoSmithKline, generic [brand discontinued])
- Viagra® (sildenafil citrate tablets – Pfizer, generic)
- Caverject® and Caverject Impulse® dual chamber system (alprostadil injection [in lyophilized powder and aqueous forms] – Pfizer)
- Edex® (alprostadil injection – Auxilium)
- Muse® (alprostadil urethral suppository – Meda)

REVIEW DATE: 04/19/2023

OVERVIEW

Tadalafil (Cialis, generic), vardenafil tablets (Levitra, generic), vardenafil orally disintegrating tablets (Staxyn, generic), and sildenafil (Viagra, generic) are oral phosphodiesterase type 5 (PDE_5) inhibitors, which are all indicated for the treatment of erectile dysfunction (ED).[1-4] Tadalafil is also indicated for the treatment of signs and symptoms of benign prostatic hyperplasia (BPH) and BPH/ED.[3] If tadalafil is used with finasteride to initiate BPH treatment, it is recommended to limit therapy at 26 weeks. This is because the incremental benefit of tadalafil decreases from 4 weeks to 26 weeks and the benefit beyond 26 weeks is unknown. Of note, Stendra® (avanafil tablets) is another PDE_5 inhibitor that is subject to Per Days quantity limitations.[5] However, there are no overrides to the Stendra quantity limit and therefore, it is not included in this policy.

Alprostadil, administered either by intracavernosal injection (Caverject/Caverject Impulse, Edex) or as an intraurethral suppository (Muse), is indicated for the treatment of ED.[30-33] Caverject and Caverject Impulse are additionally indicated as an adjunct to other diagnostic tests in the diagnosis of erectile dysfunction.

Dosing/Availability

Table 1. Recommended Dosing of the ED Agents.[1-4]

Table 1 (continued). Recommended Dosing of the Erectile Dysfunction Agents.[1-4]
ED – Erectile dysfunction; PDE_5 – Phosphodiesterase type 5; QD – Once daily; BPH – Benign prostatic hyperplasia; CYP – Cytochrome P450.

Off-label Dosing

Benign Prostatic Hyperplasia

The 2.5 mg and 5 mg strengths of tadalafil are FDA-approved for daily use in treating benign prostatic hyperplasia (BPH).[3] Several studies have also demonstrated the effects of daily tadalafil 10 mg or 20 mg on lower urinary tract symptoms (LUTS) due to BPH.[6] Additionally, vardenafil 10 mg twice daily (BID) has been studied for the treatment of LUTS due to BPH.[7] Daily sildenafil (25 mg to 100 mg) has been effective in men with symptoms of LUTS due to BPH as well.[8,9,37-40]

Prevention and Treatment of Erectile Dysfunction following Radical Prostatectomy

PDE_5 inhibitors (primarily sildenafil, vardenafil, and tadalafil) and intracavernosal alprostadil are used for the management of erectile dysfunction following radical prostatectomy.[10,11] Daily and on demand use have been studied and both have been found effective. For tadalafil, the most common dose is 5 mg once daily (QD). However, the 10 mg and 20 mg strengths have also been studied administered three days per week.[12-16] Daily dosing with vardenafil or sildenafil has been found to be beneficial as well.[11,17-19] Intracavernosal alprostadil has been administered two to three times per week in studies, both as monotherapy and in combination with sildenafil.[34,35]

Raynaud's Phenomenon

Sildenafil, tadalafil, and vardenafil have also been used for the management of Raynaud's Phenomenon in patients who are unable to use calcium channel blockers.[20-22,36] A dose of 20 mg of tadalafil administered every other day (e.g., two to three times per week) has been used as has 10 mg QD dosing. Vardenafil at a dose of 10 mg BID has been shown to reduce the number of attacks per day in patients with Raynaud Phenomenon. With sildenafil, a dose of 20 mg QD or BID is generally used initially, and then based on response and tolerability, may be increased to 20 mg three times daily (TID) as needed. If lower doses are not effective, the dose may be increased to 40 mg TID, if tolerated. Additionally, doses of 50 mg BID or TID have been reported as well.

High-Altitude Pulmonary Edema

For prevention of high-altitude pulmonary edema (HAPE), the preferred pharmacologic option is nifedipine.[23] However, PDE_5 inhibitors, sildenafil or tadalafil, may also be used for prevention of HAPE in patients who are not candidates for nifedipine or for treatment of HAPE when descent is impossible or delayed. The recommended prevention or treatment dose of tadalafil is 10 mg once every 12 hours for prevention of HAPE. For sildenafil, the recommended dose is 50 mg once every 8 hours.

Pulmonary Arterial Hypertension

Adcirca® (tadalafil tablets, generic) contains the same active ingredient as Cialis (generic).[24] Adcirca (generic) is available as 20 mg tablets and is FDA-approved at a dose of 40 mg QD for the treatment of pulmonary arterial hypertension (PAH) [WHO Group 1] to improve exercise ability. However, other doses of tadalafil, including 10 mg QD, have been studied.[25,26] Patients requiring doses of 20 mg or 40 mg of tadalafil for PAH should use Adcirca (generic).

Revatio® (sildenafil tablets and oral suspension, generic) contains the same active ingredient as Viagra (generic).[27] Revatio is FDA-approved for the treatment of PAH (WHO Group 1) in adults to improve exercise ability and delay clinical worsening. It is also FDA-approved in patients 1 to 17 years of age for the treatment of PAH (WHO Group 1) to improve exercise ability and, in pediatric patients too young to perform standardized exercise testing, pulmonary hemodynamics thought to underly improvements in exercise. Revatio (generic) is available as 20 mg tablets and a 10 mg/mL oral suspension. Viagra (generic) has been used for this diagnosis.[28,29] Doses of Viagra (generic) that were used in these reports ranged from 25 mg BID to 100 mg five times daily. Patients will have usually been started on Revatio 20 mg TID.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of erectile dysfunction agents. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

[α] Based on choice of client plan design; [β] Staxyn (vardenafil orally disintegrating tablets, generic) is supplied in blister packs containing 4 tablets each, so dispensing six tablets would require a partial blister pack to be dispensed.

A total quantity of 8 doses of sildenafil, tadalafil, vardenafil, alprostadil injection, or alprostadil urethral suppositories will be covered per 30-day period. The quantity limit is specific to these individual drugs or any combination of them. For example, 8 tablets of sildenafil 100 mg would be covered in 30 days; 4 tablets of sildenafil 100 mg plus 4 tablets of sildenafil 50 mg would be covered per 30 days; or 4 tablets of sildenafil 100 mg plus 4 vials of alprostadil injection would be covered per 30 days. Edex comes in an unbreakable package sizes of 2 and 6. Since the limit of 8 is not evenly divisible by the package of 6, the limit for *only* the package size 6 of Edex is 12 per month. Edex does accumulate with all other ED agents. Stendra, another ED agent, is also subject to Per Days quantity limits, but does not have any overrides so it is not included in this policy. However, the quantity for Stendra also contributes toward the cumulative limit of 8 or 6 per month. Tadalafil 2.5 mg tablets are excluded from this program because they are indicated as daily therapy, for management of BPH or erectile dysfunction. Therefore, coverage for daily therapy is provided through the Per Prescription (Rx) quantity management program. For additional information about Per Rx quantity limits, refer to the Express Scripts' *Erectile Dysfunction Agents Drug Quantity Management Policy– Per Rx*. As an alternative to the quantity limit of 8 doses per 30 days, a plan may choose to limit the quantity to 6 doses per 30 days. The quantity limit is specific to the individual drugs or any combination of them.

CRITERIA

Tadalafil 2.5 mg tablets (Cialis, generic)

No Per Days quantity limit.

Tadalafil 5 mg tablets (Cialis, generic)

1. If the patient is treating erectile dysfunction and has been taking tadalafil 2.5 mg once daily and is increasing the dose to 5 mg once daily, without regard to timing of sexual activity, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

2. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve 60 tablets per 30 days at retail or 180 tablets per 90 days at home delivery.

3. If the patient is using tadalafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

4. If the patient has a diagnosis of Raynaud's phenomenon, approve 60 tablets per 30 days at retail or 180 tablets per 90 days at home delivery.

5. If the patient is using tadalafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 120 tablets at retail or home delivery.

6. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 60 tablets per 30 days at retail or 180 tablets per 90 days at home delivery.

Tadalafil 10 mg tablets (Cialis, generic)

1. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

2. If the patient is using tadalafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 13 tablets per 30 days at retail or 36 tablets per 90 days at home delivery.

3. If the patient has a diagnosis of Raynaud's phenomenon, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

4. If the patient is using tadalafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 60 tablets at retail or home delivery.

5. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

Tadalafil 20 mg tablets (Cialis, generic)

1. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

2. If the patient is using tadalafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 13 tablets per 30 days at retail or 36 tablets per 90 days at home delivery.

3. If the patient has a diagnosis of Raynaud's phenomenon, approve 15 tablets per 30 days at retail or 45 tablets per 90 days at home delivery.

4. If the patient is using tadalafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 30 tablets at retail or home delivery.

Vardenafil 2.5 mg, 5 mg, 20 mg tablets (Levitra, generic)

1. If the patient is using vardenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

Vardenafil 10 mg tablets (Levitra, generic) and Vardenafil 10 mg orally-disintegrating tablets (Staxyn, generic)

1. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve the requested quantity, not to exceed 60 tablets per 30 days at retail or 180 tablets per 90 days at home delivery.

2. If the patient is using vardenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

3. If the patient has a diagnosis of Raynaud's phenomenon, approve the requested quantity, not to exceed 60 tablets per 30 days at retail or 180 tablets per 90 days at home delivery.

Sildenafil 50 mg tablets (Viagra, generic)

1. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve the requested quantity, not to exceed 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

2. If the patient is using sildenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

3. If the patient has a diagnosis of Raynaud's phenomenon, approve the requested quantity, not to exceed 90 tablets per 30 days at retail or 270 tablets per 90 days at home delivery.

4. If the patient is using sildenafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 90 tablets at retail or home delivery.

5. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 150 tablets per 30 days at retail or 450 tablets per 90 days at home delivery.

Sildenafil 25 mg and 100 mg tablets (Viagra, generic)

1. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve the requested quantity, not to exceed 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

2. If the patient is using sildenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per 30 days at retail or 90 tablets per 90 days at home delivery.

3. If the patient has a diagnosis of Raynaud's phenomenon, approve the requested quantity, not to exceed 90 tablets per 30 days at retail or 270 tablets per 90 days at home delivery.

4. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 150 tablets per 30 days at retail or 450 tablets per 90 days at home delivery.

Caverject vials, Caverject Impulse syringes, Edex cartridges, Muse suppositories

1. If the patient is using Caverject, Caverject Impulse, Edex, or Muse for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 13 vials, syringes, cartridges, or suppositories per 30 days at retail or 36 vials, syringes, cartridges, or suppositories per 90 days at home delivery.

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Erectile Dysfunction Agents Drug Quantity Management Policy – Per Rx

- Cialis® (tadalafil tablets – Eli Lilly, generic)
- Levitra® (vardenafil tablets – GlaxoSmithKline, generic [brand discontinued])
- Staxyn® (vardenafil orally disintegrating tablets – GlaxoSmithKline, generic [brand discontinued])
- Viagra® (sildenafil citrate tablets – Pfizer, generic)

REVIEW DATE: 04/19/2023

OVERVIEW

Tadalafil (Cialis, generic), vardenafil tablets (Levitra, generic), vardenafil orally disintegrating tablets (Staxyn, generic), and sildenafil (Viagra, generic) are oral phosphodiesterase type 5 (PDE_5) inhibitors, which are all indicated for the treatment of erectile dysfunction (ED).[1-4] Tadalafil is also indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH) and BPH/ED.[3] If tadalafil is used with finasteride to initiate BPH treatment, it is recommended to limit therapy at 26 weeks. This is because the incremental benefit of tadalafil decreases from 4 weeks to 26 weeks and the benefit beyond 26 weeks is unknown. Of note, Stendra® (avanafil tablets) is another PDE_5 inhibitor that is subject to Per Rx quantity limitations.[5] Additionally, Caverject® and Caverject Impulse® dual chamber system (alprostadil injection), Edex® (alprostadil injection), and Muse® (alprostadil urethral suppository) are other ED agents that are also subject to Per Rx quantity limitations. However, there are no overrides to these quantity limits and therefore, they are not included in this policy.

Dosing/Availability

Table 1. Recommended Dosing of the ED Agents.[1-4]

Table 1 (continued). Recommended Dosing of the Erectile Dysfunction Agents.[1-4]
ED – Erectile dysfunction; QD – Once daily; BPH – Benign prostatic hyperplasia; CYP – Cytochrome P450.

Off-label Dosing

Benign Prostatic Hyperplasia

The 2.5 mg and 5 mg strengths of tadalafil are FDA-approved for daily use in treating benign prostatic hyperplasia (BPH).[3] Several studies have also demonstrated the effects of daily tadalafil 10 mg or 20 mg on lower urinary tract symptoms (LUTS) due to BPH.[6] Additionally, vardenafil 10 mg twice daily (BID) has been studied for the treatment of LUTS due to BPH.[7] Daily sildenafil (25 mg to 100 mg) has been effective in men with symptoms of LUTS due to BPH as well.[8,9,31-34]

Prevention and Treatment of Erectile Dysfunction following Radical Prostatectomy

PDE_5 inhibitors, primarily sildenafil, vardenafil, and tadalafil, are used for the management of erectile dysfunction following radical prostatectomy.[10,11] Daily and on demand use have been studied and both have been found effective. For tadalafil, the most common dose is 5 mg once daily (QD). However, the 10 mg and 20 mg strengths have also been studied administered three days per week.[12-16] Daily dosing with vardenafil or sildenafil has been found to be beneficial as well.[11,17-19]

Raynaud's Phenomenon

Sildenafil, tadalafil, and vardenafil have also been used for the management of Raynaud's Phenomenon in patients who are unable to use calcium channel blockers.[20-22,30] A dose of 20 mg of tadalafil administered every other day (e.g., two to three times per week) has been used as has 10 mg QD dosing. Vardenafil at a dose of 10 mg BID has been shown to reduce the number of attacks per day in patients with Raynaud Phenomenon. With sildenafil, a dose of 20 mg QD or BID is generally used initially, and then based on response and tolerability, may be increased to 20 mg three times daily (TID) as needed. If lower doses are not effective, the dose may be increased to 40 mg TID, if tolerated. Additionally, doses of 50 mg BID or TID have been reported as well.

High-Altitude Pulmonary Edema

For prevention of high-altitude pulmonary edema (HAPE), the preferred pharmacologic option is nifedipine.[23] However, PDE_5 inhibitors, sildenafil or tadalafil, may also be used for prevention of HAPE in patients who are not candidates for nifedipine or for treatment of HAPE when descent is impossible or delayed. The recommended prevention or treatment dose of tadalafil is 10 mg once every 12 hours for prevention of HAPE. For sildenafil, the recommended dose is 50 mg once every 8 hours.

Pulmonary Arterial Hypertension

Adcirca® (tadalafil tablets, generic) contains the same active ingredient as Cialis (generic).[24] Adcirca (generic) is available as 20 mg tablets and is FDA-approved at a dose of 40 mg QD for the treatment of pulmonary arterial hypertension (PAH) [WHO Group 1] to improve exercise ability. However, other doses of tadalafil, including 10 mg QD, have been studied.[25,26] Patients requiring doses of 20 mg or 40 mg of tadalafil for PAH should use Adcirca (generic).

Revatio® (sildenafil tablets and oral suspension, generic) contains the same active ingredient as Viagra (generic).[27] Revatio is FDA-approved for the treatment of PAH (WHO Group 1) in adults to improve exercise ability and delay clinical worsening. It is also FDA-approved in patients 1 to 17 years of age for the treatment of PAH (WHO Group 1) to improve exercise ability and, in pediatric patients too young to perform standardized exercise testing, pulmonary hemodynamics thought to underly improvements in exercise. Revatio (generic) is available as 20 mg tablets and a 10 mg/mL oral suspension. Viagra (generic) has been used for this diagnosis.[28,29] Doses of Viagra (generic) that were used in these reports ranged from 25 mg BID to 100 mg five times daily. Patients will have usually been started on Revatio 20 mg TID.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of erectile dysfunction agents. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

[α] Quantity limit of 6 or 8 tablets is based on choice of client plan design. If additional medication is needed, the patient would need to pay an additional co-pay or meet one of the override criteria below; [β] Staxyn (vardenafil orally disintegrating tablets, generic) is supplied in blister packs containing 4 tablets each, so dispensing 6 or 18 tablets would require a partial blister pack to be dispensed.

CRITERIA

Tadalafil 2.5 mg tablets (Cialis, generic)

No overrides recommended.

Tadalafil 5 mg tablets (Cialis, generic)

7. If the patient is treating erectile dysfunction and has been taking tadalafil 2.5 mg once daily and is increasing the dose to 5 mg once daily, without regard to timing of sexual activity, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

8. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

9. If the patient is using tadalafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

10. If the patient has a diagnosis of Raynaud's phenomenon, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

11. If the patient is using tadalafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 120 tablets at retail or home delivery.

12. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Tadalafil 10 mg tablets (Cialis, generic)

6. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

7. If the patient is using tadalafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 13 tablets per dispensing at retail or 39 tablets per dispensing at home delivery.

8. If the patient has a diagnosis of Raynaud's phenomenon, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

9. If the patient is using tadalafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 60 tablets at retail or home delivery.

10. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

Tadalafil 20 mg tablets (Cialis, generic)

5. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

6. If the patient is using tadalafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 13 tablets per dispensing at retail or 39 tablets per dispensing at home delivery.

7. If the patient has a diagnosis of Raynaud's phenomenon, approve 15 tablets per dispensing at retail or 45 tablets per dispensing at home delivery.

8. If the patient is using tadalafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 30 tablets at retail or home delivery.

Vardenafil 2.5 mg, 5 mg, 20 mg tablets (Levitra, generic)

2. If the patient is using vardenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

Vardenafil 10 mg tablets (Levitra, generic) and Vardenafil 10 mg orally-disintegrating tablets (Staxyn, generic)

4. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

3. If the patient is using vardenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

4. If the patient has a diagnosis of Raynaud's phenomenon, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Sildenafil 50 mg tablets (Viagra, generic)

6. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve the requested quantity, not to exceed 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

7. If the patient is using sildenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

8. If the patient has a diagnosis of Raynaud's phenomenon, approve the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

9. If the patient is using sildenafil for prevention or treatment of high-altitude pulmonary edema (HAPE), approve a one-time override for the requested quantity, not to exceed 90 tablets at retail or home delivery.

10. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery.

Sildenafil 25 mg and 100 mg tablets (Viagra, generic)

5. If the patient has a diagnosis of benign prostatic hyperplasia (BPH) with or without erectile dysfunction, approve the requested quantity, not to exceed 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

6. If the patient is using sildenafil for prevention or treatment of erectile dysfunction after radical prostatectomy, approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

7. If the patient has a diagnosis of Raynaud's phenomenon, approve the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

8. If the patient has a diagnosis of pulmonary arterial hypertension (PAH), approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery.

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Estrogens (Topical) – Estradiol Gel Drug Quantity Management Policy – Per Rx
- Divigel® (estradiol 0.1% topical gel – Vertical, generic)

REVIEW DATE: 10/16/2023

OVERVIEW

Estradiol gel (Divigel, generic) is indicated for the treatment of moderate to severe **vasomotor symptoms due to menopause**.[1]

Dosing

The recommended initial dose of estradiol gel for the treatment of moderate to severe vasomotor symptoms associated with menopause is 0.25 g applied once daily on the skin of either the right or left upper thigh.[1] The dose may be adjusted up to a maximum of 1.25 g as needed based on patient response.

Availability

Estradiol 0.1% gel is supplied in unit dose packets available in five different sizes: 0.25 g, 0.5 g, 0.75 g, 1 g and 1.25 g, which correspond to 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, and 1.25 mg of estradiol per packet, respectively.[1] The packets are supplied in cartons containing 30 packets each. When administered, the entire contents of a unit dose packet should be applied each day.

Off-Label Use

Estradiol gel has been used off-label in protocols for assisted reproductive technology procedures.[2] Estrogens are used for the preparation of the endometrium in these protocols; a higher dose of estrogen is usually prescribed. Generally, transdermal estrogens are preferred over oral estrogens due to the bypass of the first-pass metabolism by the liver. This allows administration of estrogen at lower doses to possibly reduce the risk of adverse events.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of estradiol gel (Divigel, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Estradiol 0.1% gel 0.75 g (Divigel, generic) unit dose packets

2. If the patient is applying 1.5 g once daily, approve the requested quantity, not to exceed 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.

Estradiol 0.1% gel 1 g (Divigel, generic) unit dose packets

1. If the patient is applying 2 g once daily, approve the requested quantity, not to exceed 60 packets per dispensing at retail or 180 packets at home delivery.

Estradiol 0.1% gel (Divigel, generic) unit dose packets (all strengths)

1. If the patient is using estradiol gel (Divigel, generic) in a protocol for Assisted Reproductive Technology procedures (e.g., *in vitro* fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer) AND infertility is a covered benefit, approve the requested quantity for a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

REFERENCES

1. Divigel® packets [prescribing information]. Bridgewater, NJ: Vertical; May 2023.
2. Vartanyan E, Tsaturova K, Devyatova E, et al. Thin endometrium problem in IVF programs. *Gynecol Endocrinol.* 2020;36(sup1):24-27.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Estrogens (Topical) – Patches Drug Quantity Management Policy – Per Days

- Alora® (estradiol transdermal system [patch] – Allergan)
- Climara® (estradiol transdermal system [patch] – Bayer; generic)
- Menostar® (estradiol transdermal system [patch] – Bayer)
- Minivelle® (estradiol transdermal system [patch] – Noven; generic, Lyllana®)
- Vivelle-Dot® (estradiol transdermal system [patch] – Novartis; generic, Dotti®)

REVIEW DATE: 04/13/2023

OVERVIEW

Alora, Climara (generic), and Vivelle-Dot (generic) are indicated for the **prevention of postmenopausal osteoporosis; treatment of moderate or severe vasomotor symptoms associated with menopause, moderate or severe vulvar/vaginal atrophy associated with menopause, and hypoestrogenism due to hypogonadism, castration (ovariectomy), or primary ovarian failure**.[1,3,5] Minivelle (generic) is indicated for the treatment of **moderate to severe vasomotor symptoms due to menopause and prevention of postmenopausal osteoporosis**.[4] Menostar is the only estrogen patch product with the single indication for **prevention of postmenopausal osteoporosis**.[2]

Dosing and Availability

Table 1. Strength and Dosing for Estrogen Patches.[1-5]

Off-Label Uses

Estrogens have been used off-label in protocols for **Assisted Reproductive Technology** procedures.[6] In these protocols, estrogens are used to prepare the endometrium, usually at higher doses than are used for labeled indications. Generally, transdermal estrogens are preferred over oral estrogens due to the bypass of the first-pass metabolism by the liver. This allows administration of estrogen at lower doses to possibly reduce the risk of adverse events.

Estrogens are also used off-label for hormone replacement in **gender-dysphoria/gender-incongruent persons and persons undergoing male-to-female gender reassignment**.[7] Guidelines from the Endocrine Society (2017) note that transdermal estradiol patches can be used, with a new patch placed every 3 to 5 days. The guideline-recommended dose of estradiol transdermal patches ranges from 0.025 to 0.2 mg/day.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent the stockpiling, misuse, and/or overuse of the estrogen patch products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. Note: Combination estrogen patches (e.g., Climara Pro® [estradiol/levonorgestrel transdermal system]) are subject to quantity limits, but are not included in this policy as they do not have override criteria. Approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

* The quantity limit accumulates (is combined) for weekly patches and semiweekly patches.

CRITERIA

Climara 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, and 0.06 mg/24 hr transdermal patches (generic)

1. If the patient is changing strengths to another once-weekly patch within the same month, approve a one-time override for 4 additional patches at retail or home delivery.
2. If the patient is using the patch in a protocol for Assisted Reproductive Technology procedures (e.g., *in vitro* fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer) AND infertility is a covered benefit, approve the requested quantity at retail or home delivery.

Climara 0.075 mg/24 hr transdermal patch (generic)

1. If the patient is changing strengths to another once-weekly patch within the same month, approve a one-time override for 4 additional patches at retail or home delivery.
2. If the patient requires two patches to be applied simultaneously, approve 8 patches per 28 days at retail or 24 patches per 84 days at home delivery.
3. If the patient is using the patch in a protocol for Assisted Reproductive Technology procedures (e.g., *in vitro* fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer) AND infertility is a covered benefit, approve the requested quantity at retail or home delivery.

Climara 0.1 mg/24 hr transdermal patch (generic)

1. If the patient is changing strengths to another once-weekly patch within the same month, approve a one-time override for 4 additional patches at retail or home delivery.
2. If the patient requires two patches to be applied simultaneously, approve 8 patches per 28 days at retail or 24 patches per 84 days at home delivery.
3. If the patient is using the patch in a protocol for Assisted Reproductive Technology procedures (e.g., *in vitro* fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer) AND infertility is a covered benefit, approve the requested quantity at retail or home delivery.

Menostar 0.014 mg/24 hr transdermal patch

2. If the patient is changing strengths to another once-weekly patch within the same month, approve a one-time override for 4 additional patches at retail or home delivery.

Alora 0.025 mg/24 hr and 0.05 mg/24 hr transdermal patches; Minivelle 0.025 mg/24 hr, 0.0375 mg/24 hr, and 0.05 mg/24 hr transdermal patches (generic); Vivelle-Dot 0.025 mg/24 hr, 0.0375 mg/24 hr, and 0.05 mg/24 hr transdermal patches (generic)

1. If the patient is changing strengths to another twice-weekly patch within the same month, approve a one-time override for 8 additional patches at retail or home delivery.
2. If the patient is using the patch in a protocol for Assisted Reproductive Technology procedures (e.g., *in vitro* fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer) AND infertility is a covered benefit, approve the requested quantity at retail or home delivery.

Alora 0.075 mg/24 hr transdermal patch, Minivelle 0.075 mg/24 hr transdermal patch (generic), Vivelle-Dot 0.075 mg/24 hr transdermal patch (generic)

1. If the patient is changing strengths to another twice-weekly patch within the same month, approve a one-time override for 8 additional patches at retail or home delivery.
2. If the patient requires two patches to be applied simultaneously, approve 16 patches per 28 days at retail or 48 patches per 84 days at home delivery.
3. If the patient is using the patch in a protocol for Assisted Reproductive Technology procedures (e.g., *in vitro* fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer) AND infertility is a covered benefit, approve the requested quantity at retail or home delivery.

Alora 0.1 mg/24 hr transdermal patch, Minivelle 0.1 mg/24 hr transdermal patch (generic), Vivelle-Dot 0.1 mg/24 hr transdermal patch (generic)

1. If the patient is changing strengths to another twice-weekly patch within the same month, approve a one-time override for 8 additional patches at retail or home delivery.
2. If the patient requires two patches to be applied simultaneously, approve 16 patches per 28 days at retail or 48 patches per 84 days at home delivery.
3. If the patient is using the patch in a protocol for Assisted Reproductive Technology procedures (e.g., *in vitro* fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer) AND infertility is a covered benefit, approve the requested quantity at retail or home delivery.
4. If the patient is a gender-dysphoric/gender-incongruent person or a person undergoing male-to-female gender reassignment, approve the requested quantity, not to exceed 32 patches per 28 days at retail or 96 patches per 84 days at home delivery

REFERENCES

1. Climara® transdermal system [prescribing information] Whippany, NJ: Bayer; September 2021.
2. Menostar® transdermal system [prescribing information]. Whippany, NJ: Bayer; September 2021.
3. Alora® transdermal system [prescribing information]. Madison, NJ: Allergan; March 2020.
4. Minivelle® transdermal system [prescribing information]. Miami, FL: Noven; October 2021.
5. Vivelle-Dot® transdermal system [prescribing information]. East Hanover, NJ: Novartis; October 2021.
6. Vartanyan E, Tsaturova K, Devyatova E. Thin endometrium problem in IVF programs. *Gynecol Endocrinol.* 2020; 36(sup 1):24-27.
7. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric-gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017; 102(11): 3869-3903.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Gabapentin Products Drug Quantity Management Policy – Per Days
- Gralise® (gabapentin extended-release tablets – Almatica)
- Horizant® (gabapentin enacarbil extended-release tablets – Arbor)
- Neurontin® (gabapentin tablets, capsules, and oral solution – Pfizer, generic)

REVIEW DATE: 05/17/2023

OVERVIEW

Indications for the gabapentin products are in Table 1. Dosing and administration information is in the Drug Quantity Limits Table.

Table 1. FDA-Approved Indications for Gabapentin Products.[1-3]

PHN – Postherpetic neuralgia; QD – Once daily; RLS – Restless legs syndrome; BID – Twice daily; DPN – Diabetic peripheral neuropathy; TID – Three times daily.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of gabapentin products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

PHN – Postherpetic neuralgia; QD – Once daily; ER – Extended-release; RLS – Restless legs syndrome; BID – Twice daily; DPN – Diabetic peripheral neuropathy; TID – Three times daily.

CRITERIA

Gabapentin 100 mg capsules (Neurontin, generic)

1. If a patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength capsules be used OR would otherwise require two [or more] strengths to be used), approve a quantity sufficient for a 30-day supply at retail, not to exceed 1,080 capsules per 30 days and a 90-day supply at home delivery, not to exceed 3,240 capsules per 90 days. Note: For example, if the patient is receiving gabapentin 500 mg once daily, a quantity of 150 capsules (5 capsules per day x 30 days) would be approved at retail and 450 capsules (5 capsules per day x 90 days) would be approved at home delivery.

Gabapentin 300 mg capsules (Neurontin, generic)

1. If the patient requires a dose of more than 900 mg per day, approve the requested quantity, not to exceed 360 capsules per 30 days at retail and 1,080 capsules per 90 days at home delivery.

Gabapentin 400 mg capsules (Neurontin, generic)

1. If the patient requires a dose of more than 1,200 mg per day, approve the requested quantity, not to exceed 270 capsules per 30 days at retail and 810 capsules per 90 days at home delivery.

Gabapentin 600 mg and 800 mg tablets (Neurontin, generic)

No overrides recommended.

Gabapentin 50 mg/mL oral solution (Neurontin, generic)

No overrides recommended.

Gralise 300 mg tablets

1. If the patient is initiating therapy, approve a one-time override for the requested quantity not to exceed 147 tablets as a 30-day supply at retail or 507 tablets as a 90-day supply at home delivery.

Note: A patient who requires a dose of 900 mg per day should be referred to the 900 mg tablets. A patient who requires a dose of 1,500 mg per day should be referred to the 750 mg tablets.

Gralise 450 mg tablets

1. If the patient requires a dose of 1,350 mg per day, approve 90 tablets per 30 days at retail or 270 tablets per 90 days at home delivery.

Gralise 600 mg, 750 mg, and 900 mg tablets

No overrides recommended.

Horizant 300 mg and 600 mg tablets

No overrides recommended.

REFERENCES

3. Gralise® tablets [prescribing information]. Morristown, NJ: Almatica; April 2023.
4. Horizant® extended-release tablets [prescribing information]. Atlanta, GA: Arbor; April 2020.
5. Neurontin® capsules, tablets, oral solution [prescribing information]. New York, NY: Pfizer; December 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Gonadotropin-Releasing Hormone Antagonists – Orilissa Drug Quantity Management Policy – Per Days

- Orilissa® (elagolix tablets – AbbVie)

REVIEW DATE: 05/25/2023

OVERVIEW

Orilissa, an oral gonadotropin-releasing hormone (GnRH) receptor antagonist, is indicated for the management of moderate to severe pain associated with **endometriosis**.[1] Orilissa is contraindicated in patients with severe hepatic impairment. Duration of therapy is limited due to the anti-estrogenic effects of the medication which include a decrease in bone mineral density.

Dosing

In patients with normal liver function, the recommended dosage is 150 mg once daily (QD) for up to 24 months (no coexisting conditions) or 200 mg twice daily (BID) for up to 6 months (dyspareunia).[1] In patients with moderate hepatic impairment (Child-Pugh Class B), the recommended dosage is 150 mg QD for up to 6 months and the use of 200 mg BID dosing is not recommended.

Availability

Orilissa is available as 150 mg and 200 mg tablets in blister packs of 28 tablets and 56 tablets, respectively.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse while providing a sufficient quantity of Orilissa. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is enough drug for patients to complete six months of therapy; † 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery; ‡ 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

CRITERIA

Orilissa 150 mg tablets

1. If the patient meets the following criteria (A and B), approve 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery to complete a total of 24 months of therapy:
- **A)** Patient meets ONE of the following (i or ii):
  - **i.** Patient has normal liver function; OR
  - **ii.** Patient has mild hepatic impairment (Child-Pugh A); AND
- **B)** The request is for continuation of therapy.

Orilissa 200 mg tablets

No overrides recommended.

REFERENCES

61. Orilissa™ [prescribing information]. North Chicago, IL: AbbVie; February 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hematology – Pyrukynd Drug Quantity Management Policy – Per Days
- Pyrukynd® (mitapivat tablets – Agios)

REVIEW DATE: 05/04/2023

OVERVIEW

Pyrukynd, a pyruvate kinase activator, is indicated for the treatment of **hemolytic anemia due to pyruvate kinase deficiency** in adults.[1] It is recommended to discontinue Pyrukynd if no benefit has been observed by 24 weeks as evaluated by hemoglobin and hemolysis laboratory results and transfusion requirements.

Dosing

Pyrukynd is administered orally with or without food and must be swallowed whole.[1] Tablets cannot be split, crushed, chewed, or dissolved. The recommended initial dose of Pyrukynd is 5 mg twice daily (BID). The dose should then be titrated from 5 mg BID to 20 mg BID and then to the maximum recommended dose of 50 mg BID, with dose increases every 4 weeks. The titration schedule is in Table 1. Prior to increasing to the next dose level, hemoglobin should be assessed. If no benefit has been observed by 24 weeks, based on hemoglobin and hemolysis laboratory results and transfusion requirements, discontinue Pyrukynd.

Table 1. Pyrukynd Dose Titration Schedule.[1]
N/A – Not applicable; BID – Twice daily.

Patients should avoid abrupt interruption or abrupt discontinuation of Pyrukynd to reduce the risk of acute hemolysis.[1] The recommended taper schedule is in Table 2.

Table 2. Pyrukynd Taper Schedule.[1]
BID – Twice daily; QD – Once daily; N/A – Not applicable.

The use of Pyrukynd along with strong cytochrome P450 (CYP)3A inhibitors or inducers should be avoided.[1] If co-administration with a moderate CYP3A inhibitor cannot be avoided, monitor hemoglobin and do not titrate Pyrukynd beyond 20 mg BID. If co-administration with a moderate CYP3A inducer cannot be avoided, monitor hemoglobin and titrate beyond 50 mg BID, if necessary, but do not exceed a maximum recommended dose of 100 mg BID. If the patient requires a dose reduction due to tolerability, an adverse event, or elevated hemoglobin, the dose may be reduced to the next lower dose level. If Pyrukynd needs to be discontinued, the taper schedule in Table 2 should be used. However, there are some situations outlined in the prescribing information, when discontinuing Pyrukynd without a taper may be warranted.

Availability

Table 3. Pyrukynd Availability.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Pyrukynd. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Pyrukynd 50 mg 28-Day Pack

3. If a patient is taking Pyrukynd concomitantly with a CYP3A4 inducer, approve 112 tablets per 28 days at retail or 336 tablets per 84 days at home delivery.

REFERENCES

1. Pyrukynd® tablets [prescribing information]. Cambridge, MA: Agios; February 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hepatitis C – Epclusa Drug Quantity Management Policy – Per Days
- Epclusa® (sofosbuvir/velpatasvir tablets and oral pellets – Gilead)
- Sofosbuvir/velpatasvir tablets (authorized generic to Epclusa 400 mg/100 mg tablets – Asegua)

REVIEW DATE: 09/05/2023

OVERVIEW

The fixed-dose combination of sofosbuvir, a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor, and velpatasvir, an HCV NS5A inhibitor, is indicated for the treatment of **chronic HCV genotype 1 through 6** infection in patients ≥ 3 years of age.[1]

Dosing

The FDA-approved duration of therapy with sofosbuvir/velpatasvir is 12 weeks for all patients.[1] In patients with decompensated cirrhosis (Child-Pugh B or C), sofosbuvir/velpatasvir is administered with weight-based ribavirin.

In adults, the recommended dose is one tablet (400 mg/100 mg) once daily (QD).[1] In pediatric patients ≥ 3 years of age, dosing is weight-based (Table 1).

Table 1. Dosing in Pediatric Patients ≥ 3 Years of Age.[2]

QD – Once daily; N/A – Not applicable; *Two 200 mg/50 mg tablets once daily (QD) can be used for patients who cannot swallow the 400 mg/100 mg tablet.

Availability

Sofosbuvir/velpatasvir (Epclusa, generic) is available as a fixed-dose combination tablet of sofosbuvir 400 mg/velpatasvir 100 mg.[1] Epclusa (brand only) is also available as fixed-dose combination tablet of sofosbuvir 200 mg/velpatasvir 50 mg as well as film-coated oral pellets of sofosbuvir 200 mg/velpatasvir 50 mg and sofosbuvir 150 mg/velpatasvir 37.5 mg.

Guidelines

American Association for the Study of Liver Diseases (AASLD) recommendations provide information regarding a longer duration of treatment (beyond 12 weeks) for certain circumstances.[2] Although Vosevi® (sofosbuvir/velpatasvir/voxilaprevir tablets) is recommended in most instances for adults with no cirrhosis or compensated cirrhosis who have failed treatment with a sofosbuvir-containing regimen, sofosbuvir/velpatasvir is recommended in adults (genotypes 1 through 6) with decompensated cirrhosis who have failed therapy with a sofosbuvir-containing regimen. In this setting, AASLD guidelines recommend sofosbuvir/velpatasvir for 24 weeks in combination with ribavirin. Data are limited to one Phase II study where sofosbuvir/velpatasvir was studied in patients with genotype 1, 2, and 3 who did not respond to velpatasvir-containing regimens including sofosbuvir/velpatasvir and Vosevi.[2,3] Retreatment with sofosbuvir/velpatasvir + ribavirin for 24 weeks yielded high overall response rates (sustained virologic response 12 weeks post-treatment [SVR12] 91% [n = 63/69]). Among patients with genotype 1 chronic HCV, 97% of patients (n = 36/37) achieved SVR12. In patients with genotype 2 chronic HCV, SVR12 was attained in 95% of patients (n = 13/14) and in patients with genotype 3 chronic HCV, SVR12 was attained in 78% of patients (n = 14/18). Baseline NS5A resistance associated substitutions did not appear to impact SVR rates. No breakdown of the proportion of patients with decompensated cirrhosis was provided in the study.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of sofosbuvir/velpatasvir (Epclusa, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

* This is enough drug for patient to complete a 12-week course of therapy based on approved dosing. Patients who weigh > 30 kg and require two pellet packets should use the 400 mg/100 mg tablets.

CRITERIA

Sofosbuvir/velpatasvir 400 mg/100 mg tablet (Epclusa 400 mg/100 mg tablet, generic), Epclusa 200 mg/50 mg tablet

1. **Chronic Hepatitis C Virus (HCV) Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C).** Approve 168 tablets per 365 days at retail or home delivery if the patient meets the following (A, B, C and D):
   - **A.** Patient is ≥ 18 years of age; AND
   - **B.** Patient has not been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi. Note: For patients previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi see *Criterion 2* below; AND
   - **C.** Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   - **D.** Patient is ribavirin-ineligible, according to the prescriber.

2. **Chronic Hepatitis C Virus, Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C), Prior Null Responder, Prior Partial Responder, and Prior Relapser to sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi.** Approve 168 tablets per 365 days at retail or home delivery if the patient meets all of the following (A, B, and C):
   A. Patient has been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi; AND
   B. Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   C. The medication will be prescribed in combination with ribavirin.

3. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 168 tablets per 365 days at retail or home delivery to complete a course therapy. Note: If the patient has received 3 weeks of therapy (21 tablets), approve 147 tablets to complete 24 weeks of treatment.

Epclusa 150 mg/37.5 mg pellet packets

1. **Chronic Hepatitis C Virus, Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C), Prior Null Responder, Prior Partial Responder, and Prior Relapser to sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi.** Approve 168 pellet packets per 365 days at retail or home delivery if the patient meets all of the following (A, B, and C):
   A. Patient has been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi; AND
   B. Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   C. The medication will be prescribed in combination with ribavirin.

2. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 168 pellet packets per 365 days at retail or home delivery, to complete a course therapy.
   Note: If the patient has received 3 weeks of therapy (21 pellet packets), approve 147 pellet packets to complete 24 weeks of treatment.

Epclusa 200 mg/50 mg pellet packets

1. **Chronic Hepatitis C Virus, Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C), Prior Null Responder, Prior Partial Responder, and Prior Relapser to sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi.** Approve 336 pellet packets per 365 days at retail or home delivery if the patient meets all of the following (A, B, and C):
   A. Patient has been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi; AND
   B. Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   C. The medication will be prescribed in combination with ribavirin.

2. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 336 pellet packets per 365 days at retail or home delivery, to complete a course therapy.
   Note: If the patient has received 3 weeks of therapy (21 pellet packets), approve 147 pellet packets to complete 24 weeks of treatment.

REFERENCES

22. Epclusa® tablets and oral pellets [prescribing information]. Foster City, CA: Gilead; April 2022.
23. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org. Updated October 24, 2022. Accessed on August 14, 2023.
24. Gane EJ, Shiffman ML, Etzkorn K, et al. Sofosbuvir-velpatasvir with ribavirin for 24 weeks in HCV patients previously treated with a direct-acting antiviral regimen. *Hepatology*. 2017;66(4):1083-1089.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hepatitis C – Harvoni Drug Quantity Management Policy – Per Days
- Harvoni® (ledipasvir/sofosbuvir tablets and oral pellets – Gilead)
- ledipasvir/sofosbuvir tablets (authorized generic to Harvoni 90mg/400 mg tablets – Gilead)

REVIEW DATE: 09/28/2023

OVERVIEW

Ledipasvir/sofosbuvir is a fixed-dose combination of ledipasvir, a hepatitis C virus (HCV) NS5A inhibitor, and sofosbuvir, an HCV nucleotide analog NS5B polymerase inhibitor.[1] It is indicated for the treatment of **chronic HCV** in patients ≥ 3 years of age in the following instances:
- Genotype 1, 4, 5, or 6 infection with or without compensated cirrhosis; and
- Genotype 1 infection with decompensated cirrhosis in combination with ribavirin; and
- Genotype 1 or 4 infection who are liver transplant recipients with or without compensated cirrhosis, in combination with ribavirin.

Dosing

In adults, the recommended dosage of ledipasvir/sofosbuvir is one tablet (90 mg/400 mg) taken orally once daily with or without food.[1]

The recommended dose of ledipasvir/sofosbuvir tablets or pellets in pediatric patients ≥ 3 years of age is based on weight (Table 1).[1] The ledipasvir/sofosbuvir pellets can be taken in pediatric patients who cannot swallow the tablet formulation. Table 1 below provides the recommended duration of therapy with ledipasvir/sofosbuvir.

Table 1. Ledipasvir/sofosbuvir* Dosing in Pediatric Patients ≥ 3 Years of Age.[1]

* Only 90 mg/400 mg tablets are available as the authorized generic to Harvoni. All other dosage forms are available as Harvoni only (see *Availability* below); QD – Once daily

Availability

Harvoni is available as a tablet containing 90 mg of ledipasvir/400 mg sofosbuvir or 45 mg/ledipasvir/200 mg sofosbuvir.[1] It is also available as an oral pellet packet formulation containing 45 mg ledipasvir/200 mg sofosbuvir or 33.75 mg ledipasvir/150 mg sofosbuvir. The ledipasvir/sofosbuvir authorized generic is *only* available as the 90 mg/400 mg strength tablet. The table below provides the FDA recommended Harvoni treatment durations for treatment-naïve and treatment-experienced patients and those with and without cirrhosis.

Table 2. Recommended Treatment Duration for ledipasvir/sofosbuvir in Patients ≥ 3 Years of Age with Chronic HCV Genotype 1, 4, 5, or 6.[1]

Hepatitis C virus – Hepatitis C virus; * Harvoni for 8 weeks can be considered in treatment-naïve patients without cirrhosis who have pretreatment HCV RNA < 6 million IU/mL; ** Treatment-experienced patients who have failed treatment with either peginterferon alfa + ribavirin or a hepatitis C virus protease inhibitor + peginterferon + ribavirin; † Harvoni for 12 weeks can be considered in treatment-experienced patients with cirrhosis who are eligible for ribavirin.

Guidelines

The American Association for the Study of Liver Diseases/Infectious Diseases Society of America have simplified recommendations for the management of chronic HCV in adults (October 24, 2022).[2] In treatment-naïve adults without cirrhosis the recommended regimens are Mavyret® (glecaprevir/pibrentasvir tablets and oral pellets) for 8 weeks or Epclusa® (sofosbuvir/velpatasvir tablets [generics] and oral pellets) for 12 weeks. In treatment-naïve adults with compensated cirrhosis, the recommended regimens are Mavyret for 8 weeks (genotypes 1 through 6) or sofosbuvir/velpatasvir for 12 weeks (genotypes 1, 2, 4, 5, or 6; patients with genotype 3 require baseline NS5A resistance-associated substitution testing and those without Y93H can be treated with 12 weeks of Epclusa). Additional genotype-specific and/or special circumstance-specific recommendations are also provided for patients falling outside of these parameters. For the most up-to-date information always refer to the guidelines.

Ledipasvir/sofosbuvir continues to be recommended in various situations as outlined below in Table 3.

Table 3. AASLD Recommendations for Harvoni.[2]

Table 3 (continued). AASLD Recommendations for Harvoni.[2]
AASLD – American Association for the Study of Liver Diseases; DAA – Direct-acting antiviral; Y – Yes; N – No; HCV – Hepatitis C virus; HIV – Human immunodeficiency virus.

A quantity sufficient to allow for 8 weeks of therapy per 365 days will be covered without prior authorization. For coverage of additional quantities (for example, a 12 week or 24 week regimen), a coverage review is required.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent to prevent stockpiling, misuse and/or overuse of ledipasvir/sofosbuvir (Harvoni, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Ledipasvir/sofosbuvir 90 mg/400 mg tablets (Harvoni, generic)

1. Chronic Hepatitis C Virus, Genotype 1.

A) Approve 84 tablets per 365 days at retail or home delivery if the patient meets ONE of the following (i, ii, or iii):

a) Patient is treatment-naïve AND meets at least ONE of the following (a, b, or c):

(1) Patient has compensated cirrhosis (Child-Pugh A) [includes patients awaiting liver transplant]; OR

(2) Patient does not have cirrhosis and baseline HCV RNA ≥ 6 million IU/mL (includes patients awaiting liver transplant); OR

(3) Patient has human immunodeficiency virus.

b) Patient has previously been treated for HCV and does not have cirrhosis; OR

c) Patient is treatment-naïve OR has previously been treated for HCV AND meets both of the following (a and b):

(1) Patient has decompensated cirrhosis (Child-Pugh B or C); AND

(2) The medication will be prescribed in combination with ribavirin.

Note: This is a quantity sufficient to treat with one tablet per day for 12 weeks.

B) Approve 168 tablets per 365 days at retail or home delivery if the patient meets ONE of the following (i or ii):

i. Patient has previously been treated for HCV AND has compensated cirrhosis (Child-Pugh A); OR

ii. Patient is treatment-naïve OR has previously been treated for HCV AND meets both of the following (a and b):

a) Patient has decompensated cirrhosis (Child-Pugh B or C); AND

b) Patient is ribavirin ineligible, according to the prescriber.

Note: This is a quantity sufficient to treat with one tablet per day for 24 weeks.

2. Chronic Hepatitis C Virus, Genotype 4, 5, or 6. Approve 84 tablets per 365 days at retail or home delivery.

Note: This is a quantity sufficient to treat with one tablet per day for 12 weeks.

3. Recurrent Hepatitis C Virus Post-Liver Transplantation, Genotype 1, 4, 5, OR 6. Approve 84 tablets per 365 days at retail or home delivery.

Note: This is a quantity sufficient to treat with one tablet per day for 12 weeks.

4. Hepatitis C Virus Kidney Transplant Recipient, Genotype 1 or 4. Approve 84 tablets per 365 days at retail or home delivery.

Note: This is a quantity sufficient to treat with one tablet per day for 12 weeks.

5. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 168 tablets per 365 days at retail or home delivery, to complete a course therapy.

Note: For example, if the patient has received 4 weeks of therapy (28 tablets) and is eligible for 12 weeks of treatment, approve 56 tablets to complete 12 weeks of therapy. If a patient has received 4 weeks (28 tablets) of therapy and is eligible for 24 weeks of treatment, approve 140 tablets to complete 24 weeks of therapy.

Harvoni 45 mg/200 mg tablets, Harvoni 45 mg/200 mg pellet packets

1. **Chronic Hepatitis C Virus (HCV) Genotype 1.**
   - **A)** Approve 168 tablets or pellet packets per 365 days at retail or home delivery if the patient meets criterion (i) AND meets ONE of the following (ii or iii or iv):
     - **i.** Patient is < 12 years of age; AND
     - **ii.** Patient is treatment-naïve AND meets at least ONE of the following (a, b, or c):
       - **a)** Patient has compensated cirrhosis (Child-Pugh A) [includes patients awaiting liver transplant]; OR
       - **b)** Patient does not have cirrhosis and baseline HCV RNA ≥ 6 million IU/mL (includes patients awaiting liver transplant); OR
       - **c)** Patient has human immunodeficiency virus. OR
     - **iii.** Patient has previously been treated for HCV and does not have cirrhosis; OR
     - **iv.** Patient is treatment-naïve OR has previously been treated for HCV AND meets both of the following (a and b):
       - **a)** Patient has decompensated cirrhosis (Child-Pugh B or C); AND
       - **b)** The medication will be prescribed in combination with ribavirin.

     Note: This is a quantity sufficient for two tablets or two pellet packets per day for 12 weeks.
   - **B)** Approve 336 tablets or pellet packets per 365 days at retail or home delivery if the patient meets BOTH of the following (i and ii):
     - **i.** Patient is < 12 years of age; AND
     - **ii.** Patient meets ONE of the following (a or b):
       - **a)** Patient has previously been treated for HCV AND has compensated cirrhosis (Child-Pugh A); OR
       - **b)** Patient is treatment-naïve OR has previously been treated for HCV AND meets both of the following (1 and 2):
         - **(1)** Patient has decompensated cirrhosis (Child-Pugh B or C);
         - **(2)** Patient is ribavirin ineligible, according to the prescriber.

     Note: This is a quantity sufficient for two tablets or two pellet packets per day for 24 weeks.

3. **Chronic Hepatitis C Virus Genotype, 4, 5, or 6.** If the patient is < 12 years of age, approve 168 tablets or pellet packets per 365 days at retail or home delivery.
   Note: This is a quantity sufficient to treat with two tablets or pellet packets per day for 12 weeks.

4. **Recurrent Hepatitis C Virus Post-Liver Transplantation, Genotype 1 OR 4.** If the patient is < 12 years of age**,** approve 168 tablets or pellet packets per 365 days at retail or home delivery.
   Note: This is a quantity sufficient to treat with two tablets or pellet packets per day for 12 weeks.

5. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 336 tablets or pellet packets per 365 days at retail or home delivery, to complete a course therapy.
   Note: For example, if the patient has received 4 weeks of therapy (56 tablets or pellet packets) and is eligible for 12 weeks of treatment, approve 112 tablets to complete 12 weeks of therapy. If a patient has received 4 weeks (56 tablets or pellet packets) of therapy and is eligible for 24 weeks of treatment, approve 280 tablets or pellet packets to complete 24 weeks of therapy.

Harvoni 33.75 mg/150 mg pellet packets

1. **Chronic Hepatitis C Virus Genotype 1**.
   - **A)** Approve 84 pellet packets per 365 days at retail or home delivery if the patient meets BOTH of the following (i and ii):
     - **i.** Patient is < 12 years of age; AND

ii. Patient meets ONE of the following (a, b, or c):
- **a)** Patient is treatment-naïve AND meets at least ONE of the following (1, 2, or 3):
  - **(1)** Patient has compensated cirrhosis (Child-Pugh A) [includes patients awaiting liver transplant]; OR
  - **(2)** Patient does not have cirrhosis and baseline HCV RNA ≥ 6 million IU/mL (includes patients awaiting liver transplant); OR
  - **(3)** Patient has human immunodeficiency virus; OR
- **b)** Patient has previously been treated for HCV and does not have cirrhosis; OR
- **c)** Patient is treatment-naïve OR has previously been treated for HCV AND meets both of the following (1 and 2):
  - **(1)** Patient has decompensated cirrhosis (Child-Pugh B or C); AND
  - **(2)** The medication will be prescribed in combination with ribavirin.

Note: This is a quantity sufficient to treat with one pellet packet per day for 12 weeks.

B) Approve 168 tablets per 365 days at retail or home delivery if the patient meets BOTH of the following (i and ii):

i. Patient is < 12 years of age; AND

ii. Patient meets ONE of the following (a or b):
- **a)** Patient has previously been treated for HCV AND has compensated cirrhosis (Child-Pugh A); OR
- **b)** Patient is treatment-naïve OR has previously been treated for hepatitis C virus (HCV) AND meets both of the following (1 and 2):
  - **(1)** Patient has decompensated cirrhosis (Child-Pugh B or C);
  - **(2)** Patient is ribavirin ineligible, according to the prescriber.

Note: This is a quantity sufficient to treat with one pellet packet per day for 24 weeks.

3. Chronic Hepatitis C Virus Genotype 4, 5, or 6. If the patient is < 12 years of age, approve 84 pellet packets per 365 days at retail or home delivery.
Note: This is a quantity sufficient to teat with one pellet packet per day for 12 weeks.

4. Recurrent Hepatitis C Virus Post-Liver Transplantation, Genotype 1 OR 4. If the patient is < 12 years of age, approve 84 pellet packets per 365 days at retail or home delivery.
Note: This is a quantity sufficient to treat with one pellet packet per day for 12 weeks.

5. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 168 pellet packets per 365 days at retail or home delivery, to complete a course therapy.
Note: For example, if the patient has received 4 weeks of therapy (28 pellet packets) and is eligible for 12 weeks of treatment, approve 56 tablets to complete 12 weeks of therapy. If a patient has received 4 weeks (28 pellet packets) of therapy and is eligible for 24 weeks of treatment, approve 140 tablets to complete 24 weeks of therapy.

REFERENCES

3. Harvoni® tablets and oral pellets [prescribing information]. Foster City, CA: Gilead; March 2020.
2. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org. Updated October 24, 2022. Accessed on August 28, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hepatitis C – Mavyret Drug Quantity Management Policy – Per Days
- Mavyret® (glecaprevir/pibrentasvir tablets and oral pellets – AbbVie)

REVIEW DATE: 12/14/2023

OVERVIEW

Mavyret, a direct-acting antiviral, contains glecaprevir, a pangenotypic NS3/4A protease inhibitor and pibrentasvir, a pangenotypic NS5A inhibitor.[1] It is indicated for the treatment of **chronic hepatitis C virus (HCV)** in the following scenarios:

- Patients ≥ 3 years of age with genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis (Child-Pugh A).
- Patients ≥ 3 years of age with genotype 1 infection who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

Dosing

Duration of Therapy

The duration of therapy is 8, 12, or 16 weeks depending on prior treatment experience, genotype, and the presence or absence of cirrhosis (see Tables 1 and 2).[1] In addition, Mavyret is recommended for 12 weeks in patients ≥ 3 years of age who are liver or kidney transplant recipients. Similar to non-transplant recipients, a 16-week treatment duration is recommended in genotype 1-infected patients who are NS5A inhibitor-experienced without prior treatment with an NS3/4A protease inhibitor or in genotype 3-infected patients who are treatment-experienced with regimens containing interferon, pegylated interferon, ribavirin, and/or Sovaldi® (sofosbuvir tablets/oral pellets).

Table 1. Recommended Duration for Treatment-Naïve Patients.[1]
HCV – Hepatitis C virus.

Table 2. Recommended Duration for Treatment-Experienced Patients.[1]
HCV – Hepatitis C virus; PRS – Prior treatment experience with regimens containing interferon, pegylated interferon, ribavirin, and/or Sovaldi® (sofosbuvir tablets), but no prior treatment experience with an HCV NS3/4A protease inhibitor (PI) or NS5A inhibitor; PI – Protease inhibitor; [1] Regimens containing Olysio® (simeprevir capsules) and Sovaldi, or Olysio, Victrelis® (boceprevir capsules), or Incivek® (telaprevir tablets) with interferon or pegylated interferon and ribavirin were studied; [2] Regimens containing ledipasvir/sofosbuvir or Daklinza® (daclatasvir tablets) + pegylated interferon + ribavirin [unapproved regimen] were studied.

Dosing

The recommended dose of Mavyret for adults and pediatric patients ≥ 12 years of age or in pediatric patients who weigh ≥ 45 kg, is three tablets (total daily dose: glecaprevir 300 mg and pibrentasvir 120 mg) taken once daily (QD) with food.[1] The recommended dosing for patients 3 to < 12 years of age is weight-based given QD and is outlined in Table 1. The Mavyret oral pellets are recommended for use in patients 3 to < 12 years of age or < 45 kg. Mavyret tablets are intended for use in patients ≥ 12 years of age or pediatric patients ≥ 45 kg. In pediatric patients who are ≥ 45 kg and unable to swallow tablets, six of the 50 mg/200 mg packets of oral pellets may be used.

Table 3. Recommended Mavyret Dosing in Patients ≥ 3 Years of Age.[1]

QD – Once daily; † Pediatric patients weighing ≥ 45 kg who are unable to swallow tablets may take six 50 mg/20 mg packets of oral pellets once daily. Dosing with oral pellets has not been studied for pediatric patients weighing > 45 kg.

Availability

Mavyret is available as a fixed-dose combination tablet containing glecaprevir 100 mg and pibrentasvir 40 mg and an oral pellet packet containing glecaprevir 50 mg and pibrentasvir 20 mg.[1]

Mavyret tablets are supplied in 4-week (monthly) cartons, 8-week cartons, bottles, or institutional use-only bottles.[1] In the carton, the tablets are packaged in daily dose wallets that each contain three 100 mg/40 mg tablets. Each weekly carton contains seven daily dose wallets. Each monthly carton contains four weekly cartons and each 8-week carton contains two monthly cartons. Bottles contain 84 x 100 mg/40 mg tablets.

Mavyret oral pellets are supplied in child-resistant unit-dose packets, containing 50 mg glecaprevir/20 mg pibrentasvir each.[1] Each carton contains 28 packets.

Guidelines

The current web-based treatment recommendations by the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America provide guidance for treating patients with chronic HCV infection.[2] Consult the guidance for the most up-to-date information.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of Mavyret. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

* This is a quantity sufficient for 8 weeks of treatment with the tablets at the recommended dose (300 mg/120 mg once daily) and 8 weeks of treatment with the pellet packets at the maximal recommended dose of six packets of pellets once daily.

CRITERIA

D) Chronic Hepatitis C Virus, Genotype 1, Treatment-Experienced, NS5A-Experienced, NS3/4-Naïve. Approve 336 tablets or 672 pellet packets per 365 days at retail or home delivery if the patient meets the following criteria (A, B, and C):
Note: This is a quantity sufficient for 16 weeks of therapy.
A) Patient does not have cirrhosis or has compensated cirrhosis (Child-Pugh A); AND
B) Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following NS5A-inhibitor containing products: Daklinza (daclatasvir tablets), sofosbuvir/velpatasvir, or ledipasvir/sofosbuvir; AND
C) Patient has not previously been treated with one of the following NS3/4A inhibitors or NS3/4A inhibitor-containing products: Olysio (simeprevir capsules), Victrelis (boceprevir capsules), or Incivek (telaprevir tablets), Technivie (ombitasvir/paritaprevir/ritonavir tablets), Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets, co-packaged), Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release tablets), Vosevi (sofosbuvir/velpatasvir/voxilaprevir tablets), or Zepatier (elbasvir/grazoprevir tablets).

2. Chronic Hepatitis C Virus, Genotype 1, Treatment-Experienced, NS3/4-Experienced, NS5A-Naïve. Approve 252 tablets or 504 pellet packets per 365 days at retail or home delivery if the patient meets the following criteria (A, B, and C):
Note: This is a quantity sufficient for 12 weeks of therapy.
A) Patient does not have cirrhosis or has compensated cirrhosis (Child-Pugh A); AND
B) Patient has not previously been treated with one of the following NS5A-inhibitor containing products: Daklinza (daclatasvir tablets), sofosbuvir/velpatasvir, ledipasvir/sofosbuvir, Technivie (ombitasvir/paritaprevir/ritonavir tablets), Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets, co-packaged), Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release tablets), Vosevi (sofosbuvir/velpatasvir/voxilaprevir tablets), or Zepatier (elbasvir/grazoprevir tablets); AND
C) Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following NS3/4A inhibitors or NS3/4A inhibitor-containing products: Olysio (simeprevir capsules), Victrelis (boceprevir capsules), or Incivek (telaprevir tablets).

3. Chronic Hepatitis C Virus, Genotype 1, 2, 4, 5, and 6 Treatment-Experienced, Pegylated Interferon/Interferon, Ribavirin, Sovaldi-Experienced. Approve 252 tablets or 504 pellet packets per 365 days at retail or home delivery if the patient meets the following criteria (A and B):
Note: This is a quantity sufficient for 12 weeks of therapy.
A) Patient has compensated cirrhosis (Child-Pugh A); AND
B) Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + pegylated interferon + ribavirin.

4. Chronic Hepatitis C Virus, Genotype 3, Treatment-Experienced, Pegylated Interferon/Interferon, Ribavirin, Sovaldi-Experienced. Approve 336 tablets or 672 pellet packets per 365 days at retail or home delivery if the patient meets the following criteria (A and B):
Note: This is a quantity sufficient for 16 weeks of therapy.

A) Patient does not have cirrhosis or has compensated cirrhosis (Child-Pugh A); AND
B) Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + pegylated interferon + ribavirin.

5. **Recurrent Hepatitis C Virus (HCV) Post-Liver Transplantation, Genotype 1, 2, 3, 4, 5, OR 6.** Approve 252 tablets or 504 pellet packets per 365 days at retail or home delivery.
   Note: This is a quantity sufficient for 12 weeks of therapy.

6. **Hepatitis C Virus (HCV) Kidney or Liver Transplant Recipients, Genotype 2, 4, 5, 6.** Approve 252 tablets or 504 pellet packets per 365 days at retail or home delivery.
   Note: This is a quantity sufficient for 12 weeks of therapy.

7. **Hepatitis C Virus (HCV) Kidney or Liver Transplant Recipients, Genotype 1.** Approve for the duration below if the patient meets ONE of the following conditions (A or B):
   A) NS5A-Experienced, NS3/4-Naïve: Approve 336 tablets or 672 pellet packets per 365 days at retail or home delivery if the patient meets BOTH of the following criteria (i and ii):
   Note: This is a quantity sufficient for 16 weeks of therapy.
   i. Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following NS5A-inhibitor containing products: Daklinza (daclatasvir tablets), sofosbuvir/velpatasvir, ledipasvir/sofosbuvir; AND
   ii. Patient has not previously been treated with one of the following NS3/4A inhibitors or NS3/4A inhibitor-containing products: Olysio (simeprevir capsules), Victrelis (boceprevir capsules), Incivek (telaprevir tablets), Technivie (ombitasvir/paritaprevir/ritonavir tablets), Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets, co-packaged), Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release tablets), Vosevi (sofosbuvir/velpatasvir/voxilaprevir tablets); or Zepatier (elbasvir/grazoprevir tablets); OR
   B) All Other Patients with Genotype 1: Approve 252 tablets or 504 pellet packets per 365 days at retail or home delivery.
   Note: This is a quantity sufficient for 12 weeks of therapy.

8. **Hepatitis C Virus (HCV) Kidney or Liver Transplant Recipients, Genotype 3.** Approve for the duration below if the patient meets ONE of the following conditions (A or B):
   A) Pegylated Interferon/Interferon, Ribavirin, Sovaldi-Experienced: Approve 336 tablets or 672 pellet packets per 365 days at retail or home delivery if the patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + pegylated interferon + ribavirin; OR
   Note: This is a quantity sufficient for 16 weeks of therapy.
   B) All Other Patients with Genotype 3: Approve 252 tablets or 504 pellet packets per 365 days at retail or home delivery.
   Note: This is a quantity sufficient for 12 weeks of therapy.
9. For an indication or condition addressed as an approval in the above criteria, approve the quantity described above to complete a course therapy at retail or home delivery.
   Note: For example, if a patient who should receive 12 weeks of Mavyret tablets (252 tablets) has received 3 weeks of Mavyret tablets (63 tablets) then approve a quantity sufficient for 9 weeks of Mavyret tablets (189 tablets) to complete their 12-week course of therapy at retail or home delivery.

REFERENCES

62. Mavyret® tablets [prescribing information]. North Chicago, IL: AbbVie; October 2023.
63. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org. Updated October 24, 2022. Accessed on November 28, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hepatitis C – Sovaldi Drug Quantity Management Policy – Per Days
- Sovaldi® (sofosbuvir tablets and oral pellets – Gilead)

REVIEW DATE: 09/28/2023

OVERVIEW

Sovaldi, a hepatitis C virus (HCV) nucleotide analog non-serine (NS)5B polymerase inhibitor, is indicated for the following uses:[1]

- **Chronic HCV genotype 1, 2, 3 or 4 infection**, in adults without cirrhosis or with compensated cirrhosis as a component of a combination antiviral treatment.
- **Chronic HCV genotype 2 or 3 infection**, in pediatric patients ≥ 3 years of age without cirrhosis or with compensated cirrhosis in combination with ribavirin.

Dosing

The recommended dose of Sovaldi in pediatric patients ≥ 3 years of age with genotype 2 or 3 HCV is based on weight, and is to be taken orally once daily in combination with ribavirin (Table 1).[1] Sovaldi pellets can be taken by pediatric patients who cannot swallow the tablet formulation.

Table 1. Sovaldi Dosing in Pediatric Patients ≥ 3 Years of Age.[1]
QD – Once daily.

The duration of therapy in pediatric patients with genotype 2 or 3 chronic HCV is provided in Table 2.

Table 2. Sovaldi Treatment Regimen in Pediatric Patients (≥ 3 years of age).[1]

Availability

Sovaldi is available as 150 mg and 200 mg pellets in unit-dose packets in cartons of 28 packets.[1] Sovaldi is also available as 200 mg and 400 mg tablets in bottles containing 28 tablets.

Guidelines

According to the American Association for the Study of Liver Diseases (AASLD) guidelines, weight-based Sovaldi + ribavirin for treatment-naive or interferon-experienced (± ribavirin) children aged ≥3 years with genotype 2 or 3, without cirrhosis or with compensated cirrhosis (Child-Pugh A) is no longer favored because pangenotypic ribavirin-free treatments are now available for children as young as 3 years of age.[2] The AASLD recommends Epclusa® (sofosbuvir/velpatasvir tablets and oral pellets) and Mavyret® (glecaprevir/pibrentasvir tablets and oral pellets) for the treatment of patients ≥ 3 years of age with genotypes 1 through 6 chronic HCV who are treatment-naïve or interferon-experienced, with or without compensated cirrhosis; Harvoni® (ledipasvir/sofosbuvir tablets and oral pellets) is also an option for children ≥ 3 years of age with genotypes 1, 4, 5, or 6 chronic HCV.[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling and waste and address potential order entry error of Sovaldi. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is a quantity sufficient to treat for 12 weeks at a dose of 1 x 150 mg pellet packet QD, 1 x 200 mg pellet packet QD, 2 x 200 mg pellet packet QD, 2 x 200 mg tablets QD, or 1 x 400 mg tablet QD.

CRITERIA

Sovaldi 150 mg pellet packet, Sovaldi 400 mg tablet

E) Chronic Hepatitis C Virus, Genotype 3 Approve 168 tablets per 365 days at retail or home delivery if the patient meets all of the following (A, B, and C):

- **A)** Patient is < 18 years of age; AND
- **B)** The patient does not have decompensated cirrhosis (Child-Pugh B or C); AND
  Note: Coverage is provided for patients without cirrhosis or with compensated cirrhosis (Child-Pugh A).
- **C)** The medication will be prescribed in combination with ribavirin.

Note: This is a quantity sufficient to treat with one pellet packet or one tablet once daily for 24 weeks.

2. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 168 tablets to complete a course therapy.
Note: For example, if the patient has received 84 tablets (12 weeks), approve 84 tablets to complete a total of 24 weeks of treatment (total of 168 tablets).

Sovaldi 200 mg pellet packet, Sovaldi 200 mg tablet

1. Chronic Hepatitis C Virus, Genotype 3. Approve 336 tablets per 365 days at retail or home delivery if the patient meets all of the following (A, B, and C):

- **A)** Patient is < 18 years of age; AND
- **B)** The patient does not have decompensated cirrhosis (Child-Pugh B or C); AND
  Note: Coverage is provided for patients without cirrhosis or with compensated cirrhosis (Child-Pugh A).
- **C)** The medication will be prescribed in combination with ribavirin.

Note: This is a quantity sufficient to treat with two pellet packets or two tablets once daily for 24 weeks.

4. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 336 tablets per 365 days at retail or home delivery, to complete a course therapy.
Note: For example, if the patient has received 12 weeks 12 weeks of therapy (168 tablets), approve 168 tablets to complete a total of 24 weeks of treatment (total of 336 tablets).

REFERENCES

25. Sovaldi® tablets and oral pellets [prescribing information]. Foster City, CA: Gilead; March 2020.
26. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org. Updated October 24, 2022. Accessed on: August 28, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hepatitis C – Viekira Pak Drug Quantity Management Policy – Per Days
- Viekira Pak™ (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets [co-packaged] – AbbVie)

REVIEW DATE: 09/28/2023

OVERVIEW

Viekira Pak contains ombitasvir, a hepatitis C virus (HCV) NS5A inhibitor, paritaprevir, an HCV NS3/4A protease inhibitor, ritonavir, a cytochrome P450 (CYP)3A inhibitor and dasabuvir, an HCV non-nucleoside NS5B palm polymerase inhibitor.[1]

Viekira Pak is indicated for the treatment of patients with **genotype 1 chronic HCV**.[1] Viekira Pak is indicated in patients with:
- Genotype 1b without cirrhosis or with compensated cirrhosis; or
- Genotype 1a without cirrhosis or with compensated cirrhosis for use in combination with ribavirin.

Dosing

The recommended dose of Viekira Pak is two co-formulated ombitasvir/paritaprevir/ritonavir tablets once daily (in the morning) and one dasabuvir tablet twice daily (morning and evening).[1] When administered with Viekira Pak, the recommended dose of ribavirin is weight-based. For patients with HCV/human immunodeficiency virus (HIV)-1 co-infection the recommendations are the same as for those without co-infection. Of note, product labeling notes that some patients with genotype 1a with cirrhosis may be treated for 12 weeks with Viekira Pak + weight-based ribavirin based on data from the TURQUOISE-II trial. In liver transplant recipients with normal hepatic function and mild fibrosis (Metavir fibrosis score ≤ 2) the recommended duration of therapy with Viekira Pak is 24 weeks, irrespective of HCV genotype 1 subtype.

Table 1. FDA-Approved Regimens and Treatment Duration for Viekira Pak.[1]

[*] Follow the genotype 1a dosing recommendations in patients with an unknown genotype 1 subtype or with mixed genotype 1 infection; WBR – Weight-based ribavirin; [**] A 12-week treatment duration may be considered for some patients based on prior treatment.

Guidelines

Viekira Pak is not addressed in the American Association for the Study of Liver Diseases (AASLD) Guidelines recommended (or alternative) regimens.[2] It has been supplanted by other direct-acting antivirals.

Availability

Viekira Pak is available in a monthly carton for a total of 28 days of therapy.[2] Each monthly carton contains four weekly cartons. Each weekly carton contains seven daily dose packs. Each daily dose pack contains four tablets: two 12.5/75/50 mg ombitasvir/paritaprevir/ritonavir co-formulated tablets and two 250 mg dasabuvir tablets, and indicates which tablets need to be taken in the morning and evening.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling and waste and address potential order entry error of Viekira Pak. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year.

Automation: None.

Drug Quantity Limits

*112 tablets per dispensing (28-days). This is a quantity sufficient to treat for 12 weeks. For additional quantities coverage review is required.

CRITERIA

1. **Chronic Hepatitis C Virus (HCV) Genotype 1a.** If the patient has cirrhosis, approve 672 tablets per 365 days at retail or home delivery.
   Note: This is a quantity sufficient to treat for 24 weeks.

B) Recurrent Hepatitis C Virus (HCV) Post-Liver Transplantation, Genotype 1. Approve 672 tablets per 365 days at retail or home delivery.
Note: This is a quantity sufficient to treat for 24 weeks.

C) For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 672 tablets per 365 days at retail or home delivery to complete a course of therapy (e.g., if the patient has received 28 days of therapy [112 tablets], approve 560 tablets to complete 24 weeks of treatment).

REFERENCES

27. Viekira Pak™ tablets [prescribing information]. North Chicago, IL: AbbVie; December 2019.
28. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org. Updated October 24, 2022. Accessed on August 28, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hepatitis C – Zepatier Drug Quantity Management Policy – Per Days
- Zepatier® (grazoprevir/elbasvir tablets – Merck)

REVIEW DATE: 07/06/2023

OVERVIEW

Zepatier, an oral fixed-dose combination tablet containing grazoprevir, a second generation protease inhibitor, and elbasvir, an NS5A inhibitor, is indicated with or without ribavirin for the treatment of genotypes 1 and 4 **chronic hepatitis C virus** in adults and pediatric patients ≥ 12 years of age or weighing at least 30 kg.[1]

Dosing

The recommended dose is one tablet once daily (QD).[1] The duration of treatment is outlined below (Table 1) and is dependent on the patient population. Prior to initiating Zepatier in patients with genotype 1a infection, testing for NS5A resistance associated polymorphisms is recommended to guide treatment duration. In patients with genotype 1a and a polymorphisms at amino acid positions 28, 30, 31, or 93, 16 weeks of treatment is recommended. In patients with genotype 4 chronic hepatitis C virus, 16 weeks of therapy is recommended in patients who are pegylated interferon and ribavirin experienced. All other patients are treated for 12 weeks.

Table 1. Recommended Zepatier Dosage Regimens for the Treatment of Genotype 1 or 4 Chronic HCV.[1]

HCV – Hepatitis C virus; TN – Treatment naïve; PR – Pegylated interferon/ribavirin; [*] Patients who have failed treatment with PR; [†] NS5A resistance-associated polymorphisms at amino acid positions 28, 30, 31, or 93;[§] The optimal Zepatier-based treatment regimen and duration of therapy for PR + HCV protease inhibitor-experienced genotype 1a-infected patients with one or more baseline NS5A resistance-associated polymorphisms at positions 28, 30, 31, and 93 has not been established; PI – PI – Protease inhibitor; [β] Patients who have failed treatment with PR + and NS3/4A PI (i.e., Victrelis® [boceprevir capsules], Incivek® [telaprevir tablets], or Olysio® [simeprevir capsules]); TE – Treatment-experienced; NA – Not applicable.

Availability

Zepatier is available as a co-formulated tablet containing 50 mg elbasvir and 100 mg grazoprevir.[1] It is supplied in a carton containing two 14-tablet blister cards, for a total of 28 tablets.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of Zepatier while providing a sufficient quantity to treat the condition. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below.

Automation: None.

Drug Quantity Limits

[*] 84 tablets is a quantity sufficient to treat for 12 weeks. There is also a limit of 28 tablets per dispensing at both retail and home delivery.

CRITERIA

1. If the patient has Genotype 1a Chronic Hepatitis C Virus (HCV), approve 112 tablets per 365 days at retail or home delivery if the patient meets the following criteria (A, B, and C):
- **A)** Patient has a baseline NS5A polymorphism at ONE (or more) of the following amino acid positions: 28, 30, 31, or 93; AND
- **B)** Patient meets ONE of the following conditions (i or ii):
  - **i.** Patient is treatment-naïve ; OR
  - **ii.** Patient has been previously treated with pegylated interferon + ribavirin *only*; AND
- **C)** The medication will be prescribed in combination with ribavirin.

D) If the patient has Genotype 4 Chronic Hepatitis C Virus (HCV), approve 112 tablets per 365 days at retail or home delivery if the patient meets the following criteria (A and B):
- **A)** Patient has been previously treated with pegylated interferon and ribavirin; AND
- **B)** The medication will be prescribed in combination with ribavirin.

E) If the patient has been started on Zepatier for an indication or condition addressed as an approval in the above criteria section, approve the duration described above to complete a course therapy (e.g., if the patient has received 3 weeks of therapy [21 tablets], approve 91 tablets to complete 16 weeks of treatment).

REFERENCES

4. Zepatier® tablets [prescribing information]. Whitehouse Station, NJ: Merck; December 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Hepatology – Bylvay Drug Quantity Management Policy – Per Rx
- Bylvay™ (odevixibat capsules and oral pellets – Albireo)

REVIEW DATE: 09/20/2023

OVERVIEW

Bylvay, an ileal bile acid transporter (IBAT) inhibitor, is indicated for the treatment of:
- Pruritus in patients ≥ 3 months of age with **progressive familial intrahepatic cholestasis** (PFIC).[1]
- Cholestatic pruritus in patients ≥ 12 months of age with **Alagille syndrome** (ALGS).[1]

Dosing

The recommended dosage of Bylvay for PFIC is 40 mcg/kg once daily (QD) in the morning with a meal.[1] If there is no improvement in pruritus after 3 months, the dosage may be increased in 40 mcg/kg increments up to 120 mcg/kg QD, not to exceed a total daily dose of 6 mg daily. The recommended dosage of Bylvay for ALGS is 120 mcg/kg QD in the morning with a meal. Table 1 below shows the recommended once daily dosage by body weight. Table 1 below shows the recommended weight-based total daily doses needed for the recommended dose. Bylvay oral pellets are intended for use by patients < 19.5 kg.[1] The capsules are intended for use by patients weighing ≥ 19.5 kg.

Table 1. Recommended Weight-Based Total Daily Dosage.
* Dose modification to manage adverse events.

The oral pellets should be placed in a small amount of food (up to 30 mL [2 tablespoons] of apple sauce, oatmeal, banana or carrot puree, chocolate or rice pudding) and gently mix until well dispersed.[1] The oral capsules can either be swallowed whole with a glass of water, or may be opened, and sprinkled and mixed with a small amount of soft food.

Availability

Bylvay is available as a 400 and 1,200 mg capsules and 200 and 600 mg pellets in dispensing capsules.[1] All dosage forms are supplied in bottles of 30.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the dose consolidation, prevent stockpiling and waste, and address potential order entry error of Bylvay. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is enough drug for a 30-day supply at 40 mcg/kg per day dosing (up to 4 x 200 mcg pellets in dispensing capsules, up to 5 x 400 mcg capsules, 1 x 600 mcg pellets in dispensing capsules, and up to 2 x 1,200 mcg capsules per day). Additional quantities for dose titration can be made available through coverage review.

CRITERIA

Bylvay 200 mcg oral pellets (in dispensing capsules)

2. If the patient's daily dose is 80 mcg/kg/day and the patient weighs < 19.5 kg, approve the requested quantity not to exceed 240 oral pellets (in dispensing capsules) per dispensing at retail or 720 oral pellets (in dispensing capsules) per dispensing at home delivery.
Note: This is a quantity sufficient for 80 mcg/kg/day dosing in patients who weigh < 19.5 kg and require a 1,600 mcg daily dose. For patients who weigh ≥ 19.5 kg and require a dose of 80 mcg/kg/day refer the patient to the 400 mcg capsules or 1,200 mcg capsules.

3. If the patient's daily dose is 120 mcg/kg/day and the patient weighs < 17.5 kg, approve the requested quantity not to exceed 270 oral pellets (in dispensing capsules) per dispensing at retail or 810 oral pellets (in dispensing capsules) per dispensing at home delivery.
Note: This is a quantity sufficient for 120 mcg/kg/day per day dosing in patients who weigh < 17.5 kg and require an 1,800 mcg daily dose. For patients who weigh ≥ 17.5 kg and require a dose of 120 mcg/kg/day, refer the patient to the 600 mcg pellets (in dispensing capsules) [weight ≥ 17.5 kg to < 19.5 kg] or 1,200 mcg capsules (weight ≥ 19.5 kg).

Bylvay 600 mcg oral pellets (in dispensing capsules)

1. If the patient's daily dose is 80 mcg/kg/day and the patient weighs < 17.5 kg, approve the requested quantity not to exceed 60 oral pellets (in dispensing capsules) per dispensing at retail or 180 oral pellets (in dispensing capsules) per dispensing at home delivery.
Note: This is a quantity sufficient for 80 mcg/kg/day dosing in patients who weigh < 17.5 kg and require a 1,200 mcg daily dose. For patients who weigh ≥ 17.5 kg and require a dose a dose of 80 mcg/kg/day, refer the patient to the 200 mcg pellets (in dispensing capsules) [weight ≥ 17.5 kg to < 19.5 kg] or 400 mcg capsules or 1,200 mcg capsules (weight ≥ 19.5 kg).

2. If the patient's daily dose is 120 mcg/kg/day and the patient weighs < 19.5 kg, approve the requested quantity not to exceed 120 oral pellets (in dispensing capsules) per dispensing at retail or 360 oral pellets (in dispensing capsules) per dispensing at home delivery.
Note: This is a quantity sufficient for 120 mcg/kg/day dosing in patients who weigh < 19.5 kg and require a 2,400 mcg daily dose. For patients who weigh ≥ 19.5 kg and require a dose of 120 mcg/kg/day, refer the patient to the 1,200 mcg capsules.

Bylvay 400 mcg capsules

1. If the patient's daily dose is 80 mcg/kg/day and the patient weighs ≥ 19.5 kg, approve the requested quantity not to exceed 300 capsules per dispensing at retail or 900 capsules per dispensing at home delivery.
Note: This is a quantity sufficient for 80 mcg/kg/day dosing up to a 4,000 mcg daily dose. For doses ≥ 4,000 mcg/day, refer the patient to the 1,200 mcg capsules.

Bylvay 1,200 mcg capsules

1. If the patient's daily dose is 80 mcg/kg/day and the patient weighs ≥ 19.5 kg, approve the requested quantity not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.
Note: This is a quantity sufficient for 80 mcg/kg/day dosing up to a 4,800 mcg daily dose.

2. If the patient's daily dose is 120 mcg/kg/day and the patient weighs ≥ 17.5 kg, approve the requested not to exceed 180 capsules per dispensing at retail or 540 capsules per dispensing at home delivery.
Note: This is a quantity sufficient for 120 mcg/kg per day up to the maximum daily dose of 7,200 mcg.

REFERENCES

3. Bylvay™ capsules and oral pellets [prescribing information]. Boston, MA: Albireo; June 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hereditary Angioedema – Berinert and Cinryze Drug Quantity Management Policy – Per Days

- Berinert® (C1 esterase inhibitor [human] intravenous infusion – CSL Behring)
- Cinryze® (C1 esterase inhibitor [human] intravenous infusion – Shire/Takeda)

REVIEW DATE: 01/18/2023

OVERVIEW

Berinert and Cinryze are human plasma-derived C1 esterase inhibitor (C1-INH) replacement therapies indicated for the following uses:[1,2]

- Berinert is indicated for the **treatment of acute abdominal, facial, or laryngeal HAE attacks** in adults and pediatric patients.[1]
- Cinryze is indicated for routine **prophylaxis against HAE attacks** in patients ≥ 6 years of age.[2]

Of note, although Cinryze is labeled for use in the prophylactic setting and Berinert is labeled for use in the acute treatment setting, use of Cinryze in the acute setting and Berinert in the prophylactic setting has been reported in literature.[3,4]

Dosing

Potencies of Berinert and Cinryze are both expressed in standard units of C1-INH (equal to the mean C1-INH quantity in 1 mL of normal human plasma).[1,2] **For prophylaxis**, the maximum allowable dose in the policy comes from the Cinryze prescribing information and is applied to both Berinert and Cinryze prophylactic use requests. For a patient ≥ 12 years of age, the recommended dose is 1,000 units by intravenous (IV) route, once every 3 or 4 days.[2] If a patient does not respond adequately, doses up to 2,500 units (not to exceed 100 units/kg) one every 3 or 4 days may be considered based on individual patient response. For a patient < 12 years of age, a dose of 500 units IV once every 3 or 4 days is recommended; the dose may be adjusted up to 1,000 units once every 3 or 4 days.

For acute treatment, dosing recommendations come from the Berinert prescribing information and are applied to both Berinert and Cinryze requests for acute use. The recommended dose is 20 units/kg for treatment of an acute HAE attack.[1]

Availability

Both Berinert and Cinryze are supplied in single-use vials containing 500 units per vial.[1,2] The Berinert vials are packaged as a part of a kit which also includes 10 mL Sterile Water for Injection, a 10 mL silicone-free syringe, an IV set and butterfly needle, a Mix2Vial filter transfer set, and alcohol swabs.[1] Cinryze, in a 500 unit single-use vial, is supplied both with and without a 5 mL vial of Sterile Water for Injection.[2]

The quantity limits provided in this policy provide sufficient quantity for a long-term prophylaxis dose of 1,000 units twice weekly plus treatment of four HAE attacks (20 units/kg per attack) for a patient weighing up to 100 kg. If the patient requires additional quantity based on higher long-term prophylaxis dosing, greater body weight, or treatment of an additional HAE attack in a 28-day interval (refer to Table 1 for dosing requirements in these scenarios), exceptions will be provided in Criteria.

Table 1. Quantity Required of Berinert/Cinryze per 28 Days Based on Prophylaxis and Acute Treatment Dosing.
† Patient ≥ 12 years of age with inadequate response to a long-term prophylaxis dose of 1,000 units once every 3 or 4 days.
α Assuming patient experiences an average of one hereditary angioedema attack per week.

Guidelines

US HAE Medical Advisory Board guidelines (2020) recommend that all patients with laboratory confirmed HAE should have access to at least two standard doses of an approved on-demand medication for treatment of acute attacks.[5] On-demand treatment of attacks is most effective when administered early after attack onset. Short-term prophylaxis may be indicated before invasive medical, surgical, or dental procedures. A single dose of 20 units/kg of plasma-derived C1-INH can be given 1 to 12 hours before the stressor.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Berinert and Cinryze. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

IV – Intravenous; * Provides a quantity sufficient for prophylaxis of hereditary angioedema attacks at a dose of 1,000 units twice weekly (16 vials/kits); PLUS an additional 8,000 units (16 vials/kits), which would provide four doses per 28 days of 20 units/kg for a patient weighing up to 100 kg.

CRITERIA

Berinert 500 unit kit

1. If the patient weighs > 100 kg, approve the requested quantity, not to exceed 48 kits per 28 days at retail or 144 kits per 84 days at home delivery.

2. If the patient is ≥ 12 years of age, weighs ≤ 100 kg, and requires a dose > 1,000 units twice weekly for long-term prophylaxis of hereditary angioedema attacks, approve the requested quantity, not to exceed 56 kits per 28 days at retail or 168 kits per 84 days at home delivery.

3. If the patient is ≥ 12 years of age, weighs > 100 kg, and requires a dose > 1,000 units twice weekly for long-term prophylaxis of hereditary angioedema attacks, approve the requested quantity, not to exceed 72 kits per 28 days at retail or 216 kits per 84 days.

4. If the patient weighs ≤ 100 kg and requires an additional dose of Berinert to treat a subsequent hereditary angioedema (HAE) attack or requires use of Berinert as short-term (procedural) prophylaxis, approve a one-time override for the requested quantity, not to exceed 4 additional kits at retail or 12 additional kits at home delivery.
Note: This exception applies to a patient who has already filled a supply of Berinert and requires additional medication for a subsequent attack or for short-term (procedural) prophylaxis before the next scheduled fill.

5. If the patient weighs > 100 kg and requires an additional dose of Berinert to treat a subsequent HAE attack or requires use of Berinert as short-term (procedural) prophylaxis, approve a one-time override for the requested quantity, not to exceed 8 additional kits at retail or 24 additional kits at home delivery.
Note: This exception applies to a patient who has already filled a supply of Berinert and requires additional medication for a subsequent attack or for short-term (procedural) prophylaxis before the next scheduled fill.

Cinryze 500 unit vial and 500 unit vial co-packaged with diluent

1. If the patient weighs > 100 kg, approve the requested quantity, not to exceed 48 vials per 28 days at retail or 144 vials per 84 days.

2. If the patient is ≥ 12 years of age, weighs ≤ 100 kg, and requires a dose > 1,000 units twice weekly for long-term prophylaxis of hereditary angioedema attacks, approve the requested quantity, not to exceed 56 vials per 28 days at retail or 168 kits per 84 days at home delivery.

3. If the patient is ≥ 12 years of age, weighs > 100 kg, and requires a Cinryze dose of > 1,000 units twice weekly for long-term prophylaxis of hereditary angioedema attacks, approve the requested quantity, not to exceed 72 vials per 28 days at retail or 216 vials per 84 days at home delivery.

4. If the patient weighs ≤ 100 kg and requires an additional dose of Cinryze to treat a subsequent hereditary angioedema (HAE) attack or requires use of Cinryze as short-term (procedural) prophylaxis, approve a one-time override for the requested quantity, not to exceed 4 additional vials at retail or 12 additional vials at home delivery.
Note: This exception applies to a patient who has already filled a supply of Cinryze and requires additional medication for a subsequent attack or for short-term (procedural) prophylaxis before the next scheduled fill.

5. If the patient weighs > 100 kg and requires an additional dose of Cinryze to treat a subsequent hereditary angioedema (HAE) attack or requires use of Cinryze as short-term (procedural) prophylaxis, approve a

one-time override for the requested quantity, not to exceed 8 additional vials at retail or 24 additional vials at home delivery.

Note: This exception applies to a patient who has already filled a supply of Cinryze and requires additional medication for a subsequent attack or for short-term (procedural) prophylaxis before the next scheduled fill.

REFERENCES

64. Berinert® intravenous infusion [prescribing information]. Kankakee, IL: CSL Behring; September 2021.
65. Cinryze® intravenous infusion [prescribing information]. Lexington, MA: Takeda; January 2021.
66. Zuraw BL. Hereditary angioedema. *N Engl J Med*. 2008;359:1027-1036.
67. Craig T, Shapiro R, Vegh A, et al. Efficacy and safety of an intravenous C1-inhibitor concentrate for long-term prophylaxis in hereditary angioedema. *Allergy Rhinol (Providence)*. 2017 Mar 1;8(1):13-19.
68. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 guidelines for the management of hereditary angioedema. *J Allergy Clin Immunol Pract*. 2021 Jan;9(1):132-150.e3.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hereditary Angioedema – Haegarda Drug Quantity Management Policy – Per Days
- Haegarda® (C1 esterase inhibitor [human] subcutaneous injection – CSL Behring)

REVIEW DATE: 01/18/2023

OVERVIEW

Haegarda, a human plasma-derived C1 esterase inhibitor (C1-INH), is indicated for **routine prophylaxis to prevent hereditary angioedema attacks** in adults and pediatric patients ≥ 6 years of age.[1]

Dosing

Haegarda is dosed 60 IU/kg twice weekly (once every 3 or 4 days).[1] Thus, eight doses of Haegarda are required in a 28-day period and 24 doses are required in a 84-day period.

Availability

Haegarda is available in single-dose vials of lyophilized powder containing 2,000 IU or 3,000 IU.[1] Refer to Table 1 for the number of doses required based on patient weight.

Due to the weight-based dosing of Haegarda and the vial sizes available, the maximum approvable quantity per 28 days is dependent on patient weight. The quantity limits provided in this policy provide a sufficient quantity for a patient weighing up to 100 kg using either 2,000 IU vials or 3,000 IU vials. For a patient requiring additional quantity based on body weight, quantity limits are provided in the exception criteria below.

Table 1. Vials of Haegarda Required Based on Patient Weight.

* Can use three 2,000 IU vials or two 3,000 IU vials to achieve the desired dose.	
** Can use six 2,000 IU vials or four 4,000 IU vials to achieve to desired dose.	

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Haegarda. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

SC – Subcutaneous; * The quantity limits in this policy provide quantity sufficient for a dose of 60 IU/kg twice weekly for a patient weighing up to 100 kg, using either the 2,000 IU strength vials or the 3,000 IU strength vials. If the patient requires additional quantity based on body weight > 100 kg, exceptions are provided in criteria.

CRITERIA

Haegarda 2,000 IU vials:

1. If the patient weighs > 100 kg, approve the requested quantity, not to exceed 48 vials per 28 days at retail or 144 vials per 84 days at home delivery.

Haegarda 3,000 IU vials:

1. If the patient weighs > 100 kg, approve the requested quantity, not to exceed 32 vials per 28 days at retail or 96 vials per 84 days at home delivery.

REFERENCES

4. Haegarda® subcutaneous injection [prescribing information]. Kankakee, IL: CSL Behring; January 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hereditary Angioedema – Icatibant Drug Quantity Management Policy – Per Days
- Firazyr® (icatibant subcutaneous injection – Takeda, generic)
- Sajazir™ (icatibant subcutaneous injection – Cycle)

REVIEW DATE: 01/18/2023

OVERVIEW

Icatibant, a synthetic decapeptide, is indicated for the **treatment of acute hereditary angioedema (HAE) attacks** in adults ≥ 18 years of age.[1]

Dosing

The recommended dose of icatibant is 30 mg administered by subcutaneous (SC) injection in the abdominal area.[1] Additional doses may be administered at intervals of at least 6 hours if response is inadequate or if symptoms recur. No more than three doses may be administered in any 24 hour period.

Availability

Icatibant is supplied in a single-use, prefilled syringe for SC injection which delivers 3 mL of a solution of icatibant 30 mg. Cartons contain one single-use, prefilled syringe.

Guidelines

US HAE Medical Advisory Board guidelines (2020) recommend that all patients with laboratory confirmed HAE should have access to at least two standard doses of an approved on-demand medication for treatment of acute attacks.[3] On-demand treatment of attacks is most effective when administered early after attack onset.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of icatibant. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Drug Quantity Limits

SC – Subcutaneous; * This is a quantity sufficient to treat at least four acute hereditary angioedema attacks in each 28-day period (retail) or 12 attacks in an 84-day period (home delivery), assuming that the patient requires three doses in a 24-hour period to treat each attack. If a patient requires additional icatibant doses for a subsequent attack, exceptions are provided based on the criteria below.

CRITERIA

1. If the patient requires additional doses of icatibant to treat a subsequent attack of hereditary angioedema (HAE), approve a one-time override for the requested quantity, not to exceed 3 additional prefilled syringes at retail or home delivery.
Note: This exception applies to a patient who has already filled a supply of icatibant and requires additional medication for a subsequent attack before the next scheduled fill.

REFERENCES

5. Firazyr® subcutaneous injection [prescribing information]. Lexington, MA: Takeda; October 2021.
6. Sajazir™ subcutaneous injection [prescribing information]. Cambridge, UK: Cycle; May 2022.
7. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 guidelines for the management of hereditary angioedema. *J Allergy Clin Immunol Pract*. 2021 Jan;9(1):132-150.e3.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hereditary Angioedema – Kalbitor Drug Quantity Management Policy – Per Days
- Kalbitor® (ecallantide subcutaneous injection – Shire)

REVIEW DATE: 01/18/2023

OVERVIEW

Kalbitor, a plasma kallikrein inhibitor, is indicated for the **treatment of acute attacks of hereditary angioedema** (HAE) in patients ≥ 12 years of age.[1]

Potentially serious hypersensitivity reactions, including anaphylaxis, have occurred in patients treated with Kalbitor.[1] Kalbitor should only be administered by a healthcare professional with appropriate medical support to manage anaphylaxis and HAE.

Dosing

The recommended dose of Kalbitor is 30 mg (3 mL) administered subcutaneously (SC) in three 10 mg injections.[1] If the attack persists, an additional dose of 30 mg SC may be administered within a 24-hour period.

Availability

Kalbitor is supplied as three 10 mg/mL single-use vials packaged in a carton.[1] Each vial contains 10 mg of ecallantide.

Guidelines

US HAE Medical Advisory Board guidelines (2020) recommend that all patients with laboratory confirmed HAE should have access to at least two standard doses of an approved on-demand medication for treatment of acute attacks.[2] On-demand treatment of attacks is most effective when administered early after attack onset.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Kalbitor. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Drug Quantity Limits

SC – Subcutaneous; * This is a quantity sufficient to treat two acute hereditary angioedema attacks in each 28-day period, assuming that the patient requires two doses in a 24-hour period to treat each attack. If a patient requires additional Kalbitor doses for a subsequent attack, exceptions will be provided based on the criteria below.

CRITERIA

2. If the patient requires additional doses of Kalbitor to treat a subsequent attack of hereditary angioedema (HAE), approve a one-time override for the requested quantity, not to exceed 6 additional single-use vials (2 cartons of 3 vials each) at retail or home delivery.
Note: This exception applies to a patient who has already filled a supply of Kalbitor and requires additional medication for a subsequent attack before the next scheduled fill.

REFERENCES

8. Kalbitor® subcutaneous injection [prescribing information]. Lexington, MA: Takeda; December 2020.
9. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 guidelines for the management of hereditary angioedema. *J Allergy Clin Immunol Pract*. 2021 Jan;9(1):132-150.e3.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hereditary Angioedema – Ruconest Drug Quantity Management Policy – Per Days
- Ruconest® (recombinant C1 esterase inhibitor intravenous infusion – Pharming)

REVIEW DATE: 01/18/2023

OVERVIEW

Ruconest, a recombinant C1 esterase inhibitor (C1-INH), is indicated for the **treatment of acute hereditary angioedema (HAE) attacks** in adults and adolescent patients.[1]

Dosing

The recommended dose of Ruconest is 50 units/kg, up to a maximum dose of 4,200 units administered as a slow intravenous injection over approximately five minutes.[1] If the attack symptoms persist, an additional dose can be administered at the recommended dose level. Do not exceed 4,200 units per dose. No more than two doses should be administered within a 24-hour period. Of note, in the clinical trial, rescue treatment with Ruconest was administered if a patient did not experience the beginning of relief within 4 hours after the first dose. The second rescue dose was only required for 11% of Ruconest-treated patients; most patients responded to a single dose.

Availability

Ruconest is supplied in single-use 25 mL glass vials containing 2,100 units of Ruconest as lyophilized powder for reconstitution. Each carton contains one single-use vial.[1]

Guidelines

US HAE Medical Advisory Board guidelines (2020) recommend that all patients with laboratory confirmed HAE should have access to at least two standard doses of an approved on-demand medication for treatment of acute attacks.[2] On-demand treatment of attacks is most effective when administered early after attack onset.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Ruconest. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Drug Quantity Limits

IV – Intravenous; * This is a quantity sufficient to treat four acute hereditary angioedema attacks in each 28-day period, assuming that the patient requires two doses in a 24-hour period to treat the attack. If a patient requires additional Ruconest doses for an additional attack, exceptions will be provided based on the criteria below.

CRITERIA

3. If the patient requires additional doses of Ruconest to treat a subsequent attack of hereditary angioedema (HAE), approve a one-time override for the requested quantity, not to exceed 4 additional single-use vials at retail or home delivery.
Note: This exception applies to a patient who has already filled a supply of Ruconest and requires additional medication for a subsequent attack before the next scheduled fill.

REFERENCES

10. Ruconest® intravenous infusion [prescribing information]. Warren, NJ: Pharming; April 2020.
11. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 guidelines for the management of hereditary angioedema. *J Allergy Clin Immunol Pract*. 2021 Jan;9(1):132-150.e3.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Human Immunodeficiency Virus – Cabenuva Drug Quantity Management Policy – Per Days

- Cabenuva® (cabotegravir extended-release intramuscular injection; rilpivirine extended-release intramuscular injection, co-packaged – ViiV/GlaxoSmithKline)

REVIEW DATE: 02/24/2023

OVERVIEW

Cabenuva is a two-drug co-packaged product of cabotegravir, a human immunodeficiency virus type-1 (HIV-1) integrase strand-transfer inhibitor, and rilpivirine, an HIV-1 non-nucleoside reverse transcriptase inhibitor.[1] It is indicated as a complete regimen for the treatment of **HIV-1 infection** in patients ≥ 12 years of age and ≥ 35 kg to replace their current antiretroviral (ARV) regimen in those who are virologically suppressed (HIV-1 RNA < 50 copies/mL) on a stable ARV regimen with no of treatment failure and with no known or suspected resistance to cabotegravir or rilpivirine.

Dosing

Cabenuva must be administered by a healthcare professional.[1] Prior to starting Cabenuva, healthcare professionals should carefully select patients who agree to the required monthly injection dosing schedule and counsel patients about the importance of adherence to scheduled dosing visits to help maintain viral suppression and reduce the risk of viral rebound and potential development of resistance with missed doses.[1]

Oral lead-in with Vocabria® (cabotegravir tablets) + Edurant® (rilpivirine tablets) may be used for approximately 1 month (at least 28 days) prior to the initiation of Cabenuva to assess the tolerability of cabotegravir and rilpivirine.[1] Cabenuva may be administered as a once-monthly injection or once every 2 month injection. Table 1 provides the recommended oral lead-in and monthly injection dosing schedule. Table 2 provides the recommended oral lead-in and every 2 month injection dosing schedule.

Table 1. Recommended Oral Lead-In and Monthly Intramuscular Injection Dosing Schedule.[1]
QD – Once daily.

Table 2. Recommended Oral Lead-In and Every 2 Month Intramuscular Injection Dosing Schedule.[1]

Availability

Cabenuva is supplied in two dosing kits.[1] The 400 mg/600 mg kit contains one 400 mg/2 mL vial of cabotegravir and one 600 mg/2 mL vial of rilpivirine. The 600 mg/900 mg kit contains one 600 mg/3 mL vial of cabotegravir and one 900 mg/3 mL of rilpivirine.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Cabenuva. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

IM – Intramuscular.

CRITERIA

Cabenuva 400 mg/600 mg Kit
No overrides recommended.

Cabenuva 600 mg/900 mg Kit

1. If the patient has missed greater than two consecutive doses of Cabenuva 400 mg/600 mg, approve a one-time override for one kit at retail or home delivery.

2. If the patient is initiating treatment or requires an additional loading dose for the every other month dosing regimen, approve a one-time override for two kits at retail or home delivery.

REFERENCES

69. Cabenuva® injection [prescribing information]. Research Triangle Park, NJ: ViiV Healthcare/GlaxoSmithKline; March 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Hydroxy-Methylglutaryl-Coenzyme A Reductase Inhibitors Drug Quantity Management Policy – Per Rx

- Altoprev® (lovastatin extended-release tablets – Covis)
- Atorvaliq® (atorvastatin oral suspension – CMP)
- atorvastatin and ezetimibe tablets (generic only)
- Crestor® (rosuvastatin tablets – AstraZeneca, generic)
- Ezallor Sprinkle™ (rosuvastatin capsules – Sun)
- Flolipid® (simvastatin oral suspension – Salerno)
- Lescol® (fluvastatin capsules – Novartis, generic)
- Lescol® XL (fluvastatin extended-release tablets – Novartis, generic)
- Lipitor® (atorvastatin tablets – Pfizer, generic)
- Livalo® (pitavastatin calcium tablets – Kowa, generic)
- lovastatin tablets (generic only)
- Pravachol® (pravastatin tablets – Bristol-Myers Squibb, generic)
- Roszet® (rosuvastatin and ezetimibe tablets – Althera, generic)
- Vytorin® (simvastatin and ezetimibe tablets – Organon/Merck, generic)
- Zocor® (simvastatin tablets – Organon/Merck, generic)
- Zypitamag® (pitavastatin magnesium tablets – Medicure)

REVIEW DATE: 11/27/2023

OVERVIEW

Indications

HMG-CoA reductase inhibitors (HMGs, statins) have an important role in the management of various lipid disorders and in reducing cardiovascular (CV) events.[1-16] The impact is attributed to a large part in reducing low-density lipoprotein cholesterol (LDL-C), which has been identified as a major risk factor for heart disease. HMGs also impact other lipid parameters which are beneficially modified (e.g., total-cholesterol, triglycerides [TGs]). This class of medications has been very well-studied with favorable long-term outcome data for many HMGs. Related guidelines consider HMGs first-line agents; HMGs may be given with or without other medications (e.g., ezetimibe) and some HMG products are combined with other agents. Although specific indications differ, HMGs have proven to be beneficial in reducing CV morbidity and mortality in many outcome trials in various populations. Some agents are also FDA-approved for use in children with genetic that have inherited genetic disorders that cause extremely elevated LDL-C levels (e.g., heterozygous familial hypercholesterolemia, homozygous familial hypercholesterolemia). Atorvastatin and rosuvastatin and categorized as high-potency statins and lead to LDL-C reductions of 60% and 63%, respectively, at the maximum doses. Simvastatin, lovastatin, fluvastatin, pravastatin and pitavastatin led to LDL-C reductions of 47%, 41% to 42%, 35% to 36%, 37%, and 44%, respectively, at maximum doses. Lowering of LDL-C by 1% leads to an approximate 1% reduction in the risk of atherosclerotic cardiovascular disease (ASCVD). HMGs represent a cornerstone in the management of hyperlipidemias.

Dosing and Availability

The dosing and availability information for the hydroxy-methylglutaryl (HMG)-coenzyme A (CoA) Reductase Inhibitors is in Table 1.

Table 1. Dosing and Availability for the HMG CoA Reductase Inhibitors.[1-14]

Table 1 (continued). Dosing and Availability for the HMG CoA Reductase Inhibitors. [1-14]
HMG – Hydroxy-methylglutaryl; CoA – Coenzyme A; QD – Once daily; LDL-C – Low-density lipoprotein cholesterol; CV – Cardiovascular.

Additional Dosing Information

Fluvastatin (Lescol, generic) and Fluvastatin extended-release (Lescol XL, generic)

For patients taking cyclosporine or fluconazole, Lescol therapy should not exceed a daily dose of 20 mg twice daily.[3]

Simvastatin Products

Due to the increased risk of myopathy, including rhabdomyolysis, particularly during the first year of treatment, use of the 80-mg dose of simvastatin should be restricted to patients who have been taking simvastatin 80 mg chronically (e.g., for 12 months or more) without evidence of muscle toxicity.[13,14,16]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of HMG-CoA Reductase Inhibitors. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

CRITERIA

Atorvastatin Products

Atorvaliq 20 mg/5 mL oral suspension
No overrides recommended.

Atorvastatin 10 mg tablets (Lipitor, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 240 capsules per dispensing at retail or 720 capsules per dispensing at home delivery..
Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Atorvastatin 20 mg tablets (Lipitor, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Atorvastatin 40 mg tablets (Lipitor, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Atorvastatin 80 mg tablets (Lipitor, generic)
No overrides recommended.

Atorvastatin/ezetimibe 10-10 mg, 20-10 mg, 40-10 mg, and 80-10 mg tablets
No overrides recommended.

Fluvastatin Products

Fluvastatin 20 mg capsules (Lescol [brand no longer available], generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.
2. If the patient is taking cyclosporine or fluconazole and requires a dose of 20 mg twice daily, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Fluvastatin 40 mg capsules (Lescol [brand no longer available], generic)
No overrides recommended.

Fluvastatin 80 extended-release tablets (Lescol XL, generic)
No overrides recommended.

Lovastatin Products

Lovastatin 10 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.
   Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Lovastatin 20 mg tablets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.
   Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Lovastatin 40 mg tablets
No overrides recommended.

Altoprev 20 mg, 40 mg, and 60 mg tablets
No overrides recommended.

Pitavastatin Products

Pitavastatin 1 mg, 2 mg, and 4 mg tablets (Livalo, generic)
No overrides recommended.

Zypitamag 2 mg and 4 mg tablets
No overrides recommended.

Pravastatin Products

Pravastatin 10 mg tablets (Pravachol [brand no longer available], generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 240 capsules per dispensing at retail or 720 capsules per dispensing at home delivery.
   Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Pravastatin 20 mg tablets (Pravachol [brand no longer available], generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.
   Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Pravastatin 40 mg tablets (Pravachol [brand no longer available], generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
   Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Pravastatin 80 mg tablets (Pravachol [brand no longer available], generic)
No overrides recommended.

Rosuvastatin Products

Rosuvastatin 5 mg tablets (Crestor, generic) and Ezallor Sprinkle 5 mg capsules

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 240 tablets/capsules per dispensing at retail or 720 tablets/capsules per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 40 mg per day.

Rosuvastatin 10 mg tablets (Crestor, generic) and Ezallor Sprinkle 10 mg capsules

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 120 tablets/capsules per dispensing at retail or 360 tablets/capsules per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 40 mg per day.

Rosuvastatin 20 mg tablets (Crestor, generic) and Ezallor Sprinkle 20 mg capsules

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 60 tablets/capsules per dispensing at retail or 180 tablets/capsules per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 40 mg per day.

Rosuvastatin 40 mg tablets (Crestor, generic) and Ezallor Sprinkle 40 mg capsules
No overrides recommended.

Rosuvastatin/ezetimibe 5-10 mg, 10-10 mg, 20-10 mg, and 40-10 mg tablets (Roszet, generic)
No overrides recommended.

Simvastatin Products

Simvastatin 5 mg tablets (Zocor, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 480 tablets per dispensing at retail or 1,440 tablets per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Simvastatin 10 mg tablets (Zocor, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.
Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Simvastatin 20 mg tablets (Zocor, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.
   Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

2. If the patient has been taking 80 mg per day in three divided doses (e.g., 20 mg in the morning, 20 mg mid-day, and 40 mg in the evening), for 12 months or more without evidence of muscle toxicity, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.

Simvastatin 40 mg tablets (Zocor, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
   Note: This override allows for a quantity sufficient for a dose of up to 80 mg per day.

Simvastatin 80 mg tablets (Zocor, generic)

No overrides recommended.

Ezetimibe and Simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-40 mg tablets (Vytorin, generic)

No overrides recommended.

Flolipid 20 mg/5 mL oral suspension

No overrides recommended.

Flolipid 40 mg/5 mL oral suspension

1. If the patient has been taking 80 mg per day for 12 months or more without evidence of muscle toxicity, approve the requested quantity not to exceed 300 mL (2 bottles) per dispensing at retail or 900 mL (6 bottles) per dispensing at home delivery.

REFERENCES

1. Lipitor® tablets [prescribing information]. New York, NY: Pfizer; December 2022.
2. Atorvastatin and ezetimibe tablets [prescribing information]. Morristown, NJ: Althera; January 2021.
3. Lescol® capsules [prescribing information]. East Hanover, NJ: Novartis; August 2017.
4. Lescol® XL extended-release tablets [prescribing information]. East Hanover, NJ: Novartis; September 2020.
5. Lovastatin tablets [prescribing information]. Parsippany, NJ: Teva; August 2020.
6. Altoprev® extended-release tablets [prescribing information]. Zug, Switzerland: Covis; September 2020.
7. Livalo® tablets [prescribing information]. Montgomery, AL: Kowa; November 2022.
8. Zypitamag® tablets [prescribing information]. Princeton, NJ: Medicure; September 2020.
9. Pravachol® tablets [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; May 2022.
10. Crestor® tablets [prescribing information]. Wilmington, DE: AstraZeneca; July 2023.
11. Ezallor Sprinkle™ capsules [prescribing information]. Cranbury, NJ: Sun; August 2023.
12. Roszet® tablets [prescribing information]. Morristown, NJ: Althera; March 2021.
13. Zocor® tablets [prescribing information]. Jersey City, NJ: Organon; August 2023.
14. Flolipid oral suspension [prescribing information]. Brookville, FL: Salerno; September 2020.
15. Atorvaliq® oral suspension [prescribing information]. Farmville, NC; CMP; February 2023.
16. Vytorin® tablets [prescribing information]. Jersey City, NJ: Organon; June 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hypertension – Clonidine Patches Drug Quantity Management Policy – Per Days
- Catapres TTS (clonidine transdermal system [patch] – Boehringer Ingelheim, generic)

REVIEW DATE: 06/08/2023

OVERVIEW

Clonidine transdermal therapeutic system (TTS) [Catapres-TTS, generic], a centrally acting alpha-agonist, is indicated for the treatment of **hypertension**.[1] It may be used alone or in combination with other antihypertensive agents.

Dosing

Clonidine TTS is applied once every 7 days to a hairless area of intact skin on the upper outer arm or chest.[1] Each new patch should be applied on a different skin site from the previous location. If the system loosens during 7-day wearing, the adhesive cover should be applied directly over the system to ensure good adhesion. There have been rare reports of the need for patch changes prior to 7 days to maintain blood pressure control.

To initiate therapy, the clonidine patch dosage should be titrated according to individual therapeutic requirements, starting with clonidine TTS-1 patch (delivers 0.1 mg clonidine/day for 1 week).[1] If after 1 or 2 weeks the desired reduction in blood pressure is not achieved, increase the dosage by adding another clonidine TTS-1 patch or, changing to a higher strength patch. An increase in dosage above two clonidine TTS-3 patches (2 x 0.3 mg clonidine/day for 1 week) is usually not associated with additional efficacy.

When substituting clonidine patches for oral clonidine or for other antihypertensive drugs, prescribers should be aware that the antihypertensive effect of clonidine patches may not commence until 2 to 3 days after initial application.[1] Therefore, gradual reduction of prior drug dosage is advised. Some or all previous antihypertensive treatment may have to be continued, particularly in patients with more severe forms of hypertension.

Availability

Clonidine TTS (Catapres TTS, generic) is available in three strengths: 0.1 mg/day for 1 week (clonidine TTS-1), 0.2 mg/day for 1 week (clonidine TTS-2), and 0.3 mg/day for 1 week (clonidine TTS-3).[1] Each strength is supplied in cartons containing 4 packets (1 patch/packet) and 4 adhesive covers. Generic patches are also available as single packets (1 patch).

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of clonidine transdermal therapeutic system. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Clonidine 0.1 mg/day patch (Catapres TTS-1, generic)
No overrides recommended

Clonidine 0.2 mg/day patch (Catapres TTS-2, generic)

1. If the patient requires two of the clonidine 0.2 mg/day patches be applied simultaneously, approve 8 patches per 28 days at retail or 24 patches per 84 days at home delivery.

Note: Overrides are not recommended for patients changing the patch more frequently than every 7 days.

Clonidine 0.3 mg/day patch (Catapres TTS-3, generic)

1. If the patient requires two of the clonidine 0.3 mg/day patches be applied simultaneously, approve 8 patches per 28 days at retail or 24 patches per 84 days at home delivery.

Note: Overrides are not recommended for patients changing the patch more frequently than every 7 days.

REFERENCES

1. Catapres-TTS® transdermal therapeutic system [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; March 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Immunologicals – Adbry Drug Quantity Management Policy – Per Days
- Adbry™ (tralokinumab-ldrm subcutaneous injection – Leo)

REVIEW DATE: 12/05/2023

OVERVIEW

Adbry, an interleukin (IL)-13 antagonist, is indicated for the treatment of moderate to severe **atopic dermatitis** in adults whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.[1] Adbry may be used with or without topical corticosteroids.

Dosing

The recommended initial dose of Adbry is 600 mg by subcutaneous (SC) injection (four 150 mg injections) once, followed by 300 mg SC (two 150 mg injections) once every 2 weeks.[1] Following 16 weeks of treatment, a dose of 300 mg SC once every 4 weeks may be considered in patients weighing < 100 kg who achieve clear or almost clear skin. Adbry should be used under the guidance of a healthcare provider; however, it may be self-administered following SC injection training.

Availability

Adbry is available as 150 mg/mL prefilled syringes supplied in packs of two or four syringes.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Adbry. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

SC – Subcutaneous; † This provides a quantity sufficient for dosing at 300 mg given once every 2 weeks.

CRITERIA

1. If the patient is initiating therapy, as verified by the absence of claims for Adbry in the past 130 days, approve a one-time override for up to 6 prefilled syringes at retail or 14 prefilled syringes at home delivery.

Note: The retail quantity of 6 prefilled pens or prefilled syringes provides a quantity sufficient for the initial loading dose of 600 mg (four 150 mg injections) followed by 300 mg (two 150 mg injections) once every 2 weeks thereafter for 28 days. The home delivery quantity of 14 prefilled pens or prefilled syringes provides for the initial loading dose of 600 mg (four 150 mg injections) followed by 300 mg (two 150 mg injections) once every 2 weeks thereafter for a total of 84 days.

REFERENCES

5. Adbry® subcutaneous injection [prescribing information]. Madison, NJ: Leo; December 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Immunologicals – Dupixent Drug Quantity Management Policy – Per Days
- Dupixent® (dupilumab subcutaneous injection – Regeneron/sanofi-aventis)

REVIEW DATE: 11/01/2023

OVERVIEW

Dupixent, an interleukin-4 receptor alpha antagonist, is indicated for the following uses:[1]

- **Asthma**, as an add-on maintenance treatment in patients ≥ 6 years of age with moderate-to-severe disease with an eosinophilic phenotype or with oral corticosteroid-dependent asthma.
  Limitation of Use: Dupixent is not indicated for the relief of acute bronchospasm or status asthmaticus.
  Atopic dermatitis, for the treatment of patients ≥ 6 months of age with moderate-to-severe disease whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.
- **Chronic rhinosinusitis with nasal polyposis (CRSwNP)** [i.e., nasal polyps], as an add-on maintenance treatment in adults with inadequately controlled disease.
- **Eosinophilic esophagitis**, in patients ≥ 12 years of age who weigh ≥ 40 kg.
- **Prurigo nodularis**, in adult patients.

Dosing

Table 1. Dosing and Administration of Dupixent.[1]

SC – Subcutaneous; Q2W – Once every 2 weeks; Q4W – Once every 4 weeks; * The 600 mg loading dose followed by 300 mg once every 2 weeks is the recommended regimen for patients with oral corticosteroid-dependent asthma, patients with co-morbid moderate-to-severe atopic dermatitis, or adults with co-morbid chronic rhinosinusitis with nasal polyposis; † For pediatric patients 6 to 11 years of age with asthma and co-morbid moderate-to-severe atopic dermatitis, follow the recommended dose for atopic dermatitis; CRSwNP – Chronic rhinosinusitis with nasal polyposis; EoE – Eosinophilic esophagitis; QW – Once weekly.

Availability

Dupixent is available as 200 mg/1.14 mL and 300 mg/2 mL prefilled pens and prefilled syringes.[1] It is also available as 100 mg/0.67 mL prefilled syringes. Each carton contains either two prefilled pens or prefilled syringes. The prefilled pens are only approved for use in patients ≥ 2 years of age, while the prefilled syringes can be used in patients ≥ 6 months of age.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Dupixent. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals will be provided for 1 year in duration, unless noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Dupixent 100 mg/0.67 mL prefilled syringes
No overrides recommended.

Dupixent 200 mg/1.14 mL prefilled pens and prefilled syringes

2. If the patient is initiating therapy at induction dosing for asthma or atopic dermatitis, as verified by the absence of claims for Dupixent in the past 130 days, approve a one-time override for 4 prefilled pens or prefilled syringes at retail or 8 prefilled pens or prefilled syringes at home delivery.

Note: The retail quantity of four prefilled pens or prefilled syringes provides a quantity sufficient for the initial loading dose of 400 mg followed by 200 mg once every 2 weeks thereafter for 28 days. The home delivery quantity of eight prefilled pens or prefilled syringes provides for the initial loading dose of 400 mg followed by 200 mg once every 2 weeks thereafter for a total of 84 days.

Dupixent 300 mg/2 mL prefilled pens and prefilled syringes

1. If the patient is initiating therapy at induction dosing for asthma, atopic dermatitis, or prurigo nodularis, as verified by the absence of claims for Dupixent in the past 130 days, approve a one-time override for up to 4 prefilled pens or prefilled syringes at retail or 8 prefilled pens or prefilled syringes at home delivery.

Note: The retail quantity of four prefilled pens or prefilled syringes provides a quantity sufficient for the initial loading dose of 600 mg followed by 300 mg once every 2 weeks thereafter for 28 days. The home delivery quantity of eight prefilled pens or prefilled syringes provides for the initial loading dose of 600 mg followed by 300 mg once every 2 weeks thereafter for a total of 84 days.

2. If the patient has eosinophilic esophagitis, approve 4 prefilled pens or prefilled syringes per 28 days at retail and 12 prefilled pens or prefilled syringes per 84 days at home delivery.

REFERENCES

29. Dupixent® subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron/sanofi-aventis; September 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Immunologicals – Fasenra Drug Quantity Management Policy – Per Days
- Fasenra® (benralizumab subcutaneous injection – AstraZeneca)

REVIEW DATE: 08/04/2023

OVERVIEW

Fasenra, an interleukin-5 receptor alpha (IL-5Rα)-directed cytolytic monoclonal antibody, is indicated for **severe asthma** as add-on maintenance treatment of patients ≥ 12 years of age who have an eosinophilic phenotype.[1] Limitations of Use: Fasenra is not indicated for the treatment of other eosinophilic conditions or for the relief of acute bronchospasm/status asthmaticus.

Dosing

Fasenra is administered as a subcutaneous injection.[1] The recommended dose is 30 mg administered once every 4 weeks for the first 3 doses, and then once every 8 weeks thereafter.

Availability

Fasenra is available as 30 mg/mL single-dose, prefilled pens and syringes.[1] Each carton contains one pen or syringe.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Fasenra. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals will be provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Fasenra 30 mg/mL prefilled pens and prefilled syringes

4. If the patient is initiating therapy at induction dosing for asthma, as verified by the absence of claims for Fasenra in the past 130 days, approve a one-time override for 3 prefilled pens or 3 prefilled syringes for an 84-day supply at retail and at home delivery.

REFERENCES

1. Fasenra® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; October 2019.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Immunologicals – Nucala Drug Quantity Management Policy – Per Days
- Nucala® (mepolizumab subcutaneous injection – GlaxoSmithKline)

REVIEW DATE: 10/06/2023

OVERVIEW

Nucala, an interleukin (IL)-5 antagonist monoclonal antibody, is indicated for the following uses:[1]

- **Asthma**, as add-on maintenance treatment of patients ≥ 6 years of age with severe disease and an eosinophilic phenotype. Limitations of Use: Nucala is not indicated for the relief of acute bronchospasm or status asthmaticus.
- **Chronic rhinosinusitis with nasal polyposis**, as an add-on maintenance treatment in patients ≥ 18 years of age with an inadequate response to nasal corticosteroids.
- **Eosinophilic granulomatosis with polyangiitis** (formerly known as Churg-Strauss Syndrome) in adult patients.
- **Hypereosinophilic syndrome** in patients ≥ 12 years of age who have had the condition for ≥ 6 months without an identifiable non-hematologic secondary cause.

Dosing

Table 1. Nucala Dosing and Administration.[1]
SC – Subcutaneous; Q4W – Once every 4 weeks.

Availability

Nucala is supplied as 100 mg single-dose vials, 100 mg/1 mL single-dose prefilled autoinjectors, 100 mg/1 mL single-dose prefilled syringes, and 40 mg/0.4 mL single-dose prefilled syringes.[1] Cartons of Nucala each contain one single-dose vial, one prefilled autoinjector, or one prefilled syringe. Nucala vials should be reconstituted and administered by a healthcare professional only. Nucala 100 mg prefilled autoinjectors and 100 mg prefilled syringes are only labeled for use in patients ≥ 12 years of age and may be self-administered by the patient or administered by the caregiver after a healthcare provider determines it is appropriate. The 40 mg prefilled syringes may also be administered by the patient or caregiver after a healthcare provider determines it is appropriate.

Policy Statement

This Drug Quantity Management program has been developed to manage potential dose escalation of Nucala. If the Drug Quantity Management rule is not met for the requested at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Nucala 40 mg/0.4 mL prefilled syringes
No overrides recommended.

Nucala 100 mg/mL autoinjectors, 100 mg/mL prefilled syringes, and 100 mg vials

5. If the patient is requesting Nucala for the treatment of eosinophilic granulomatosis with polyangiitis or hypereosinophilic syndrome, approve the requested quantity not to exceed 3 autoinjectors, syringes, or vials per 28 days at retail or 9 autoinjectors, syringes, or vials per 84 days.

REFERENCES

70. Nucala® injection [prescribing information]. Philadelphia, PA: GlaxoSmithKline; March 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Immunologicals – Xolair Drug Quantity Management Policy – Per Days
- Xolair® (omalizumab subcutaneous injection – Genentech/Novartis)

REVIEW DATE: 12/05/2023

OVERVIEW

Xolair, an anti-immunoglobulin E (IgE) monoclonal antibody, is indicated in the following conditions:[1]

- **Asthma,** in patients ≥ 6 years of age with moderate to severe persistent disease who have a positive skin test or *in vitro* reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids (ICSs). Xolair has been shown to decrease the incidence of asthma exacerbations in these patients. Limitations of Use: Xolair is not indicated for the relief of acute bronchospasm or status asthmaticus. It is also not indicated for the treatment of other allergic conditions.
- **Chronic idiopathic urticaria (CIU)**, in patients ≥ 12 years of age who remain symptomatic despite H_1 antihistamine treatment. Limitation of Use: Xolair is not indicated for the treatment of other forms of urticaria.
- **Chronic rhinosinusitis with nasal polyps**, as add-on maintenance treatment in patients ≥ 18 years of age with an inadequate response to nasal corticosteroids.

Dosing

Asthma

The recommended dose of Xolair for the treatment of asthma is 75 mg to 375 mg administered as a subcutaneous (SC) injection once every 2 weeks (Q2W) or once every 4 weeks (Q4W) based on serum total IgE level measured before the start of treatment and body weight.

Nasal Polyps

The recommended dose of Xolair for the treatment of nasal polyps is 75 mg to 600 mg administered as a SC injection Q2W or Q4W based on serum total IgE level measured before the start of treatment and by body weight.

Chronic Idiopathic Urticaria

The recommended dose of Xolair for the treatment of CIU is 150 mg or 300 mg administered as a SC injection Q4W. Dosing of Xolair in CIU patients is not dependent on serum IgE level (free or total) or body weight.

Availability

Xolair is available as 75 mg/0.5 mL and 150 mg/mL prefilled syringes.[1] Each carton contains one syringe. It is also available as 150 mg vials of lyophilized powder. Each carton contains one vial. The prefilled syringes are labeled for patient or caregiver administration, while the vials are labeled for healthcare provider administration only.

Tables 2 and 3 provide information on the number of syringes or vials that are needed to achieve each Xolair dose.

Table 1. Number of Xolair Prefilled Syringes Needed Based on Dose.[1]

Table 2. Number of Xolair Vials Needed Based on Dose.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Xolair. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year unless otherwise noted below.

Automation: None.

Drug Quantity Limits

† This provides a quantity sufficient for a dose of up to 375 mg administered once every 2 weeks using a combination of 75 mg and 150 mg syringes as a 28-day supply at retail or an 84-day supply at home delivery; α This provides a quantity sufficient for a dose of 450 mg administered once every 2 weeks as a 28-day supply at retail or an 84-day supply at home delivery.

CRITERIA

Xolair 75 mg prefilled syringes

No overrides recommended.

Xolair 150 mg prefilled syringes

1. If the patient is requesting Xolair for nasal polyps, approve the quantity listed in the table per 28 days at retail or per 84 days at home delivery.

IgE – Immunoglobulin E; * Pre-treatment serum level; α Quantities provided are for 150 mg prefilled syringes, with per 28 day limits at retail and per 84 day limits at home delivery; Q4W – Once every 4 weeks; Q2W – Once every 2 weeks.

Xolair 150 mg vials

1. If the patient is requesting Xolair for nasal polyps, approve the quantity listed in the table per 28 days at retail or per 84 days at home delivery.

[α] Quantities provided are for 150 mg vials, with per 28 day limits at retail and per 84 day limits at home delivery; IgE – Immunoglobulin E;
[*] Pre-treatment serum level; Q4W – Once every 4 weeks; Q2W – Once every 2 weeks.

REFERENCES

30. Xolair® [prescribing information]. South San Francisco, CA: Genentech; March 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Immunosuppressive Agents – Rezurock Drug Quantity Management Policy – Per Rx
- Rezurock® (belumosudil tablets – Kadmon)

REVIEW DATE: 09/20/2023

OVERVIEW

Rezurock, a kinase inhibitor, is indicated for the treatment of patients ≥ 12 years of age with **chronic graft-versus-host disease** (GVHD) after failure of at least two prior lines of systemic therapy.[1]

Dosing

The recommended dose of Rezurock is 200 mg given orally once daily until progression of chronic GVHD that requires new systemic therapy.[1] Rezurock tablets should be swallowed whole; do not cut, crush, or chew. The dose of Rezurock should be increased to 200 mg twice daily when it is co-administered with strong cytochrome P450(CYP)3A inducers or proton pump inhibitors.

Availability

Rezurock is available as 200 mg tablets in bottles of 30.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling and waste, and address potential order entry error of Rezurock. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

7. If the patient is taking Rezurock with a strong cytochrome P450(CYP)3A inducer OR with a proton pump inhibitor, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Note: CYP3A4 inducers include, but are not limited to, rifampin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine, and St. John's Wort. Examples of proton pump inhibitors include, but are not limited to, lansoprazole, omeprazole, rabeprazole, esomeprazole, pantoprazole, and dexlansoprazole.

REFERENCES

12. Rezurock® tablets [prescribing information]. Warrendale, PA: Kadmon; April, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Infectious Disease – Antiparasitics Drug Quantity Management Policy – Per Days

- albendazole tablets – generic only
- Alinia® (nitazoxanide tablets, suspension – Romark, generic for tablets only)
- Arakoda™ (tafenoquine tablets – Sixty Degrees)
- Benznidazole tablets – Exeltis
- Coartem® (artemether/lumefantrine tablets – Novartis)
- Emverm™ (mebendazole chewable tablets – Amedra)
- Impavido® (miltefosinecapsules– Profounda)
- Krintafel (tafenoquine tablets – GlaxoSmithKline)
- Lampit® (nifurtimox tablets – Bayer HealthCare)
- Malarone and Malarone Pediatric (atovaquone/proguanil tablets – GlaxoSmithKline, generic)
- mefloquine tablets – generic only
- primaquine phosphate tablets – generic only
- Qualaquin® (quinine sulfate capsules – Sun, generic)
- Stromectol® (ivermectin tablets – Merck, generic)
- tinidazole tablets – generic only

REVIEW DATE: 05/31/2023

OVERVIEW

The antiparasitic agents are used in the treatment of various parasitic infections. Drug selection, dose, and duration for treatment and/or prophylaxis are dependent upon the parasite. Table 1 provides drug-specific indications.

Table 1. Antiparasitic Agents Indications.[1-6, 8-13, 15,16]
Table 1 (continued). Antiparasitic Agents Indications.[1-13, 15, 16]
CDC – Centers for Disease Control and Prevention.

Dosing

Albendazole tablets

The dose of Albenza is based on the indication (Table 2).[1] Tablets may be crushed or chewed.

Table 2. Albenza Dosing.[1]

Nitazoxanide tablets (Alinia, generic) and Alinia suspension

Alinia oral suspension is indicated for patients ≥ 1 year of age, while nitazoxanide tablets are indicated for patients ≥ 12 years of age.[5] For patients 1 to 3 years of age, the recommended dose of Alinia suspension is 5 mL (100 mg) every 12 hours (Q12H). For patients 4 to 11 years of age, the recommended dose of Alinia suspension is 10 mL (200 mg) Q12H. For patients ≥ 12 years of age the recommended dose is 500 mg Q12H, either as a nitazoxanide 500 mg tablet (Alinia, generic) or 25 mL (500 mg) of Alinia oral suspension. For all patients, the recommended duration of treatment is 3 days.

Arakoda tablets

The recommended dosing for Arakoda is provided in Tables 3 and 4 below. Arakoda can be administered for up to 6 months of continuous dosing.[15]

Table 3. Recommended Dosing for Arakoda.[15]
QD – Once daily; QW – Once weekly.

Benznidazole tablets

Benznidazole tablets are dosed by body weight (kg).[2] The recommended dose in pediatric patients (2 to 12 years of age), is 5 mg/kg/day to 8 mg/kg/day administered in two divided doses separated by approximately 12 hours, for a duration of 60 days. Although not indicated in adults, the Centers for Disease Control and Prevention (CDC) recognize some adults require treatment for Chagas disease and the dose is 5 mg/kg/day to 7 mg/kg/day in two divided doses for 60 days.[23,24]

Table 5. Recommended Dosing of Benznidazole Tablets in Pediatric Patients 2 to 12 years of Age.[2]

Coartem tablets

For all patients, a 3-day treatment schedule with a total of six doses is recommended.[8]

For adults (≥ 16 years of age) ≥ 35 kg the recommended dose is 4 tablets as an initial dose, then 4 tablets again after 8 hours, and then 4 tablets twice-daily (BID [morning and evening]) for the following 2 days (total course of 24 tablets).[8]

For pediatric patients weighing 5 kg to < 15 kg, the recommended dose is 1 tablet as an initial dose, 1 tablet again after 8 hours, and then 1 tablet BID (morning and evening) for the following 2 days (total course of 6 tablets). For pediatric patients weighing 15 kg to < 25 kg, the recommended dose is 2 tablets as an initial dose, then 2 tablets again after 8 hours and then 2 tablets BID (morning and evening) for the following 2 days (total course of 12 tablets). For pediatric patients weighing 25 kg to < 35 kg, the recommended dose is 3 tablets as an initial dose, then 3 tablets again after 8 hours and then 3 tablets BID (morning and evening) for the following 2 days (total course of 18 tablets). For pediatric patients weighing ≥ 35 kg, the recommended dose is 4 tablets as a single initial dose, then 4 tablets again after 8 hours, and then 4 tablets twice-daily (morning and evening) for the following 2 days (total course of 24 tablets).

For patients who are unable to swallow the tablets such as infants and children, the tablets may be crushed and mixed with a small amount of water (1 to 2 teaspoons) in a clean container for administration immediately prior to use.[8] In the event of vomiting within 1 to 2 hours after administration, a repeat dose should be taken. If the repeat dose is vomited, the patient should be given an alternative antimalarial for treatment.

Emverm chewable tablets

The recommended dose for pinworm is 1 tablet one time.[4] For whipworm, roundworm, and hookworm, the recommended dose is 1 tablet BID (morning and evening) for 3 consecutive days. If the patient is not cured 3 weeks after treatment, a second course of treatment is advised.

Impavido capsules

The recommended dose is 1 capsule (50 mg) BID for patients weighing 30 kg to 44 kg.[9] In patients weighing ≥ 45 kg the recommended dose is 1 capsule (50 mg) three times daily (TID). For all patients, the treatment duration is 28 days.

Krintafel tablets

The recommended dose is a single, 300 mg dose administered (two 150-mg tablets taken together).[16] Tablets cannot be broken, crushed, or chewed. In the event of vomiting within 1 hour after dosing, a repeat dose should be given. Re-dosing should not be attempted more than once.

Lampit tablets

The dose of Lampit is weight-based (Tables 6 and 7).[16] The recommended dose is taken TID for 60 days. The dose of Lampit is adjusted accordingly if body weight decreases during treatment. Tablets (30 mg and 120 mg tablets) are functionally scored and can be split into one-half (15 mg or 60 mg, respectively) at the scored lines by hand.

Table 6. Total Daily Recommended Dose of Lampit Based on Body Weight.[16]

Table 7. Individual Doses Based on Body Weight in Patients < 18 years of age.[16]

Atovaquone/proguanil tablets (Malarone, generic)

For the prevention of malaria, prophylactic therapy is started 1 or 2 days before entering a malaria endemic area and continued daily during the stay, and for 7 days after the return.[10] In adults, the dose is 1 tablet (250 mg/100 mg) per day. For pediatric patients, the dose is based on body weight (Table 8).

Table 8. Dose for Prevention of Malaria in Pediatric Patients.[10]
QD – Once daily.

For the treatment of acute malaria, the recommended dose in adults is four tablets (adult strength) as a single daily dose (total daily dose 1 g atovaquone/400 mg proguanil hydrochloride) for 3 consecutive days.[10] For pediatric patients, the dose is based on weight (Table 9); the duration of therapy is 3 consecutive days.

Table 9. Dose for Treatment of Acute Malaria in Pediatric Patients.[10]
QD – Once daily.

For the prevention or treatment of malaria, in the event of vomiting within 1 hour after dosing, a repeat dose should be taken.[10]

Mefloquine tablets

For the treatment of malaria in adults, the recommended dose is 1,250 mg (5 tablets) as a single dose.[11] For the treatment of malaria in pediatric patients, the recommended dose is 20 to 25 mg/kg. The pediatric dose should not exceed the adult dose. Experience with mefloquine in pediatric patients weighing < 20 kg is limited. If a full-treatment course with mefloquine does not lead to improvement within 48 to 72 hours, mefloquine should not be used for retreatment. An alternative therapy should be used. Similarly, if previous prophylaxis with mefloquine has failed, mefloquine should not be used for curative treatment.

In pediatric patients, if a significant loss of drug product is observed or suspected because of vomiting, a second full dose of mefloquine should be administered to patients who vomit less than 30 minutes after

receiving the drug.[11] If vomiting occurs 30 to 60 minutes after a dose, an additional half-dose should be given. If vomiting recurs, the patient should be monitored closely and alternative malaria treatment considered if improvement is not observed within a reasonable period of time.

For the prophylaxis of malaria in adults, the recommended dose is 250 mg (1 tablet) once weekly (QW).[11] In pediatric patients, the recommended dose for the prophylaxis of malaria is 5 mg/kg QW. In pediatric patients weighing > 45 kg, the dose is one 250 mg tablet QW, in pediatric patients weighing 30 to 45 kg the dose is three-quarters of a tablet QW, and in pediatric patients weighing 20 to 30 kg, the dose is one-half tablet QW. Prophylaxis should begin 1 week before arrival in an endemic area; the CDC cites prophylaxis can begin ≥ 2 weeks prior to arrival.[28] Subsequent weekly doses should be taken regularly, always on the same day of each week.[11] To reduce the risk of malaria after leaving an endemic area, prophylaxis must be continued for 4 additional weeks. In certain cases, such as when a traveler is taking other medication, it may be desirable to start prophylaxis 2 to 3 weeks prior to departure, in order to ensure that the combination of drugs is well tolerated. When prophylaxis with mefloquine fails, physicians should carefully evaluate which antimalarial to use for therapy.

Primaquine phosphate tablets

The FDA-approved dose for the radical cure of malaria is 1 tablet (26.3 mg) daily (QD) for 14 days.[12] Primaquine phosphate is recommended only following the termination of chloroquine phosphate suppressive therapy in an area where vivax malaria is endemic. The CDC recommends primaquine for its approved indication (radical cure) at a dose of 2 tablets (52.6 mg) daily for 14 days in adults or 0.8 mg/kg (not to exceed 52.6 mg/day) for 14 days.[28] The CDC also recommends primaquine for prophylaxis for short duration travel (duration not defined) to areas with principally *P. vivax*; the recommended dose is 52.6 mg daily (2 tablets) in adults and 0.8 mg/kg (not to exceed 52.6 mg) in pediatric patients started 1 to 2 days prior to travel, daily while in the malarious area, and daily for 7 days after return from travel.

Quinine sulfate capsules (Qualaquin, generic)

For treatment of uncomplicated malaria in adults, the recommended dose is 648 mg (2 capsules) every 8 hours (Q8H) for 7 days.[13] In patients with severe chronic renal impairment, the recommended dose is a loading dose of 648 mg (2 capsules) followed 12 hours later by maintenance doses of 324 mg (1 capsule) Q12H.

Ivermectin tablets (Stromectol, generic)

The recommended dose of Stromectol for the treatment of strongyloidiasis is a single oral dose designed to provide approximately 200 mcg/kg (Table 10).[3] The CDC also cites a two-dose regimen (200 mcg/kg/day for 2 days).[18]

Table 10. Dosing for Ivermectin for Strongyloidiasis.[3]

The recommended dose for the treatment of onchocerciasis is a single oral dose designed to provide approximately 150 mcg/kg of body weight (Table 11).[3] In mass distribution campaigns in international treatment programs, the most commonly used dose interval is 12 months. For the treatment of individual patients, retreatment may be considered at intervals as short as 3 months.

Table 11. Dosing for Stromectol for Onchoceriasis.[3]

Tinidazole tablets

The recommended dose for trichomoniasis is 2 g as a single dose.[6] For the treatment of giardiasis in adults, the dose is 2 g as a single dose; in pediatric patients, the dose is 50 mg/kg (up to 2 g) as a single dose. For the treatment of intestinal amebiasis, the recommended dose in adults is a 2 g/day for 3 days. In pediatric patients the recommended dose is 50 mg/kg/day (up to 2 g/day) for 3 days. For the treatment of amebic

liver abscess, the recommended dose in adults is a 2 g/day for 3 to 5 days. In pediatric patients the recommended dose is 50 mg/kg/day (up to 2 g/day) for 3 to 5 days. There are limited pediatric data on durations of therapy exceeding 3 days, although a small number of children were treated for 5 days. For the treatment of bacterial vaginosis, the recommended dose in non-pregnant females is a 2 g/day for 2 days or a 1 g/day for 5 days. For those unable to swallow tablets, tinidazole tablets may be crushed in artificial cherry syrup; four 500 mg tablets can be pulverized and mixed with 10 mL of syrup (final volume of 30 mL).

Availability

* Reconstituted suspension can be stored for 7 days at room temperature, after which any unused portion must be discarded.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of antiparasitic medications. If the Drug Quantity Management rule is not met for the requested product at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Albendazole 200 mg tablets

1. If the request is for the treatment of Baylisascariasis, approve a one-time override for a quantity sufficient to accommodate a dose of up to 50 mg/kg/day for up to 20 days at retail or home delivery. Note: When suspicion of Baylisascariasis is high, immediate treatment with albendazole (25 to 50 mg/kg/day for 10 to 20 days) may be appropriate.[20]
2. If the request is for the treatment of Clonorchiasis, approve a one-time override for a quantity sufficient to accommodate a dose of up to 10 mg/kg/day for 7 days at retail or home delivery.[21]

Nitazoxanide 500 mg tablets (Alinia, generic)

1. If the request is for the treatment of Cryptosporidiosis in an immunocompromised patient (e.g., transplant patients, patients with human immunodeficiency virus), approve a one-time override for the requested quantity, not to exceed 56 tablets at retail or home delivery.
Note: This will allow for the recommended treatment of 500 mg to 1,000 mg two times daily for 14 days.[22]

Alinia 100 mg/5 mL suspension

1. If the request is for the treatment of Cryptosporidiosis in an immunocompromised patient (e.g., transplant patients, patients with human immunodeficiency virus), approve a one-time override for the requested quantity, not to exceed 1,400 mL of suspension at retail or home delivery.
Note: This will allow for the recommended treatment of 500 mg to 1,000 mg two times daily for 14 days.[22]

Arakoda 100 mg tablets

1. If the patient needs prophylaxis for malaria for > 60 days, approve a one-time override of a quantity sufficient to allow up to 2 tablets daily for 3 days prior to travel to the malaria endemic area (6 tablets), 2 tablets weekly during the stay in the malaria endemic area (2 tablets/week), and 2 tablets taken one time 7 days after return (2 tablets) at retail or home delivery.

Benznidazole 12.5 mg tablets

1. If the patient is diagnosed with a new episode of Chagas disease (American trypanosomiasis) since the last 60-day treatment, approve a one-time override of up to 720 tablets as a 60-day supply at retail or home delivery.

Benznidazole 100 mg tablets

1. If the patient weighs > 150 kg, approve a one-time override of a quantity sufficient to accommodate a dose of up to 8 mg/kg/day for 60 days at retail or home delivery.
2. If the patient is diagnosed with a new episode of Chagas disease (American trypanosomiasis) since the last 60 day treatment, approve a one-time override of up to 720 tablets as a 60 day supply at retail or home delivery.

Coartem 20 mg/120 mg tablets

No overrides recommended.

Emverm 100 mg chewable tablets

1. If the request is for the treatment of Capillariasis, approve a one-time override of 80 tablets at retail or home delivery.
Note: This will allow for the recommended treatment of 400 mg/day for 20 days.[25]
2. If the request is for the treatment of Trichinellosis, approve a one-time override for the requested quantity, not to exceed 186 tablets at retail or home delivery.
Note: This will allow for the recommended treatment of 200 mg to 400 mg three times daily for 3 days, then 400 mg to 500 mg three times daily for 10 days.[26]
3. If the request is for the treatment of Toxocariasis or Visceral Larva Migrans, approve a one-time override of 20 tablets at retail or home delivery.
Note: This will allow for the recommended treatment of 200 mg two times daily for 5 days.[27]

Impavido 50 mg capsules

No overrides recommended.

Krintafel 150 mg tablets

1. If the request is for a repeat dose in a patient who has vomited, approve a one-time override of 2 tablets at retail or home delivery.

Lampit 30 mg tablets

1. If the patient is diagnosed with a new episode of Chagas disease (American trypanosomiasis) since the last 60-day treatment, approve a one-time override for the requested quantity, not to exceed 720 tablets as a 60-day supply at retail or home delivery.

Lampit 120 mg tablets

1. If the patient is diagnosed with a new episode of Chagas disease (American trypanosomiasis) since the last 60-day treatment, approve a one-time override for the requested quantity, not to exceed 540 tablets as a 60-day supply at retail or home delivery.

Atovaquone/proguanil pediatric 62.5 mg/25 mg tablets (Malarone, generic)

1. If the patient weighs ≤ 40 kg and needs prophylaxis for malaria for > 60 days, approve a one-time override of a quantity sufficient to allow up to 3 tablets daily for 2 days before entering a malaria endemic area (6 tablets), up to 3 tablets daily during the stay in the malaria endemic area (3 tablets/day), and 3 tablets daily for 7 days after return (21 tablets) at retail or home delivery.

2. If the request is for a repeat dose in a patient who has vomited, approve a one-time override of up to 3 tablets at retail or home delivery.
Note: This allows for the maximum recommended daily dose for the prevention of malaria or for the treatment of acute malaria (3 tablets/day).

Atovaquone/proguanil 250 mg/100 mg tablets (Malarone, generic)

1. If the patient weighs > 40 kg and needs prophylaxis for malaria for > 60 days, approve a one-time override of a quantity sufficient to allow up to 1 tablet daily for 2 days before entering a malaria endemic area (2 tablets), 1 tablet daily during the stay in the malaria endemic area (1 tablet/day), and 1 tablet daily for 7 days after return (7 tablets) at retail or home delivery.

2. If the request is for a repeat dose in a patient who has vomited, approve a one-time override up to 4 tablets at retail or home delivery.
Note: This allows for the maximum recommended daily dose for the treatment of acute malaria (4 tablets per day).

Mefloquine 250 mg tablets

1. If the patient needs prophylaxis for malaria for > 60 days, approve a one-time override of a quantity sufficient to allow 1 tablet weekly for 3 weeks before entering a malaria endemic area (3 tablets), 1 tablet weekly during the stay in the malaria endemic area (1 tablet/week), and 1 tablet weekly for 4 weeks after return (4 tablets) at retail or home delivery.

2. If the request is for a repeat dose in a patient who has vomited, approve a one-time override of up to 5 tablets at retail or home delivery.
Note: This allows for the maximum recommended daily dose for the treatment of acute malaria (5 tablets per day).

Primaquine phosphate 26.3 mg tablets

1. If the patient needs prophylaxis for malaria for > 60 days, approve a one-time override of a quantity sufficient to allow up to 2 tablets daily for 2 days before entering a malaria endemic area (4 tablets), 2 tablets daily during the stay in the malaria endemic area (2 tablets/day), and 2 tablets daily for 7 days after return (14 tablets) at retail or home delivery.

Quinine sulfate 324 mg capsules (Qualaquin, generic)
No overrides recommended.

Ivermectin 3 mg tablets (Stromectol, generic)

1. If the request is for the treatment of Trichuriasis caused by *Trichuris trichiura* (whipworm), approve a one-time override of a quantity sufficient to accommodate a dose of 200 mcg/kg/day for 3 days at retail or home delivery.[14]
2. If the request is for pediculosis, approve a one-time override of a quantity sufficient to accommodate a dose of up to 400 mcg/kg/day (1 dose) for two doses at retail or home delivery.
   Note: For the treatment of pediculosis, the CDC recommends ivermectin tablets be given in a single oral dose of 200 mcg/kg or 400 mcg/kg.[17] The dose may be repeated in 9 to 10 days.
3. If request is for the treatment of scabies, approve a one-time override of a quantity sufficient to accommodate a dose of 200 mcg/kg/dose for up to 7 doses at retail or home delivery.
   Note: For classic scabies, the CDC recommends two doses of oral ivermectin (200 mcg/kg/dose) taken 1 week apart.[7] For crusted scabies, ivermectin 200 mcg/kg/dose should be taken in three doses (Days 1, 2, and 8), five doses (Days 1, 2, 8, 9, and 15), or seven doses (Days 1, 2, 8, 9, 15, 22, and 28).
4. If the request is for hyperinfection syndrome or disseminated strongyloidiasis, approve a one-time override for a quantity sufficient to accommodate a dose of 200 mcg/kg/day until stool and/or sputum exams are negative for 2 weeks at retail or home delivery.[18]
5. If the patient weighs > 100 kg, approve a one-time override of a quantity sufficient to accommodate a dose of 200 mcg/kg/day for 2 days at retail or home delivery.

Tinidazole 250 mg and 500 mg tablets
No overrides recommended.

REFERENCES

75. Albendazole tablets [prescribing information]. North Wales, PA: Teva; July 2019.
76. Benznidazole tablets [prescribing information]. Florham Park, NJ: Exeltis; December 2021.
77. Stromectol® tablets [prescribing information]. Whitehouse Station, NJ: Merck; March 2022.
78. Emverm™ chewable tablets [prescribing information]. Horsham, PA: Amedra; January 2019.
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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Infectious Disease – Livtencity Drug Quantity Management Policy – Per Days
- Livtencity™ (maribavir tablets – Takeda)

REVIEW DATE: 12/13/2023

OVERVIEW

Indication

Livtencity, an antiviral, is indicated for the treatment of adult and pediatric patients (≥ 12 years of age and weighing ≥ 35 kg) with **post-transplant cytomegalovirus (CMV) infection/disease** that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir, or foscarnet.[1]

Dosing

The recommended dose of Livtencity is 400 mg (two 200 mg tablets) taken twice daily (BID) with or without food.[1] The dose of Livtencity should be increased to 800 mg BID in patients who are also taking carbamazepine; and to 1,200 mg BID in patients who are also taking phenytoin or phenobarbital. In pivotal studies, Livtencity was used for up to 8 weeks.

Availability

Livtencity is available as 200 mg tablets, in bottles of 28 or 56 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Livtencity. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 8 weeks, unless otherwise noted below.

Automation: None.

Drug Quantity Limit

* This is enough drug to allow for two 200 mg tablets twice daily for 28 days at retail or 56 days at home delivery.

CRITERIA

14. If a patient is taking carbamazepine concomitantly with Livtencity, approve 224 tablets per 28 days for up to 8 weeks (56 days) at retail or a one-time override for 448 tablets as a 56-day supply at home delivery.

15. If a patient is taking phenytoin or phenobarbital concomitantly with Livtencity, approve 336 tablets per 28 days for up to 8 weeks (56 days) at retail or a one-time override for 672 tablets as 56-day supply at home delivery.

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Infectious Disease – Prevymis Drug Quantity Management Policy – Per Days
- Prevymis™ (letermovir tablets – Merck Sharp & Dohme)

REVIEW DATE: 09/27/2023

OVERVIEW

Prevymis is an antiviral drug indicated for:[1]

- **Cytomegalovirus (CMV) prophylaxis** of infection and disease in adult CMV-seropositive recipients [R+] of an allogeneic **hematopoietic stem cell transplant** (HSCT).
- **CMV prophylaxis** of disease in adult **kidney transplant recipients** at high risk (donor CMV seropositive/recipient CMV seronegative [D+/R-].

Dosing

The recommended dose of Prevymis tablets is 480 mg once daily (QD).[1] In HSCT, Prevymis is initiated between Day 0 and Day 28 post-transplantation (before or after engraftment) and continued through Day 100 post-transplantation.[1,2] In kidney transplant, Prevymis is initiated between Day 0 and Day 7 post-transplantation and continued through Day 200. The dose of Prevymis should be adjusted to 240 mg QD when co-administered with cyclosporine.

Off-Label Use

In retrospective analyses, Prevymis has been found efficacious for prophylaxis of CMV in high-risk HSCT (e.g., patients with graft versus host disease). For this indication, Prevymis dosing was extended beyond 100 days.[3,4] Prevymis was also efficacious for secondary prophylaxis of CMV in HSCT patients; the median duration of secondary prophylaxis was 125 days.

Availability

Prevymis tablets are available in the following strengths: 240 mg and 480 mg.[1] The tablets are packaged into a carton containing four dose packs, each containing a 7-count blister card for a total of 28 tablets, or into a carton containing two unit-dose 7-count blister cards for a total of 14 tablets. Prevymis tablets should be stored in the original package until use.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling and waste and to address potential order entry error of Prevymis. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

*Limits may be rounded up to accommodate packaging.

CRITERIA

1. If the medication is being requested for the prophylaxis of cytomegalovirus in a high-risk hematopoietic stem cell transplant patient, approve for the requested quantity, not to exceed a total of 224 tablets per 365 days at retail or home delivery.
Note: Override quantity is rounded up to accommodate packaging.

2. If the medication is being requested for the prophylaxis of cytomegalovirus in a high-risk kidney transplant patient, approve for the requested quantity, not to exceed a total of 224 tablets per 365 days at retail or home delivery.

Note: Override quantity is rounded up to accommodate packaging.

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Infectious Disease – Vancomycin (Oral) Drug Quantity Management Policy – Per Rx
- Firvanq® (vancomycin hydrochloride oral solution – Azurity)
- Vancocin® (vancomycin capsules – ANI, generic)
- Vancomycin oral solution (generic only)

REVIEW DATE: 12/14/2023

OVERVIEW

Vancomycin (oral), an antimicrobial, is indicated for the following uses:[1-3]
- ***Clostridioides difficile***- (formerly known as *Clostridium difficile)* **associated diarrhea**.
- **Enterocolitis** caused by ***Staphylococcus aureus*** (including methicillin-resistant strains).

Dosing

Adult Dosing

For the treatment of *C. difficile*-associated diarrhea in adults, the recommended dose of oral vancomycin is 125 mg four times daily for 10 days.[1-3] For the treatment of staphylococcal enterocolitis in adults, a total daily dose of 500 mg to 2 grams orally in three or four divided doses for up to 10 days is recommended.[1-3]

Pediatric Dosing

In pediatric patients (< 18 years of age), the recommended dose of oral vancomycin is 40 mg/kg in three or four divided doses for up to 10 days (for either indication).[1-3] The total daily dose should not exceed 2 grams.

Availability

Availability of the oral vancomycin products is in the Drug Quantity Limit table below.

Guidelines

The Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) Clinical Practice Guidelines for *C. difficile* Infection (2017 for adults and children; 2021 focused update for adults) note that a tapered and pulsed regimen of oral vancomycin is a treatment option for adult and pediatric patients who experience recurrent *C. difficile* infections.[4,5] An example of a tapered/pulsed vancomycin regimen is: 125 mg 4 times a day for 10 to 14 days, 2 times a day for 7 days, once daily for 7 days, and then once daily every 2 to 3 days for 2 to 8 weeks.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage therapy duration and provide for dose consolidation of oral vancomycin. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits[*]

[*] Quantity limits for the oral vancomycin products provide enough drug for a 10-day supply at four times daily dosing; [†] Each bottle contains either 150 mL or 300 mL oral solution following reconstitution; [α] Each bottle contains either 80 mL, 150 mL, or 300 mL of oral solution following reconstitution.

CRITERIA

Firvanq 25 mg/ml oral solution

1. If the patient requires treatment for a recurrence of *C. difficile* infection, approve a one-time override for the requested quantity not to exceed 600 mL at retail or home delivery.
Note: A quantity of 600 mL provides a quantity sufficient for a vancomycin dose of 125 mg four times daily x 14 days, followed by 125 mg twice daily x 7 days, 125 mg daily x 7 days and then 125 mg once every 2 to 3 days for 2 to 8 weeks.

Firvanq 50 mg/ml oral solution

No overrides recommended.

Vancomycin 125 mg capsules (Vancocin, generic)

6. If the patient requires treatment for a recurrence of *C. difficile* infection, approve a one-time override for the requested quantity not to exceed 105 capsules at retail or home delivery.
Note: A quantity of 105 capsules provides a quantity sufficient for a vancomycin dose of 125 mg four times daily x 14 days, followed by 125 mg twice daily x 7 days, 125 mg daily x 7 days and then 125 mg once every 2 to 3 days for 2 to 8 weeks.

Vancomycin 250 mg capsules (Vancocin, generic)

No overrides recommended.

Vancomycin 250 mg/5 ml oral solution

No overrides recommended.

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Adalimumab Products Drug Quantity Management Policy – Per Days

- Abrilada™ (adalimumab-afzb subcutaneous injection – Pfizer)
- adalimumab-adaz subcutaneous injection (Sandoz/Novartis)
- adalimumab-fkjp subcutaneous injection (Mylan)
- Amjevita™ (adalimumab-atto subcutaneous injection – Amgen)
- Cyltezo® (adalimumab-adbm subcutaneous injection – Boehringer Ingelheim)
- Hadlima™ (adalimumab-bwwd subcutaneous injection – Organon/Samsung Bioepis)
- Hulio® (adalimumab-fkjp subcutaneous injection – Mylan)
- Humira® (adalimumab subcutaneous injection – AbbVie)
- Hyrimoz® (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)
- Idacio® (adalimumab-aacf subcutaneous injection – Fresenius Kabi)
- Yuflyma® (adalimumab-aaty subcutaneous injection – Celltrion)
- Yusimry™ (adalimuamb-aqvh subcutaneous injection – Coherus)

REVIEW DATE: 07/05/2023

OVERVIEW

Adalimumab products are tumor necrosis factor inhibitors (TNFis) approved for the following:[1-10]

- **Ankylosing spondylitis**, for reducing signs and symptoms in adults with active disease.
- **Crohn's disease**, for treatment of moderately to severely active disease in patients ≥ 6 years of age.
- **Hidradenitis suppurativa**, for treatment of moderate to severe disease in patients ≥ 12 years of age.
- **Juvenile idiopathic arthritis**, ± methotrexate for reducing signs and symptoms of moderately to severely active polyarticular disease in patients ≥ 2 years of age.
- **Plaque psoriasis**, for treatment of adults with moderate to severe chronic disease who are candidates for systemic therapy or phototherapy and when other systemic therapies are medically less appropriate.
- **Psoriatic arthritis**, ± conventional synthetic disease-modifying antirheumatic drugs (DMARDs), for reducing the signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.
- **Rheumatoid arthritis**, ± methotrexate or other conventional synthetic DMARDS to reduce the signs and symptoms, induce major clinical response, inhibit the progression of structural damage, and improve physical function in adult patients with moderately to severely active disease.
- **Ulcerative colitis**, for treatment of moderately to severely active disease in patients ≥ 5 years of age. However, efficacy has not been established in patients with ulcerative colitis who have lost response or were intolerant to another TNFi.
- **Uveitis**, in patients ≥ 2 years of age with noninfectious intermediate, posterior, and panuveitis.

Of note, FDA-approved indications for the adalimumab biosimilars to Humira may differ from the indications listed above.[2-10]

Dosing

Table 1. FDA-Approved Dosing of Adalimumab.[1-10]

SC – Subcutaneous; NA – Not applicable; CD – Crohn's disease; UC – Ulcerative colitis; HS – Hidradenitis suppurativa; QW – Once weekly; MTX – Methotrexate.

Adalimumab has also demonstrated efficacy for treatment of several off-label indications such as Behcet's disease, pyoderma gangrenosum, sarcoidosis, scleritis or sterile corneal ulceration, and spondyloarthritis (subtypes other than ankylosing spondylitis).[2] A loading dose may be required for these indications and a maintenance dose of 40 mg administered once every other week is generally effective for most patients.

Availability

Refer to Table 2 for the available strengths and dosage forms of adalimumab products.[1-10]

Table 2. Availability of Adalimumab Products.[1-10]
[α] Adalimumab products may be FDA-approved for additional strengths/package sizes not noted here. This table reflects the availability of the products as of the date on this policy; PFS – Prefilled syringe; [β] Institutional use only; [Ω] FDA-approved, but not available at this time; [*] Starter packs may have different names depending on the individual product's FDA-approved indications.

Several formulations of brand Humira are also FDA-approved, but are not currently available.[1] These include:

- CD, UC, or HS Starter Pack: 6 x 40 mg/0.4 mL pens (never commercially available)
- Psoriasis, Uveitis, or Adolescent HS Starter Pack: 4 x 40 mg/0.4 mL pens (never available)
- Pediatric CD Starter Pack: 6 x 40 mg/0.8 mL prefilled syringes (obsolete as of 5/8/2019)
- Pediatric CD Starter Pack: 3 x 40 mg/0.8 mL prefilled syringes (obsolete as of 5/28/2019)
- 10 mg/0.2 mL prefilled syringe 2-pack carton (obsolete as of 12/24/2019)
- 20 mg/0.4 mL prefilled syringe 2-pack carton (obsolete as of 3/30/2020)
- 80 mg/0.8 mL prefilled syringe 2-pack carton (never commercially available)
- 40 mg/0.8 mL vial for Institutional Use (never commercially available)

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of adalimumab products and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below. Of note, all package sizes of adalimumab accumulate toward the limit as they all contain the same pen or syringe formulation.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

CD – Crohn's disease; UC – Ulcerative colitis; HS – Hidradenitis suppurativa.

CRITERIA

Adalimumab 10 mg prefilled syringes

No overrides recommended.

Note: There are 20 mg, 40 mg, and 80 mg pens/syringes available if the patient requires a higher dose.

Adalimumab 20 mg prefilled syringes

1. Approve the requested quantity, not to exceed 4 syringes per 28 days at retail or 12 syringes per 84 days at home delivery, if the patient meets ALL of the following (A, B, and C):
   A) Adalimumab is being used to treat ulcerative colitis; AND
   B) Patient is 5 to 17 years of age;
   C) Patient weighs between 20 kg (44 lbs) and < 40 kg (88 lbs).

Adalimumab 40 mg pens and prefilled syringes (NOT starter packages)

1. If the patient has been receiving adalimumab 40 mg every other week for 12 weeks or longer and the dose of adalimumab is now being increased to 40 mg once weekly or 80 mg once every other

week, approve the requested quantity, not to exceed 4 pens/syringes per 28 days at retail or 12 pens/syringes per 84 days at home delivery.

2. If the patient has been receiving 40 mg once weekly or 80 mg once every other week dosing, approve the requested quantity, not to exceed 4 pens/syringes per 28 days at retail or 12 pens/syringes per 84 days at home delivery.

3. If the patient is initiating treatment or requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for the requested quantity, not to exceed 8 pens/syringes at retail or home delivery.

4. Approve 4 pens/syringes per 28 days retail or 12 pens/syringes per 84 days at home delivery, if the patient meets ALL of the following (A, B, and C):
A) Adalimumab is being used to treat hidradenitis suppurativa; AND
B) Patient is ≥ 12 years of age; AND
C) Patient weighs ≥ 60 kg (132 lbs).

5. Approve 4 pens/syringes per 28 days at retail or 12 pens/syringes per 84 days at home delivery, if the patient meets ALL of the following (A, B, and C):
A) Adalimumab is being used to treat ulcerative colitis; AND
B) Patient is 5 to 17 years of age; AND
C) Patient weighs ≥ 40 kg (88 lbs).

Adalimumab 80 mg pens (NOT starter packages)

1. Approve a one-time override for 4 pens for a 28-day supply at retail or 8 pens as an 84-day supply at home delivery, if the patient meets ALL of the following (A, B, and C):
   A) The patient is initiating treatment or requires additional induction dosing for ulcerative colitis, as verified by absence of claims for adalimumab in the past 130 days; AND
   B) Patient is 5 to 17 years of age; AND
   C) Patient weighs ≥ 40 kg (88 lbs).

2. Approve a one-time override for the requested quantity, not to exceed 4 pens as a 42-day supply at retail or 8 pens as an 84-day supply at home delivery, if the patient meets BOTH of the following (A and B):
   A) The patient is initiating treatment or requires additional induction dosing for hidradenitis suppurativa, as verified by absence of claims for adalimumab in the past 130 days; AND
   B) Patient meets one of the following:
      i. Patient is ≥ 18 years of age; OR
      ii. Patient is ≥ 12 to 17 years of age and weighs ≥ 60 kg (132 lbs).

   Note: The home delivery override includes a quantity sufficient for the 4-week initiation dosing and maintenance dosing for the following 8 weeks, rounded up to the nearest package size.

Starter Pack of 4 x 40 mg pens

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 4 pens (1 Starter Pack) at retail or home delivery.

Starter Pack of 6 x 40 mg pens

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 6 pens (1 Starter Pack) at retail or home delivery.

Starter Pack of 3 x 80 mg pens

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 3 pens (1 Starter Pack) at retail or home delivery.

Starter Pack of 4 x 80 mg pens

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 4 pens (1 Starter Pack) at retail or home delivery.

Starter Pack of 1 x 80 mg prefilled pen and 2 x 40 mg prefilled pens

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 3 pens (1 x 80 mg pen and 2 x 40 mg pens [1 Starter Pack]) at retail or home delivery.

Starter Pack of 3 x 80 mg pens and 1 x 40 mg pens

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 4 pens (3 x 80 mg pens and 1 x 40 mg pen [1 Starter Pack]) at retail or home delivery.

Starter Pack of 3 x 80 mg prefilled syringes

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 3 syringes (1 Starter Pack) at retail or home delivery.

Starter Pack of 1 x 80 mg prefilled syringe and 1 x 40 mg prefilled syringe

1. If the patient requires additional induction dosing, as verified by the absence of claims for adalimumab in the past 130 days, approve a one-time override for 2 syringes (1 x 80 mg and 1 x 40 mg syringe [1 Starter Pack]) at retail or home delivery.

REFERENCES

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36. Amjevita™ subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; April 2023.
37. Abrilada™ subcutaneous injection [prescribing information]. New York, NY: Pfizer; June 2023.
38. Cyltezo® subcutaneous injection [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; June 2023.
39. Hadlima™ subcutaneous injection [prescribing information]. Jersey City, NJ: Organon/Samsung Bioepis; June 2023.
40. Hulio® subcutaneous injection [prescribing information]. Morgantown, WV: Mylan; March 2023.
41. Hyrimoz® subcutaneous injection [prescribing information]. Princeton, NJ: Sandoz/Novartis; April 2023.
42. Idacio® subcutaneous injection [prescribing information]. Lake Zurich, IL: Fresenius Kabi; December 2022.
43. Yuflyma® subcutaneous injection [prescribing information]. Jersey City, NJ: Celltrion; May 2023.
44. Yusimry™ subcutaneous injection [prescribing information]. Redwood City, CA: Coherus; March 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Arcalyst Drug Quantity Management Policy – Per Days
- Arcalyst® (rilonacept subcutaneous injection – Regeneron)

REVIEW DATE: 01/04/2023

OVERVIEW

Arcalyst, an interleukin-1 blocker, is indicated for the following uses:[1]

- **Cryopyrin-associated periodic syndromes (CAPS)**, including familial cold autoinflammatory syndrome (FCAS) and Muckle-Wells syndrome (MWS), for treatment of patients ≥ 12 years of age.
- **Deficiency of interleukin-1 receptor antagonist (DIRA),** for maintenance of remission in patients weighing at least 10 kg.
- **Pericarditis**, for treatment of recurrent disease and reduction in risk of recurrence in patients ≥ 12 years of age.

Dosing

CAPS, FCAS, MWS, and recurrent pericarditis:

- In adults, initiate treatment with a loading dose of 320 mg delivered as two subcutaneous (SC) injections of 160 mg/2 mL each, administered on the same day at two different injection sites.[1] Continue dosing with a 160 mg once weekly (QW) administered as a single, 2 mL SC injection.
- In pediatric patients 12 years to 17 years of age, initiate treatment with a loading dose of 4.4 mg/kg, up to a maximum dose of 320 mg, administered as one or two SC injections, not to exceed single-injection volume of 2 mL per injection site. If the initial dose is given as two injections, administer on the same day at two different sites. Continue dosing with a QW injection of 2.2 mg/kg, up to a maximum of 160 mg, administered as a single SC injection, up to 2 mL.
- If a QW dose is missed, instruct the patient to administer the injection within 7 days from the missed dose and then resume the patient's original schedule. If the missed dose is not administered within 7 days, instruct the patient to administer the dose, starting a new schedule based on this date.

DIRA:

- In adults, the recommended dose is 320 mg, once weekly, administered as two SC injections on the same day at two different sites with a maximum single-injection volume of 2 mL. Arcalyst should not be given more often than QW.
- In pediatric patients who weigh ≥ 10 kg, the recommended dose is 4.4 mg/kg (up to a maximum of 320 mg) QW, administered as one or two SC injections with a maximum single-injection volume of 2 mL. If the dose is given as two injections, administer both on the same day, each one at a different site.

Based on prescribing information, four of the 220 mg vials are adequate for a 28-day supply. Exceptions can be made for patients initiating therapy or patients with DIRA.

Availability

Arcalyst is supplied as a lyophilized powder in single-dose vials each containing 220 mg of Arcalyst. Each vial is supplied in a carton containing one or four vials.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling and waste and address potential order entry errors with Arcalyst. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

8. If the patient is initiating treatment or requires additional induction dosing for cryopyrin-associated periodic syndromes (CAPS), familial cold autoinflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS), or recurrent pericarditis, as verified by absence of claims for Arcalyst in the past 130 days, approve a one-time override for 5 vials at retail or 13 vials at home delivery.
Note: The home delivery quantity allows for initial treatment (5 vials), plus 2 months of once weekly maintenance dosing.

9. If the patient has deficiency of interleukin-1 receptor antagonist (DIRA), approve 8 vials per 28 days at retail or 24 vials per 84 days at home delivery.

REFERENCES

1. Arcalyst® subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron; May 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Cimzia Drug Quantity Management Policy – Per Days
- Cimzia® (certolizumab pegol subcutaneous injection [lyophilized powder or solution] – UCB)

REVIEW DATE: 12/15/2022

OVERVIEW

Cimzia, a tumor necrosis factor inhibitor (TNFi), is indicated for the following uses:[1]

- **Ankylosing spondylitis**, for the treatment of adults with active disease.
- **Crohn's disease**, for reducing signs and symptoms and maintaining clinical responses in adults with moderate to severe active disease who have had an inadequate response to conventional therapy.
- **Non-radiographic axial spondyloarthritis**, in patients with objective signs of inflammation.
- **Plaque psoriasis**, for the treatment of adults with moderately to severely active disease who are candidates for systemic therapy or phototherapy.
- **Psoriatic arthritis**, for the treatment of adult patients with active disease.
- **Rheumatoid arthritis**, for the treatment of adults with moderately to severely active disease.

Dosing

Cimzia is administered by subcutaneous (SC) injection.[1] Injection sites should be rotated and injections should not be given into areas where the skin is tender, bruised, red or hard. When a 400 mg dose is needed, it should be given as two 200 mg SC injections at separate sites in the thigh or abdomen.

- **Ankylosing Spondylitis**: 400 mg initially and at Week 2 and Week 4, followed by 200 mg once every 2 weeks (400 mg every 4 weeks may also be considered).
- **Crohn's Disease:** 400 mg initially and at Week 2 and Week 4. If response occurs, follow with 400 mg once every 4 weeks.
- **Non-Radiographic Axial Spondyloarthritis**: 400 mg initially and at Week 2 and Week 4, followed by 200 mg once every 2 weeks or 400 mg every 4 weeks.
- **Plaque Psoriasis:** 400 mg once every other week. For some patients (with body weight ≤ 90 kg), may consider 400 mg initially and at Week 2 and Week 4, followed by 200 mg once every other week.
- **Psoriatic Arthritis**: 400 mg initially and at Week 2 and Week 4, followed by 200 mg once every other week. For maintenance dosing, 400 mg every 4 weeks may be considered
- **Rheumatoid Arthritis:** 400 mg initially and at Week 2 and Week 4, followed by 200 mg once every other week. For maintenance dosing, 400 mg once every 4 weeks may be considered.

Availability

Cimzia is available in cartons containing two **single-dose vials** along with other materials needed for administration, including sterile water diluent. Each vial contains 200 mg of certolizumab pegol lyophilized powder for reconstitution for SC administration. Contents of the carton should not be separated prior to use. Cimzia is also supplied in cartons of two **single-dose prefilled syringes**. Each prefilled syringe contains 200 mg of certolizumab pegol solution for SC administration. Additionally, the **prefilled syringes are available in a Starter Kit.** Each Start Kit contains six 200 mg prefilled syringes (three sets of two syringes each), to provide sufficient drug supply for the three initial induction doses at the start of treatment. Initial quantity limits provide a quantity sufficient for a 28-day supply of 400 mg every 4 weeks and one induction dose regimen per 365 days. Override criteria provide for additional quantities for patients receiving induction re-dosing or for patients requiring 400 mg every two weeks for the treatment of plaque psoriasis.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Cimzia and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Cimzia 200 mg prefilled syringes or vials

2. If the patient is requesting Cimzia for the treatment of plaque psoriasis, approve a quantity of 4 prefilled syringes or vials per 28 days at retail or 12 prefilled syringes or vials per 84 days at home delivery.

3. If the patient is initiating treatment with Cimzia or requires additional induction dosing, as verified by the absence of claims for Cimzia in the past 130 days, approve a one-time override for 6 prefilled syringes or vials at retail or 10 prefilled syringes or vials at home delivery.

Cimzia 200 mg prefilled syringe Starter Kit

If the patient requires additional induction dosing, as verified by the absence of claims for Cimzia in the past 130 days, approve a one-time override for one starter pack (6 prefilled syringes) at retail or home delivery.

REFERENCES

3. Cimzia® subcutaneous injection [prescribing information]. Smyrna, GA: UCB; September 2019.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Cosentyx Subcutaneous Drug Quantity Management Policy – Per Days
- Cosentyx® (secukinumab subcutaneous injection – Novartis)

REVIEW DATE: 09/27/2023; selected revision 11/15/2023

OVERVIEW

Cosentyx, an interleukin (IL)-17A antagonist, is indicated in the following conditions:[1]
- **Plaque psoriasis**, in patients ≥ 6 years of age with moderate to severe disease who are candidates for systemic therapy or phototherapy.
- **Psoriatic arthritis**, in patients ≥ 2 years of age with active disease.
- **Ankylosing spondylitis**, in adults with active disease.
- **Non-radiographic axial spondyloarthritis**, in adults with active disease and objective signs of inflammation.
- **Enthesitis-related arthritis** in patients ≥ 4 years of age with active disease.
- **Hidradenitis suppurativa**, in adults with moderate to severe disease.

Dosing

Cosentyx is administered by subcutaneous (SC) injection.[1]
- **Ankylosing Spondylitis:** Administer with or without a loading dose.
  - With a loading dose: 150 mg at Weeks 0, 1, 2, 3, and 4, then 150 mg once every 4 weeks (Q4W) thereafter.
  - Without a loading dose: 150 mg Q4W.
  - If the patient continues to have active ankylosing spondylitis, consider 300 mg Q4W.
- **Plaque Psoriasis:**
  - Adults: 300 mg at Weeks 0, 1, 2, 3, and 4, followed by 300 mg Q4W. For some patients, 150 mg Q4W may be acceptable.
  - Pediatric patients ≥ 6 years of age: Dose is based on body weight and is administered at Weeks 0, 1, 2, 3, and 4 followed by Q4W dosing. The dose is 75 mg for patients weighing < 50 kg and is 150 mg for patients weighing ≥ 50 kg.
- **Psoriatic Arthritis:** Cosentyx may be administered with or without methotrexate.
  - Adults with coexistent moderate to severe plaque psoriasis: Use the dosing and administration recommendations for plaque psoriasis.
  - Other adults with psoriatic arthritis: Administer with or without a loading dose.
    - With a loading dose: 150 mg at Weeks 0, 1, 2, 3, and 4, then 150 mg Q4W thereafter.
    - Without a loading dose: 150 mg Q4W.
    - If the patient continues to have active psoriatic arthritis, consider 300 mg Q4W.
  - Pediatric patients ≥ 2 years of age: Dose is based on body weight and is administered at Weeks 0, 1, 2, 3, and 4 followed by Q4W dosing. The dose is 75 mg for patients weighing ≥ 15 kg and < 50 kg and is 150 mg for patients weighing ≥ 50 kg.
- **Non-radiographic axial spondyloarthritis:** Administer with or without a loading dose.
  - With a loading dose: 150 mg at Weeks 0, 1, 2, 3, and 4, then 150 mg Q4W thereafter.
  - Without a loading dose: 150 mg Q4W.
- **Enthesitis-related arthritis:** Dose is based on body weight and is administered at Weeks 0, 1, 2, 3, and 4, followed by Q4W dosing. The dose is 75 mg for patients weighing ≥ 15 kg and < 50 kg and is 150 mg for patients weighing ≥ 50 kg.

- **Hidradenitis suppurativa:** 300 mg at Weeks 0, 1, 2, 3, and 4, then 300 mg Q4W thereafter.
  - If a patients does not adequately respond, the dose may be increased to 300 mg Q2W.

Availability

Cosentyx is available in the following forms:

- 300 mg/2 mL single-dose UnoReady pen (cartons contain one pen).
- 150 mg/mL single-dose SensoReady pen (cartons contain either one or two pens).
- 150 mg/mL single-dose prefilled syringe (cartons contain either one or two prefilled syringes).
- 75 mg/0.5 mL single-dose prefilled syringe (cartons contain one prefilled syringe) [for pediatric patients who weigh < 50 kg].

Of note, Cosentyx is also available as a 125 mg/5 mL intravenous (IV) solution. The IV solution is not targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Cosentyx, and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Cosentyx 300 mg UnoReady pens

4. If the patient is initiating treatment for plaque psoriasis or hidradenitis suppurativa OR requires additional induction dosing for plaque psoriasis or hidradenitis suppurativa, as verified by the absence of claims for Cosentyx in the past 130 days, approve a one-time override for 5 pens at retail or 7 pens at home delivery.

5. If the patient requires a dose of 300 mg once every 2 weeks for hidradenitis suppurativa, approve 2 pens per 28 days at retail or 6 pens per 84 days at home delivery.

Cosentyx 150 mg prefilled syringes or SensoReady pens

1. If the patient is initiating treatment for ankylosing spondylitis, non-radiographic axial spondyloarthritis, psoriatic arthritis, or enthesitis-related arthritis OR requires additional induction dosing for ankylosing spondylitis, non-radiographic axial spondyloarthritis, psoriatic arthritis, or enthesitis-related arthritis as verified by the absence of claims for Cosentyx in the past 130 days, approve a one-time override for 5 prefilled syringes or pens at retail or 7 prefilled syringes or pens at home delivery.

2. If the patient is initiating treatment for plaque psoriasis or hidradenitis suppurativa OR requires additional induction dosing for plaque psoriasis or hidradenitis suppurativa, as verified by the absence of claims for Cosentyx in the past 130 days, approve a one-time override for 10 prefilled syringes or pens at retail or 12 prefilled syringes or pens at home delivery.

3. If the patient requires a dose of 300 mg once every 2 weeks for hidradenitis suppurativa, approve 4 prefilled syringes or pens per 28 days at retail or 12 prefilled syringes or pens per 84 days at home delivery.

Cosentyx 75 mg prefilled syringes

1. If the patient is initiating treatment for plaque psoriasis, psoriatic arthritis, or enthesitis-related arthritis OR requires additional induction dosing for plaque psoriasis, psoriatic arthritis, or enthesitis-related arthritis, as verified by the absence of claims for Cosentyx in the past 130 days, approve a one-time override for 5 prefilled syringes at retail or 6 prefilled syringes or pens at home delivery.

REFERENCES

76. Cosentyx® subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; October 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Etanercept Products Drug Quantity Management Policy – Per Days
- Enbrel® (etanercept subcutaneous injection – Immunex/Amgen)

REVIEW DATE: 12/16/2022

OVERVIEW

Etanercept products are tumor necrosis factor inhibitors (TNFis) approved for the following uses:[1]
- **Ankylosing spondylitis**, for reducing signs and symptoms in patients with active disease.
- **Juvenile idiopathic arthritis**, for reducing the signs and symptoms of moderate or severe active polyarticular disease in patients aged ≥ 2 years.
- **Plaque psoriasis**, for treatment patients 4 years of age or older with chronic moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.
- **Psoriatic arthritis**, ± methotrexate for reducing the signs and symptoms, inhibiting the progression of structural damage of active arthritis, and improving physical function in patients with psoriatic arthritis.
- **Rheumatoid arthritis**, ± methotrexate for reducing the signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in patients with moderate or severe active disease.

Dosing

Etanercept is administered by subcutaneous (SC) injection.[1]
- **Adult rheumatoid arthritis, ankylosing spondylitis, or psoriatic arthritis:** 50 mg SC once weekly (QW).
  - Doses higher than 50 mg per week are not recommended.
- **Adult plaque psoriasis:**
  - Starting dose: 50 mg SC twice weekly for 3 months.
  - Maintenance dose: 50 mg SC QW.
- **Pediatric juvenile idiopathic arthritis or plaque psoriasis:**
  - Weight ≥ 63 kg: 50 mg SC QW.
  - Weight < 63 kg: 0.8 mg/kg SC QW.
  - To achieve pediatric doses other than 25 mg or 50 mg, use etanercept solution in a single-dose vial or reconstituted lyophilized powder in a multi-dose vial.
  - Doses greater than 50 mg per week have not been studied in pediatric patients.

Availability

Etanercept for subcutaneous injection is available in the following forms:
- 25 mg/0.5 mL prefilled syringes
- 25 mg/0.5 mL single-dose vials
- 25 mg multi-dose vials (powder for reconstitution)
- 50 mg/mL prefilled syringes in cartons of 4 syringes
- 50 mg/mL prefilled SureClick autoinjector in cartons of 4 autoinjectors
- 50 mg/mL mini prefilled cartridges for use with the AutoTouch reusable autoinjector

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of etanercept, and to manage potential premature dose escalation. If the Drug Quantity Management

rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Enbrel 25 mg prefilled syringes, single-dose vials, multi-dose vials

6. If the patient is initiating treatment or requires additional induction dosing for plaque psoriasis, as verified by the absence of claims for Enbrel in the past 130 days, approve 16 prefilled syringes/vials per 28 days for 3 months at retail or home delivery.

Enbrel 50 mg/mL prefilled syringes, prefilled autoinjectors, mini cartridges

1. If the patient is initiating treatment or requires additional induction dosing for plaque psoriasis, as verified by the absence of claims for Enbrel in the past 130 days, approve 8 prefilled syringes/autoinjectors/mini cartridges per 28 days for 3 months at retail or home delivery.

REFERENCES

77. Enbrel® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Immunex/Amgen; August 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Ilumya Drug Quantity Management Policy – Per Days
- Ilumya® (tildrakizumab-asmn subcutaneous injection – Sun)

REVIEW DATE: 12/16/2022

OVERVIEW
Ilumya, an interleukin-23 blocker, is indicated for the treatment of adults with moderate to severe **plaque psoriasis** who are candidates for systemic therapy or phototherapy.

Dosing
The recommended dose of Ilumya is 100 mg administered by subcutaneous injection at Weeks 0 and 4 and then once every 12 weeks thereafter.

Availability
Ilumya is available as 100 mg/1 mL single-dose prefilled syringes.

POLICY STATEMENT
This Drug Quantity Management program has been developed to manage potential dose escalation of Ilumya. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

[α] This is a quantity sufficient for an 84-day supply at once every 12 week dosing.

CRITERIA
1. If the patient is initiating treatment or requires additional induction dosing, as verified by the absence of claims for Ilumya in the past 130 days, approve a one-time override for 2 prefilled syringes at retail or home delivery.

REFERENCES
78. Ilumya® subcutaneous injection [prescribing information]. Whitehouse Station, NJ: Merck, March 2018.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Kineret Drug Quantity Management Policy – Per Days
- Kineret® (anakinra subcutaneous injection – Biovitrim)

REVIEW DATE: 01/04/2023

OVERVIEW

Indication

Kineret, an interleukin-1 (IL-1) receptor antagonist, indicated for the following uses:[1]

- **Cryopyrin-associated periodic syndromes** (CAPS) for treatment of neonatal-onset multisystem inflammatory disease (NOMID).
- **Deficiency of interleukin-1 receptor antagonist** (DIRA).
- **Rheumatoid arthritis**, to reduce the signs and symptoms and slow the progression of structural damage in adult patients with moderately to severely active disease who have failed one or more disease-modifying antirheumatic drugs (DMARDs) given ± DMARDs other than tumor necrosis factor inhibitors (TNFis).

In addition to the FDA-approved uses, guidelines support the use of Kineret for the treatment of systemic juvenile idiopathic arthritis (SJIA) and Still's disease.[2-9]

Kineret has also been granted Emergency Use Authorization for treatment of Coronavirus disease 2019 (COVID-19) in hospitalized adults with positive viral testing with pneumonia requiring supplemental oxygen (low- or high-flow oxygen) who are at risk of progressing to severe respiratory failure and likely to have an elevated plasma soluble urokinase plasminogen activator receptor (suPAR).[10]

Dosing

Kineret is administered by subcutaneous (SC) injection.[1] A new syringe must be used for each dose. Any unused portion after each dose should be discarded. Regardless of indication, consider administration of the prescribed dose every other day for patients who have severe renal insufficiency or end stage renal disease (defined as creatinine clearance < 30 mL/min, as estimated from serum creatinine levels).

- **CAPS:** 1 to 2 mg per kg daily for NOMID patients. The dose may be individually adjusted to a maximum of 8 mg per kg daily to control active inflammation. Adjust doses in 0.5 to 1 mg per kg increments. Once daily dosing is generally recommended, but dose may be split into twice daily administration.
- **DIRA:** 1 to 2 mg per kg per day. The dose may be individually adjusted to a maximum of 8 mg per kg per day to control active inflammation. Adjust doses in 0.5 to 1 mg per kg increments.
- **Rheumatoid arthritis:** 100 mg daily at approximately the same time every day. Higher doses did not result in a higher response.

Off-label dosing of Kineret for the treatment of SJIA and Still's disease varies based on reference, but guidelines support a dose of 4 mg/kg per day.[2-9] However, higher doses may be needed.

Availability

Kineret is available as a 100 mg/0.67 mL prefilled syringes.[1] Each dispensing pack contains either 7 or 28 syringes.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Kineret and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limit

CRITERIA

1. If the patient has cryopyrin-associated periodic syndromes (CAPS) or deficiency of interleukin-1 receptor antagonist (DIRA), approve a quantity sufficient to allow for a dose of up to 8 mg per kg per day for 28 days at retail or for 84 days at home delivery.
   Note: CAPS encompasses three rare genetic syndromes: familial cold autoinflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS), and NOMID or chronic infantile neurological cutaneous and articular syndrome (CINCA).

2. If the patient has systemic juvenile idiopathic arthritis (SJIA) or Still's disease, approve a quantity sufficient to allow for a dose of up to 4 mg per kg per day for 28 days at retail or for 84 days at home delivery.

REFERENCES

79. Kineret® subcutaneous injection [prescribing information]. Stockholm, Sweden: Biovitrum; December 2020.
80. Boom V, Anton J, Lahdenne P, et al. Evidence-based diagnosis and treatment of macrophage activation syndrome in systemic juvenile idiopathic arthritis. *Pediatr Rheumatol Online J*. 2015;13(1):55.
81. Riera E, Olivé A, Narváez J, et al. Adult onset Still's disease: review of 41 cases. *Clin Exp Rheumatol*. 2011;29(2):331-336.
82. Lequerré T, Quartier P, Rosellini D, et al. Interleukin-1 receptor antagonist (anakinra) treatment in patients with systemic-onset juvenile idiopathic arthritis or adult onset Still's disease. Preliminary experience in France. *Ann Rheum Dis*. 2008;67:302-308.
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84. Kötter I, Wacker A, Koch S, et al. Anakinra in patients with treatment-resistant adult-onset Still's disease: Four case reports with serial cytokine measurements and a review of the literature. *Semin Arthritis Rheum*. 2007;37:189-197.
85. Kalliolias GD, Georgiou PE, Antonopoulos IA, et al. Anakinra treatment in patients with adult-onset Still's disease is fast, effective, safe and steroid sparing: experience from an uncontrolled trial. *Ann Rheum Dis*. 2007;66:842-843.
86. Giampietro C, Ridene M, Lequerre T, et al. Anakinra in adult-onset Still's disease: long-term treatment in patients resistant to conventional therapy. *Arthritis Care Res (Hoboken)*. 2013;65(5):822-826.
87. Ortiz-Sanjuán F1, Blanco R, Riancho-Zarrabeitia L, et al. Efficacy of anakinra in refractory adult-onset Still's disease: multicenter study of 41 patients and literature review. *Medicine (Baltimore)*. 2015;94(39):e1554.
88. US Food and Drug Administration. Fact Sheet for Healthcare Providers: Emergency Use Authorization for Kineret. November 2022. Available at: https://www.fda.gov/media/163075/download. Accessed on December 20, 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Olumiant Drug Quantity Management Policy – Per Days
- Olumiant® (baricitinib tablets – Lilly)

REVIEW DATE: 11/08/2023

OVERVIEW

Olumiant, an inhibitor of the Janus kinases (JAK) pathways, is indicated for the following uses:[1]

- **Alopecia areata,** in adults with severe disease.
- **Coronavirus Disease 2019 (COVID-19)**, for adults hospitalized requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).
- **Rheumatoid arthritis**, in adults with moderate to severe active disease who have had an inadequate response to one or more tumor necrosis factor inhibitors. Olumiant is not recommended for use in combination with other JAK inhibitors, or in combination with biologics or potent immunosuppressants such as azathioprine or cyclosporine.

Dosing

Dosage recommendations for Olumiant are:[1]

- **Rheumatoid arthritis:** 2 mg once daily (QD).
  - Olumiant may be used as monotherapy or in combination with methotrexate or other non-biologic DMARDs.
- **COVID-19:** 4 mg QD for 14 days or until hospital discharge, whichever occurs first.
- **Alopecia areata:** 2 mg QD. Increase to 4 mg QD if the response to treatment is not adequate.
  - For patients with nearly complete or complete scalp hair loss, with or without substantial eyelash or eyebrow hair loss, consider treating with 4 mg QD.
  - Once patients achieve an adequate response to treatment with 4 mg, decrease the dosage to 2 mg QD.

Availability

Olumiant is available as 1 mg, 2 mg, and 4 mg tablets in bottles of 30 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Olumiant, and to manage potential premature dose escalation. Quantity limits are outlined in the table below. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Olumiant 1 mg, 2 mg, and 4 mg tablets
No overrides recommended.

REFERENCES

89. Olumiant® tablets [prescribing information]. Indianapolis, IN: Lilly; June 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Otezla Drug Quantity Management Policy – Per Days
- Otezla® (apremilast tablets – Amgen)

REVIEW DATE: 12/19/2022

OVERVIEW

Otezla, an oral phosphodiesterase 4 (PDE4) inhibitor, is indicated for the following uses:[1]
- **Behcet's disease**, in adults with oral ulcers.
- **Plaque psoriasis**, in adults who are candidates for phototherapy or systemic therapy.
- **Psoriatic arthritis** in adults with active disease.

Dosing

Otezla is administered orally without regard to meals. It requires a titration period to reduce gastrointestinal adverse events.[1] The 5-day titration schedule is in Table 1 below. Following the 5-day titration, the recommended maintenance dose is 30 mg twice daily (BID) starting on Day 6. The dosage of Otezla should be reduced to 30 mg once daily in patients with severe renal impairment (creatinine clearance < 30 mL per minute estimated by the Cockcroft–Gault equation). For initial dosage titration in this population, it is recommended that Otezla be titrated using only the morning schedule listed in the table below and the evening doses should be skipped.

Table 1. Otezla Titration Schedule.[1]
AM – Morning; PM – Evening.

Availability

Otezla is available as:
- 30 mg tablets supplied in bottles of 60.
- 14-day Starter Pack containing: 4 x 10 mg tablets, 4 x 20 mg tablets, and 5 x 30 mg tablets with an additional 14 x 30 mg tablets.
- 28-day Starter Pack containing: 4 x 10 mg tablets, 4 x 20 mg tablets, and 5 x 30 mg tablets with an additional 42 x 30 mg tablets.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Otezla. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Otezla 30 mg tablets
No overrides recommended.

Otezla Starter Pack (14-day or 28-day)

1. If the patient requires additional induction dosing, as verified by the absence of claims for Otezla in the past 130 days, approve a one-time override for one 14-day Starter Pack (27 tablets) or one 28-day Starter Pack (55 tablets) at retail or home delivery.

REFERENCES

90. Otezla® tablets [prescribing information]. Thousand Oaks, CA: Amgen; December 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Rinvoq Drug Quantity Management Policy – Per Days
- Rinvoq® (upadacitinib extended-release tablets – AbbVie)

REVIEW DATE: 09/13/2023

OVERVIEW

Rinvoq, a Janus kinase inhibitor (JAKi), is indicated for the following uses:[1]

- **Ankylosing spondylitis**, for treatment of active disease in adults who have had an inadequate response or intolerance to one or more tumor necrosis factor inhibitors (TNFis).
- **Atopic dermatitis**, for treatment of refractory, moderate to severe atopic dermatitis in patients ≥ 12 years of age, whose disease is not adequately controlled with other systemic drug products (including biologics) or when those therapies are not advisable.
- **Crohn's disease**, for treatment of moderately to severely active disease in adults who have had an inadequate response or intolerance to one or more TNFis.
- **Non-radiographic axial spondyloarthritis**, in adults with objective signs of inflammation who have had an inadequate response or intolerance to one or more TNFis.
- **Psoriatic arthritis**, for treatment of active disease in adults who have had an inadequate response or intolerance to one or more TNFis.
- **Rheumatoid arthritis**, for treatment of moderately to severely active disease in adults who have had an inadequate response or intolerance to one or more TNFis.
- **Ulcerative colitis**, for treatment of moderately to severely active disease in adults who have had an inadequate response or intolerance to one or more TNFis.

Dosing

Dosage recommendations for Rinvoq are:[1]

- **Ankylosing spondylitis**: 15 mg once daily (QD).
- **Atopic dermatitis**: 15 mg QD.
  - Patients 12 to < 65 years of age who weight ≥ 40 kg: Initiate treatment at 15 mg QD. If an adequate response is not achieved, consider increasing to 30 mg QD.
- **Crohn's disease**: 45 mg QD for 12 weeks, then 15 mg QD.
  - A dose of 30 mg QD may be considered for patients with refractory, severe, or extensive disease.
- **Non-radiographic axial spondyloarthritis**: 15 mg QD.
- **Psoriatic arthritis**: 15 mg QD.
- **Rheumatoid arthritis**: 15 mg QD.
- **Ulcerative colitis**: 45 mg QD for 8 weeks, then 15 mg QD.
  - A dose of 30 mg QD may be considered for patients with refractory, severe, or extensive disease.

Availability

Rinvoq is available as 15 mg and 30 mg tablets supplied in bottles containing 30 tablets each.[1] Rinvoq is also available as 45 mg tablets in bottles of 28 tablets.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Rinvoq. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Rinvoq 15 mg and 30 mg tablets
No overrides recommended.

Rinvoq 45 mg tablets

1. If the patient is initiating treatment for Crohn's disease or requires additional induction dosing for Crohn's disease, as verified by the absence of claims for Rinvoq in the past 130 days, approve a one-time override for the requested quantity, not to exceed 84 tablets at retail or home delivery.

2. If the patient requires additional induction dosing for ulcerative colitis, as verified by the absence of claims for Rinvoq in the past 130 days, approve a one-time override for the requested quantity not to exceed 56 tablets at retail or home delivery.

REFERENCES

91. Rinvoq® tablets [prescribing information]. North Chicago, IL: AbbVie; June 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Siliq Drug Quantity Management Policy – Per Days
- Siliq® (brodalumab subcutaneous injection – Valeant)

REVIEW DATE: 12/19/2022

OVERVIEW

Siliq, an interleukin (IL)-17A antagonist, is indicated for treatment of adults with moderate-to-severe **plaque psoriasis** who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies.[1] In the pivotal trial, patients were assessed for a response at Week 12.

Dosing

The recommended dose of Siliq is 210 mg administered by subcutaneous injection at Weeks 0, 1, and 2, followed by 210 mg every 2 weeks.[1]

Availability

Siliq is supplied in a carton of two 210 mg/1.5 mL single-dose prefilled syringes.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Siliq, and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

3. If the patient is initiating treatment or requires additional induction dosing, as verified by the absence of claims for Siliq in the past 130 days, approve a one-time override for 4 prefilled syringes (840 mg) at retail or 8 prefilled syringes (1,680 mg) at home delivery.
Note: The override at home delivery allows for initiation dosing at Week 0, Week 1, and Week 2 and then 210 mg once every 2 weeks at Weeks 4, 6, 8, 10, and 12.

REFERENCES

45. Siliq® subcutaneous injection [prescribing information]. Bridgewater, NJ: Valeant, February 2017.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Simponi Subcutaneous Drug Quantity Management Policy – Per Days
- Simponi® (golimumab subcutaneous injection – Janssen Biotech)

REVIEW DATE: 12/19/2022

OVERVIEW

Simponi subcutaneous (SC), a tumor necrosis factor inhibitor (TNFi), is approved for the following uses:[1]
- **Ankylosing spondylitis,** for treatment of adults with active disease either alone or in combination with methotrexate or other non-biologic disease-modifying antirheumatic drugs (DMARDs).
- **Psoriatic arthritis,** for treatment of adults with active disease either alone or in combination with methotrexate or other non-biologic DMARDs.
- **Rheumatoid arthritis,** for treatment of adults with moderate to severe active disease in combination with methotrexate.
- **Ulcerative colitis,** for inducing and maintaining clinical response, improving endoscopic appearance of the mucosa during induction, inducing clinical remission, and achieving and sustaining clinical remission in induction responders in adults with moderate to severe disease who have demonstrated corticosteroid dependence or who have had an inadequate response to or failed to tolerate oral aminosalicylates, oral corticosteroids, azathioprine, or 6-mercaptopurine.

Dosing

Dosage recommendations for Simponi SC are:[1]
- **Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis:** 50 mg once monthly.
- **Ulcerative Colitis:** 200 mg initially at Week 0, followed by 100 mg at Week 2 and then 100 mg every 4 weeks thereafter.

Availability

Simponi SC is available in the following forms:[1]
- 50 mg/0.5 mL and 100 mg/mL prefilled syringes
- 50 mg/0.5 mL and 100 mg/mL prefilled SmartJect® autoinjectors

Of note, Simponi Aria® (golimumab intravenous injection) is also available as 50 mg/4 mL vials. This dose form is not targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Simponi SC, and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Simponi SC 50 mg prefilled syringes or prefilled SmartJect® autoinjectors
No overrides recommended.

Simponi SC 100 mg prefilled syringes or prefilled SmartJect® autoinjectors

1. If the patient is initiating treatment or requires additional induction dosing for the treatment of ulcerative colitis, as verified by the absence of claims for Simponi in the past 130 days, approve a one-time quantity of up to 3 prefilled syringes or autoinjectors at retail or 5 prefilled syringes at home delivery.

Note: This override at retail allows for initiation dosing at Week 0 and Week 2. This override at home delivery allows for initiation dosing at Week 0 and Week 2 and then 100 mg once every 4 weeks at Week 6 and Week 10.

REFERENCES

1. Simponi® subcutaneous injection [prescribing information]. Horsham, PA: Janssen; September 2019.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Skyrizi Subcutaneous Drug Quantity Management Policy – Per Days
- Skyrizi® (risankizumab-rzaa subcutaneous injection – Abbvie)

REVIEW DATE: 12/15/2022; selected revision 01/11/2023

OVERVIEW

Skyrizi subcutaneous (SC), an interleukin (IL)-23 blocker, is indicated for the following uses:[1]
- **Crohn's disease**, in patients with moderate to severe active disease; AND
- **Plaque psoriasis**, for treatment of adults with moderate to severe who are candidates for systemic therapy or phototherapy.
- **Psoriatic arthritis**, for treatment of adults with active disease.

Dosing

Crohn's Disease

The recommended induction dose of Skyrizi is 600 mg administered by intravenous (IV) infusion at Week 0, Week 4, and Week 8.[1] Then, the recommended maintenance dose is 180 mg or 360 mg administered by SC injection at Week 12 and every 8 weeks thereafter. Use the lowest effective dosage needed to maintain therapeutic response.

Plaque Psoriasis and Psoriatic Arthritis

The recommended dose of Skyrizi is 150 mg, given either as two 75 mg SC injections or one 150 mg SC injection, at Week 0, Week 4, and then once every 12 weeks thereafter.[1]

Availability

Skyrizi SC is available in the following forms:
- 75 mg/0.83 mL prefilled syringes (each carton contains two syringes)
- 150 mg/mL prefilled syringes (each carton contains one syringe)
- 150 mg/mL single-dose prefilled pens (each carton contains one pen)
- 180 mg/1.2 mL (150 mg/mL) single-dose prefilled cartridge with on-body injector
- 360 mg/2.4 mL (150 mg/mL) single-dose prefilled cartridge with on-body injector

Of note, Skyrizi IV administration is available as a 600 mg/10 mL (60 mg/mL) vial. However, the IV vial is not targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Skyrizi SC, and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Skyrizi 75 mg prefilled syringes

1. If the patient is initiating treatment or requires additional induction dosing, as verified by the absence of claims for Skyrizi in the past 130 days, approve a one-time override for 4 prefilled syringes (2 kits = 300 mg total) at retail or home delivery.

Skyrizi 150 mg prefilled pens and prefilled syringes

1. If the patient is initiating treatment or requires additional induction dosing, as verified by the absence of claims for Skyrizi in the past 130 days, approve a one-time override for 2 prefilled pens or prefilled syringes (300 mg total) at retail or home delivery.

Skyrizi 180 mg/1.2 mL prefilled cartridge

No overrides recommended.

Skyrizi 360 mg/2.4 mL prefilled cartridge

No overrides recommended.

REFERENCES

92. Skyrizi® subcutaneous injection [prescribing information]. North Chicago, IL: AbbVie; September 2022.

NA – Not applicable.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Stelara Drug Quantity Management Policy – Per Days
- Stelara® (ustekinumab subcutaneous injection – Janssen)

REVIEW DATE: 12/19/2022

OVERVIEW

Stelara subcutaneous (SC), an interleukin-12/23 blocker, is indicated for the following uses:[1]
- **Crohn's disease**, in patients ≥ 18 years of age with moderate to severe active disease.
- **Plaque psoriasis**, in patients ≥ 6 years of age with moderate to severe disease who are candidates for phototherapy or systemic therapy.
- **Psoriatic arthritis**, in patients ≥ 6 years of age with active disease.
- **Ulcerative colitis**, in patients ≥ 18 years of age with moderate to severe active disease.

Dosing

Dosage recommendations for Stelara SC are:[1]
- **Crohn's disease:** Starting 8 weeks after an initial intravenous (IV) dose, the maintenance dose is 90 mg SC injection once every 8 weeks (Q8W).
- **Plaque psoriasis:**
  - Adults weighing ≤ 100 kg: 45 mg SC at Week 0, Week 4, and then once every 12 weeks (Q12W) thereafter.
  - Adults weighing > 100 kg: 90 mg SC at Week 0, Week 4, and then Q12W thereafter.
  - Pediatric patients ≥ 12 years of age weighing < 60 kg: 0.75 mg/kg SC at Week 0, Week 4, and then Q12W thereafter.
  - Pediatric patients ≥ 12 years of age weighing 60 kg to 100 kg: 45 mg SC at Week 0, Week 4, and then Q12W thereafter.
  - Pediatric patients ≥ 12 years of age weighing < 60 kg: 90 mg SC at Week 0, Week 4, and then Q12W thereafter.
- **Psoriatic arthritis:**
  - Adults weighing > 100 kg with co-existent moderate to severe plaque psoriasis: 90 mg SC at Week 0, Week 4, and then every Q12W thereafter.
  - All other adults: 45 mg SC at Week 0, Week 4, and then Q12W thereafter.
  - Pediatric patients ≥ 6 years of age weighing < 60 kg: 0.75 mg/kg at Week 0, Week 4, and then Q12W thereafter.
  - Pediatric patients ≥ 6 years of age weighing ≥ 60 kg: 45 mg at Week 0, Week 4, and then Q12W thereafter.
  - Pediatric patients ≥ 6 years of age weighing > 100 kg with co-existent moderate-to-severe plaque psoriasis: 90 Week 0, Week 4, and then Q12W thereafter.
- **Ulcerative colitis:** Starting 8 weeks after an initial IV dose, the maintenance dose is 90 mg SC Q8W.

Availability

Stelara SC is available in the following forms:
- 45 mg/0.5 mL single-dose vials and prefilled syringes (individually packaged)
- 90 mg/mL single-dose prefilled syringe (individually packaged)

Of note, Stelara is also available as a 130 mg/26 mL single-dose vial for IV administration. This dose form is not targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Stelara SC, and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Stelara 45 mg prefilled syringes or vials

1. If the patient is initiating treatment or requires additional induction dosing for plaque psoriasis or psoriatic arthritis, as verified by the absence of claims for Stelara in the past 130 days, approve a one-time override for 2 syringes or vials at retail or home delivery.

Stelara 90 mg prefilled syringes

1. If the patient is initiating treatment or requires additional induction dosing for plaque psoriasis or psoriatic arthritis, as verified by the absence of claims for Stelara in the past 130 days, approve a one-time override for 2 syringes at retail or home delivery.

REFERENCES

6. Stelara® subcutaneous injection [prescribing information]. Horsham, PA: Janssen; July 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Taltz Drug Quantity Management Policy – Per Days
- Taltz® (ixekizumab subcutaneous injection – Eli Lilly and Company)

REVIEW DATE: 11/01/2023

OVERVIEW

Taltz, an interleukin (IL)-17A antagonist, is indicated for the following uses:[1]
- **Ankylosing spondylitis**, in adults with active disease.
- **Non-radiographic axial spondyloarthritis**, in adults with active disease and objective signs of inflammation.
- **Plaque psoriasis**, in patients ≥ 6 years of age with moderate to severe disease who are candidates for systemic therapy or phototherapy.
- **Psoriatic arthritis**, in adults with active disease.

Dosing

Taltz is administered as a subcutaneous (SC) injection.[1] It is available as an 80 mg/mL solution in a single-dose 1 mL prefilled auto-injector and a single-dose 1 mL prefilled syringe. Taltz is supplied in cartons of one, two, or three auto-injectors and a carton of one prefilled syringe. When a 160 mg dose is needed, two 80 SC injections should be administered at separate administration sites. Taltz doses of 20 mg or 40 mg must be prepared and administered by a qualified healthcare professional and only the 80 mg/1 mL prefilled syringe should be used. The recommended dose varies by indication:

- **Adult Plaque Psoriasis:** 160 mg (two 80 mg injections) at Week 0, followed by 80 mg at Weeks 2, 4, 6, 8, 10, and 12, then 80 mg once every 4 weeks.

- **Pediatric Plaque Psoriasis (patients 6 to < 18 years of age):**

- **Psoriatic Arthritis:** 160 mg (two 80 mg injections) at Week 0, followed by 80 mg once every 4 weeks. For psoriatic arthritis patients with coexistent moderate-to-severe plaque psoriasis, use the dosing regimen for plaque psoriasis.

- **Ankylosing Spondylitis:** 160 mg (two 80 mg injections) at Week 0, followed by 80 mg once every 4 weeks.

- **Non-radiographic Axial Spondyloarthritis:** 80 mg once every 4 weeks.

Policy Statement
This Drug Quantity Management program has been developed to manage potential premature dose escalation of Taltz. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. Approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

7. If the patient is ≥ 18 years of age and is initiating treatment for psoriatic arthritis or ankylosing spondylitis, as verified by the absence of claims for Taltz in the past 130 days, approve a one-time override for 2 syringes or 2 autoinjectors at retail or 4 syringes or 4 auto-injectors at home delivery.

8. If the patient is ≥ 18 years of age and is initiating treatment for plaque psoriasis, as verified by the absence of claims for Taltz in the past 130 days, approve a one-time override for 4 syringes or 4 auto-injectors, followed by 2 syringes or 2 autoinjectors per 28 days for up to 84 days at retail or a one-time override for 8 syringes or 8 auto-injectors at home delivery.

9. If the patient is < 18 years of age, weighs > 50 kg, and is initiating treatment for plaque psoriasis, as verified by the absence of claims for Taltz in the past 130 days, approve a one-time override for 2 syringes or 2 auto-injectors at retail or 4 syringes or 4 autoinjectors at home delivery.

REFERENCES

4. Taltz® [prescribing information]. Indianapolis, IN: Eli Lilly; July 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Tremfya Drug Quantity Management Policy – Per Days
- Tremfya® (guselkumab subcutaneous injection – Janssen/Johnson & Johnson)

REVIEW DATE: 12/19/2022

OVERVIEW

Tremfya, an interleukin (IL)-23 blocker, is indicated for the following uses:[1]
- **Plaque psoriasis**, in adults with moderate to severe disease who are candidates for systemic therapy or phototherapy.
- **Psoriatic arthritis**, in adults with active disease (given ± a conventional synthetic disease-modifying antirheumatic drug).

Dosing

Tremfya is administered by a subcutaneous (SC) injection.[1] For both plaque psoriasis and psoriatic arthritis, the recommended dose is 100 mg SC at Week 0 and Week 4, then 100 mg SC once every 8 weeks thereafter.

Availability

Tremfya is available in the following forms:[1]
- 100 mg/mL single-dose patient-controlled injector
- 100 mg/mL single-dose prefilled syringe

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Tremfya, and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

10. If the patient is initiating treatment or requires additional induction dosing, as verified by the absence of claims for Tremfya in the past 130 days, approve a one-time override for 2 prefilled syringes or patient-controlled injectors at retail or home delivery.

REFERENCES

93. Tremfya® subcutaneous injection [prescribing information]. Horsham, PA: Janssen/Johnson & Johnson; July 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Lupus – Benlysta Subcutaneous Drug Quantity Management Policy – Per Days
- Benlysta® (belimumab subcutaneous injection – GlaxoSmithKline)

REVIEW DATE: 09/05/2023

OVERVIEW

Benlysta subcutaneous, a B-lymphocyte stimulator-specific inhibitor, is indicated for the following uses:[1]

- **Lupus nephritis**, in patients ≥ 18 years of age with active disease who are receiving standard therapy.
- **Systemic lupus erythematosus**, in patients ≥ 18 years of age with active, autoantibody-positive, systemic disease who are receiving standard therapy.

Benlysta subcutaneous has not been studied and is not recommended in those with severe, active central nervous system lupus, or in combination with other biologics. In some of the clinical trials involving Benlysta, Black patients had a lower response rate for the primary endpoint relative to Black patients receiving placebo; therefore, caution is recommended when considering Benlysta in Black patients. Of note, there is also an intravenous (IV) formulation of Benlysta with a similar indication except use is expanded to those ≥ 5 years of age. IV Benlysta is not targeted in this policy.

Dosing

Benlysta subcutaneous (SC) is not approved for use in patients < 18 years of age.[1]

Systemic Lupus Erythematosus

- 200 mg SC once weekly.
- If transitioning from IV Benlysta therapy, administer the first SC dose 1 to 4 weeks after the last IV dose.

Lupus Nephritis

- In patients initiating therapy with Benlysta for active lupus nephritis, the recommended dose is 400 mg (two 200 mg injections) once weekly, for 4 doses, then 200 mg once weekly thereafter.
- A patient receiving IV Benlysta therapy may transition to SC therapy any time after the patient completes the first two IV doses. The recommended SC dose in this scenario is 200 mg given 1 to 2 weeks after the last IV dose.

Availability

Benlysta SC is available as a 200 mg/mL prefilled syringe and auto-injector.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Benlysta. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

2. If the patient is initiating treatment for lupus nephritis or requires additional induction dosing, as verified by the absence of claims for Benlysta in the past 130 days, approve a one-time override for eight prefilled syringes or auto-injectors as a 28-day supply at retail or home delivery.

REFERENCES

1. Benlysta® subcutaneous injection [prescribing information]. Rockville, MD: GlaxoSmithKline; February 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Metabolic Disorders – Imcivree Drug Quantity Management Policy – Per Days
- Imcivree® (setmelanotide subcutaneous injection – Rhythm)

REVIEW DATE: 01/30/2023

OVERVIEW

Imcivree, a melanocortin 4 receptor agonist, is indicated for chronic weight management in patients ≥ 6 years of age with obesity due to:[1]

- **Proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency**, confirmed by genetic testing demonstrating variants in *POMC, PCSK1,* or *LEPR* genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance.
- **Bardet-Biedl Syndrome**.

Dosing

Patient ≥ 12 years of age:

- The starting dose is 2 mg (0.2 mL) injected subcutaneously (SC) once daily (QD) for 2 weeks. Monitor patients for gastrointestinal (GI) adverse reactions.
- If the starting dose is not tolerated, reduce to 1 mg (0.1 mL) QD. If the 1 mg dose is tolerated for at least 1 week, increase the dose to 2 mg (0.2 mL) QD.
- If the 2 mg dose is tolerated for 2 weeks, increase the dose to 3 mg (0.3 mL) QD. If the 3 mg dose is not tolerated, maintain administration of 2 mg (0.2 mL) QD.

Patient 6 to < 12 years of age:

- The starting dose is 1 mg (0.1 mL) SC QD for 2 weeks. Monitor patients for GI adverse reactions.
- If the starting dose is not tolerated, reduce to 0.5 mg (0.05 mL) QD. If the 0.5 mg dose is tolerated for at least 1 week, increase the dose to 1 mg (0.1 mL) once daily.
- If the 1 mg dose is tolerated for at least 2 weeks, increase the dose to 2 mg (0.2 mL) QD.
- If the 2 mg QD dose is not tolerated, reduce to 1 mg (0.1 mL) QD. If the 2 mg dose is tolerated, the dose may be increased to 3 mg (0.3 mL) QD.

Availability

Imcivree is available as 10 mg/1 mL multi-dose vials.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation with Imcivree. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This provides a sufficient quantity for a 2 mg/day dose for 30 days at retail or 90 days at home delivery.

CRITERIA

3. If the patient requires a maintenance dose of 3 mg once daily, approve the requested quantity, not to exceed 9 vials (9 mL) per 30 days at retail or 27 vials (27 mL) per 90 days at home delivery.

REFERENCES

46. Imcivree® subcutaneous injection [prescribing information]. Boston, MA: Rhythm; June 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Migraine – Dihydroergotamine Products Drug Quantity Management Policy – Per Days
- Migranal® (dihydroergotamine nasal spray – Bausch, generic)
- Trudhesa™ (dihydroergotamine mesylate nasal spray – Impel NeuroPharma)

REVIEW DATE: 11/01/2023

OVERVIEW

Migranal and Trudhesa are indicated for abortive therapy in treating **acute migraine headaches**.[1,2] Overuse of dihydroergotamine products (e.g., use for 10 or more days per month) can potentially lead to exacerbation of headache (i.e., medication-overuse headache); therefore, they are not intended for regular use. Guidelines for the management of migraine headache recommend limiting acute (abortive) therapy to less than 2 days per week on a regular basis or 8 treatment days per month.[3-6] If patients require abortive therapies more frequently, then re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

Dosing and Availability

Refer to the Drug Quantity Limits table below for dosing and availability information.

Other Information

Dihydroergotamine has been used for cluster headaches.[3-6] However, intranasal dihydroergotamine spray has not been found to be superior to placebo in aborting cluster headache attacks and is likely ineffective for acute treatment.

In general, the quantity limits provided are adequate for two headaches per week for 4 weeks at the maximum FDA-approved dose. Quantities are rounded up to the nearest whole package size if needed. The quantity limit is specific to a chemical entity within the same dosage form. One-time override quantities are based upon providing a quantity sufficient to treat four additional headaches (in general, a total of 12 acute treatment days per month) at the maximum FDA-approved dose. Again, quantities are rounded up to the nearest whole package size if needed.

Policy Statement

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of the dihydroergotamine products. If the Drug Quantity Management rule is not met for the requested at the point of service, coverage will be determined by the Criteria below. Approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Migranal nasal spray

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override for 8 mL (8 vials [1 kit]) at retail or home delivery.

Note: This provides an extra 8 mL (8 vials) for a total of 16 mL (16 vials) at retail or a total of 32 mL (32 vials) at home delivery. The override quantity corresponds with number of units required to treat an additional four headaches at maximum FDA-approved dose, rounded to the nearest whole package size.

Trudhesa nasal spray

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override for 4 mL (4 single-dose units [1 kit]) at retail or home delivery.

Note: This provides an extra 4 mL (4 vials) for a total of 12 mL (12 vials) at retail or a total of 28 mL (28 vials) at home delivery. The override quantity corresponds with number of units required to treat an additional four headaches at maximum FDA-approved dose, rounded to the nearest whole package size.

REFERENCES

1. Migranal® nasal spray vials [prescribing information]. Bridgewater, NJ: Bausch; May 2022.
2. Trudhesa™ nasal spray [prescribing information Seattle, WA: Impel NeuroPharma; September 2021.
3. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
4. Ailani J, Burch RC, Robbins MS, on behalf of the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021;00:1–19.
5. May A, Evers S, Goadsby PJ, et al.; European Academy of Neurology Task Force. European Academy of Neurology guidelines on the treatment of cluster headache. *Eur J Neurol*. 2023;30(10):2955-2979.
6. Robbins MS, Starling AJ, Pringsheim TM, et al. Treatment of cluster headache: the American Headache Society evidence-based guidelines. *Headache*. 2016;56:1093-1106.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Migraine – Nonsteroidal Anti-Inflammatory Drugs Drug Quantity Management Policy – Per Days
- Cambia® (diclofenac potassium powder for oral solution – Assertio)
- Elyxyb® (celecoxib oral solution – Dr. Reddy's)

REVIEW DATE: 11/01/2023

OVERVIEW

Cambia and Elyxyb are indicated for the **acute treatment of migraine with or without aura** in adults.[1,2] Cambia is labeled to be used at the lowest effective dose for the shortest duration that is consistent with the patient's treatment goals while Elyxyb should be used for the fewest number of days per months as possible.

Use of acute treatments for migraine headache can potentially lead to medication-overuse headache (generally defined as use for 10 or more days per month for 3 months or more); therefore, they are not intended for regular use.[3,4] Guidelines for the management of migraine headache recommend limiting acute (abortive) therapy to less than 2 days per week on a regular basis or 8 treatment days per month. If patients require abortive therapies more frequently, then re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

In general, the quantity limits provided are adequate for two headaches per week at the maximum FDA-approved dose for 4 weeks at retail and 12 weeks at home delivery. Quantities are rounded up to the nearest whole package if needed. The quantity limit is specific to a chemical entity within the same dosage form. Of note, conventional tablets and orally-disintegrating tablets are considered the same dosage form for these purposes.

Dosing and Availability

Refer to the Drug Quantity Limits table below for dosing and availability information.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of the nonsteroidal anti-inflammatory migraine medications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. Approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Cambia 50 mg powder packets

2. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time override for 9 packets (1 box) at retail or home delivery.

Note: This provides an extra 9 packets (1 box) for a total of 18 packets (2 boxes) at retail or a total of 36 packets (4 boxes) at home delivery. The override quantity corresponds with the number of units required to treat four additional headaches at the maximum FDA-approved dose, rounded to the nearest whole package size.

Elyxyb 120 mg/4.8 mL bottles

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time override for 6 bottles (1 carton) at retail or home delivery.

Note: This provides an extra 6 bottles (1 carton) for a total of 18 bottles (3 cartons) at retail or a total of 42 (7 cartons) at home delivery. The override quantity corresponds with the number of units required to treat four additional headaches at the maximum FDA-approved dose, rounded to the nearest whole package size.

REFERENCES

7. Cambia® for oral solution [prescribing information]. Lake Forest, IL: Assertio; April 2021.
8. Elyxyb® oral solution [prescribing information]. Hyderabad, India: Dr. Reddy's; April 2021.
9. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
10. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Migraine – Other Medications Drug Quantity Management Policy – Per Days
- Nurtec® ODT (rimegepant orally disintegrating tablet – Biohaven)
- Reyvow® (lasmiditan tablets – Lilly)
- Ubrelvy® (ubrogepant tablets – Allergan)
- Zavzpret™ (zavegepant nasal spray – Pfizer)

REVIEW DATE: 11/27/2023

OVERVIEW

Nurtec ODT, Reyvow, Ubrelvy, and Zavzpret are all indicated for the **acute treatment of migraine** with or without aura in adults.[1-4] In addition, Nurtec ODT is indicated for the preventive treatment of episodic migraine in adults.[2]

Dosing and Availability

Refer to the Drug Quantity Limits table below for dosing and availability information.

Other Information

Use of acute medications for migraine can potentially lead to medication-overuse headache (generally defined as use for 10 or more days per month for 3 months or more); therefore, they are not intended for regular use.[5,6] Guidelines for the management of migraine headache recommend limiting acute (abortive) therapy to less than 2 days per week on a regular basis or 8 treatment days per month. If patients require abortive therapies more frequently, re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

In general, the quantity limits provided are adequate for two headaches per week for 4 weeks at a maximum FDA-approved dose. Quantities are rounded up to the nearest whole package if needed. The quantity limit is specific to a chemical entity within the same dosage form. Of note, conventional tablets and orally-disintegrating tablets are considered the same dosage form for these purposes.

Policy Statement

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of acute migraine medications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. Approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Nurtec ODT
No overrides recommended.

Reyvow 50 mg tablets
No overrides recommended.

Reyvow 100 mg tablets

1. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from Reyvow 50 mg to 100 mg tablets), approve a one-time quantity override for 8 tablets (1 box) at retail or home delivery.

Ubrelvy 50 mg tablets
No overrides recommended.

Ubrelvy 100 mg tablets

1. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from Ubrelvy 50 mg to 100 mg tablets), approve a one-time quantity override for 10 tablets (1 box) at retail or home delivery.

Zavzpret 10 mg nasal spray
No overrides recommended.

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Migraine – Triptans Drug Quantity Management Policy – Per Days

Injectable Triptans
- Imitrex® (sumatriptan subcutaneous [SC] injection – GlaxoSmithKline, generic)
- sumatriptan SC injection (generic only [Brand Alsuma discontinued])
- Zembrace® SymTouch® (sumatriptan SC injection – Upsher-Smith)

Oral Triptans
- almotriptan tablets (generics only)
- Amerge® (naratriptan tablets – GlaxoSmithKline, generic)
- Frova® (frovatriptan tablets – Endo, generic)
- Imitrex® (sumatriptan tablets – GlaxoSmithKline, generic)
- Maxalt® (rizatriptan tablets – Organon, generic)
- Maxalt MLT® (rizatriptan orally-disintegrating tablets – Organon, generic)
- Relpax® (eletriptan tablets – Pfizer, generic)
- RizaFilm™ (rizatriptan oral film – IntelGenx)
- Treximet® (sumatriptan and naproxen sodium tablets – Pernix, generic)
- Zomig® (zolmitriptan tablets – Amneal, generic)
- Zomig-ZMT® (zolmitriptan orally-disintegrating tablets – Amneal, generic)

Nasal Triptans
- Imitrex® (sumatriptan nasal spray – GlaxoSmithKline, generic)
- Onzetra® Xsail® (sumatriptan nasal powder – Currax)
- Tosymra® (sumatriptan nasal spray – Promius/Upsher-Smith)
- Zomig® (zolmitriptan nasal spray – Amneal, generic)

REVIEW DATE: 12/20/2023

OVERVIEW

The above medications are approved and used for abortive therapy in treating **acute migraine headaches**.[1-16] In addition to treating acute migraine, injectable sumatriptan formulations are also indicated for treatment of cluster headaches.[6,12] Intranasal preparations of sumatriptan and zolmitriptan are also commonly used for this indication.[17]

Use of triptans can potentially lead to medication-overuse headache (generally defined as use for 10 or more days per month for 3 months or more); therefore, they are not intended for regular use.[18] Guidelines for the management of migraine recommend limiting acute therapy to < 2 days per week on a regular basis or 8 treatment days per month.[18,19] If a patient requires abortive therapies more frequently, then re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

Dosing and Availability

Refer to the Drug Quantity Limits table below for dosing and availability information. Many of the acute headache medications are given as an initial dose that may then be repeated one or more times in a 24 hour period if needed.

Other Information

Continuous use of triptan medications for prevention of migraine has been largely ineffective in clinical trials. Guidelines do recognize *intermittent, short-term* use of daily triptans for prevention of menstrual-associated migraine (MAM – migraine that occurs two days before and during the first two days of the menstrual cycle).[20] Frovatriptan has demonstrated efficacy when taken once- or twice-daily for up to six days perimenstrually and is recommended for short-term use in reducing the frequency of MAM (the initial quantity limit below accommodates this situation).[20-22] For the treatment of cluster headache, the American Headache Society guidelines (2016) recommend sumatriptan subcutaneous, zolmitriptan nasal spray, and high flow oxygen for acute treatment (Level A recommendation).[17] Sumatriptan nasal spray and zolmitriptan tablets are also recommended as probably effective (Level B recommendation).

In general, the quantity limits provided are adequate to treat two headaches per week for 4 weeks at the maximum FDA-approved dose. Quantities are rounded up to the nearest whole package size if needed. The quantity limit is specific to a chemical entity within the same dosage form. Of note, conventional tablets and orally-disintegrating tablets are considered the same dosage form for these purposes. The one-time override quantity is based upon providing a quantity adequate for treatment of four additional headaches (in general, a total of 12 acute treatment days per month) at the maximum FDA-approved dose.

Policy Statement

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of the triptan migraine medications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

CRITERIA

Injectable Triptans

Sumatriptan 4 mg/0.5 mL autoinjectors/syringes/cartridges/vials (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 autoinjectors, syringes, cartridges, or vials (4 mL/4 kits) at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 8 autoinjectors, syringes, cartridges, or vials (4 mL/4 kits) at retail or home delivery.

Sumatriptan 6 mg/0.5 mL autoinjectors/syringes/cartridges/vials (Imitrex, generic) and sumatriptan 6 mg/0.5 mL autoinjectors (generic only, brand Alsuma discontinued)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 autoinjectors, syringes, cartridges, or vials (4 mL/4 kits) at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 8 autoinjectors, syringes, cartridges, or vials (4 mL/4 kits) at retail or home delivery.
3. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from sumatriptan 4 mg/0.5 mL to 6 mg/0.5 mL), approve a one-time quantity override for 8 autoinjectors, syringes, cartridges, or vials (4 mL/4 kits) at retail or home delivery.

Zembrace SymTouch 3 mg/0.5 mL autoinjector

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 16 autoinjectors (8 mL/4 kits) at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 16 autoinjectors (8 mL/4 kits) at retail or home delivery.

Oral Triptans

Almotriptan 6.25 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.

Almotriptan 12.5 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.
2. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from almotriptan 6.25 mg to 12.5 mg), approve a one-time quantity override for 8 tablets at retail or home delivery.

Naratriptan 1 mg tablets (Amerge, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.

Naratriptan 2.5 mg tablets (Amerge, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.
2. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from almotriptan 6.25 mg to 12.5 mg), approve a one-time quantity override for 8 tablets at retail or home delivery.

Frovatriptan 2.5 mg tablets (Frova, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 12 tablets at retail or home delivery.

Sumatriptan 25 mg tablets (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 9 tablets at retail or home delivery.

Sumatriptan 50 mg tablets (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 9 tablets at retail or home delivery.
2. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from sumatriptan 25 mg to 50 mg), approve a one-time quantity override for 9 tablets at retail or home delivery.

Sumatriptan 100 mg tablets (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 9 tablets at retail or home delivery.
2. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from almotriptan 50 mg to 100 mg), approve a one-time quantity override for 9 tablets at retail or home delivery.

Rizatriptan 5 mg tablets (Maxalt, generic) and Rizatriptan 5 mg orally-disintegrating tablets (Maxalt MLT, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 12 tablets at retail or home delivery.

Rizatriptan 10 mg tablets (Maxalt, generic) and Rizatriptan 10 mg orally-disintegrating tablets (Maxalt MLT, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 12 tablets at retail or home delivery.
2. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from rizatriptan 5 mg to 10 mg), approve a one-time quantity override for 12 tablets at retail or home delivery.

RizaFilm 10 mg oral films

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 12 films at retail or home delivery.

Eletriptan 20 mg tablets (Relpax, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.

Eletriptan 40 mg tablets (Relpax, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.
2. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from eletriptan 20 mg to 40 mg), approve a one-time quantity override for 8 tablets at retail or home delivery.

Treximet 85 mg/500 mg tablets (Treximet, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 9 tablets at retail or home delivery.

Zolmitriptan 2.5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 2.5 tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.

Zolmitriptan 5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 5 tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 tablets at retail or home delivery.
2. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from zolmitriptan 2.5 mg to 5 mg), approve a one-time quantity override for 8 tablets at retail or home delivery.
3. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 8 tablets at retail or home delivery.

Nasal Triptans

Sumatriptan 5 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 unit dose nasal spray devices at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 8 unit dose nasal spray devices at retail or home delivery.

Sumatriptan 20 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 unit dose nasal spray devices at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 8 unit dose nasal spray devices at retail or home delivery.
3. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from sumatriptan 5 mg to 20 mg), approve a one-time quantity override for 8 unit dose nasal spray at retail or home delivery.

Onzetra Xsail 11 mg nose pieces

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override for 16 nose pieces (1 kit) at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 16 nose pieces (1 kit) at retail or home delivery.

Tosymra 10 mg single-dose nasal spray units

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override for 12 nasal spray units at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 12 nasal spray units at retail or home delivery.

Zolmitriptan 2.5 mg single-dose nasal spray units (Zomig, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 nasal spray units at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 8 nasal spray units at retail or home delivery.

Zolmitriptan 5 mg single-dose nasal spray units (Zomig, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve a one-time quantity override of 8 nasal spray units at retail or home delivery.
2. If the patient has a diagnosis of cluster headaches, approve a one-time quantity override for 8 nasal spray units at retail or home delivery.
3. If the strength of the patient's medication is being increased within the same chemical entity and same dosage form (i.e., from zolmitriptan 2.5 mg to 5 mg), approve a one-time quantity override for 8 nasal spray units at retail or home delivery.

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Migraine – Triptans Drug Quantity Management Policy – Per Rx

Injectable Triptans
- Imitrex® (sumatriptan subcutaneous [SC] injection – GlaxoSmithKline, generic)
- sumatriptan SC injection (generic only [Brand Alsuma discontinued])
- Zembrace® SymTouch® (sumatriptan SC injection – Upsher-Smith)

Oral Triptans
- almotriptan tablets (generics only)
- Amerge® (naratriptan tablets – GlaxoSmithKline, generic)
- Frova® (frovatriptan tablets – Endo, generic)
- Imitrex® (sumatriptan tablets – GlaxoSmithKline, generic)
- Maxalt® (rizatriptan tablets – Organon, generic)
- Maxalt MLT® (rizatriptan orally-disintegrating tablets – Organon, generic)
- Relpax® (eletriptan tablets – Pfizer, generic)
- RizaFilm™ (rizatriptan oral film – IntelGenx)
- Treximet® (sumatriptan and naproxen sodium tablets – Pernix, generic)
- Zomig® (zolmitriptan tablets – Amneal, generic)
- Zomig-ZMT® (zolmitriptan orally-disintegrating tablets – Amneal, generic)

Nasal Triptans
- Imitrex® (sumatriptan nasal spray – GlaxoSmithKline, generic)
- Onzetra® Xsail® (sumatriptan nasal powder – Currax)
- Tosymra® (sumatriptan nasal spray – Promius/Upsher-Smith)
- Zomig® (zolmitriptan nasal spray – Amneal, generic)

REVIEW DATE: 12/20/2023

OVERVIEW

The above medications are approved and used for abortive therapy in treating **acute migraine headaches**.[1-16] In addition to treating acute migraine, injectable sumatriptan formulations are also indicated for treatment of cluster headaches.[6,12] Intranasal preparations of sumatriptan and zolmitriptan are also commonly used for this indication.[17]

Use of triptans can potentially lead to medication-overuse headache (generally defined as use for 10 or more days per month for 3 months or more); therefore, they are not intended for regular use.[18] Guidelines for the management of migraine recommend limiting acute therapy to < 2 days per week on a regular basis or 8 treatment days per month.[18,19] If a patient requires abortive therapies more frequently, then re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

Dosing and Availability

Refer to the Drug Quantity Limits table below for dosing and availability information. Many of the acute headache medications are given as an initial dose that may then be repeated one or more times in a 24 hour period if needed.

Other Information

Continuous use of triptan medications for prevention of migraine has been largely ineffective in clinical trials. Guidelines do recognize *intermittent, short-term* use of daily triptans for prevention of menstrual-associated migraine (MAM – migraine that occurs two days before and during the first two days of the menstrual cycle).[20] Frovatriptan has demonstrated efficacy when taken once- or twice-daily for up to six days perimenstrually and is recommended for short-term use in reducing the frequency of MAM (the initial quantity limit below accommodates this situation).[20-22] For the treatment of cluster headache, the American Headache Society guidelines (2016) recommend sumatriptan subcutaneous, zolmitriptan nasal spray, and high flow oxygen for acute treatment (Level A recommendation).[17] Sumatriptan nasal spray and zolmitriptan tablets are also recommended as probably effective (Level B recommendation).

In general, the quantity limits provided are adequate for one package per co-payment at retail or three packages per co-payment at home delivery. The override quantity is based upon providing a quantity adequate for two additional headaches per week for 4 weeks at maximum FDA-approved dose, rounded up to the nearest whole package size.

Policy Statement

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of the triptan migraine medications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

*****Corresponds with number of units per whole package size with the exception of Zomig 5 mg in which 6 tablets equals 2 packages.

CRITERIA

Injectable Triptans

Sumatriptan 4 mg/0.5 mL and 6 mg/0.5 mL autoinjectors/syringes/cartridges/vials (Imitrex, generic) and Sumatriptan 6 mg/0.5 mL autoinjectors (generic only, brand Alsuma discontinued)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 16 autoinjectors, syringes, cartridges, or vials (8 mL/8 kits) per dispensing at retail or 48 autoinjectors, syringes, cartridges, or vials (24 mL/24 kits) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 16autoinjectors, syringes, cartridges, or vials (8 mL/8 kits) per dispensing at retail or 48 autoinjectors, syringes, cartridges, or vials (24 mL/24 kits) per dispensing at home delivery.

Zembrace SymTouch 3 mg/0.5 mL autoinjector

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 32 autoinjectors (16 mL/8 kits) per dispensing at retail or 96 autoinjectors (48 mL/24 kits) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 32 autoinjectors/syringes/vials (16 mL/8 kits) per dispensing at retail or 96 autoinjectors, syringes, or vials (48 mL/24 kits) per dispensing at home delivery.

Oral Triptans

Almotriptan 6.25 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Almotriptan 12.5 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 24 tablets per dispensing at retail or 72 tablets per dispensing at home delivery.

Naratriptan 1 mg and 2 mg tablets (Amerge, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Frovatriptan 2.5 mg tablets (Frova, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 27 tablets per dispensing at retail or 81 tablets per dispensing at home delivery.

Sumatriptan 25 mg, 50 mg, and 100 mg tablets (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Rizatriptan 5 mg and 10 mg tablets (Maxalt, generic) and Rizatriptan 5 mg and 10 mg orally-disintegrating tablets (Maxalt MLT, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 36 tablets per dispensing at retail or 108 tablets per dispensing at home delivery.

RizaFilm 10 mg oral films

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 24 films per dispensing at retail or 72 films per dispensing at home delivery.

Eletriptan 20 mg and 40 mg tablets (Relpax, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Treximet 85 mg/500 mg tablets (Treximet, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Zolmitriptan 2.5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 2.5 mg tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Zolmitriptan 5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 5 mg tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Nasal Triptans

Sumatriptan 5 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 36 nasal spray devices (6 boxes) per dispensing at retail or 108 nasal spray devices (18 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 36 nasal spray devices (6 boxes) per dispensing at retail or 108 nasal spray devices (18 boxes) per dispensing at home delivery.

Sumatriptan 20 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.

Onzetra Xsail 11 mg nose pieces

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 32 nose pieces (4 kits) per dispensing at retail or 96 nose pieces (12 kits) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 32 nose pieces (4 kits) per dispensing at retail or 96 nose pieces (12 kits) per dispensing at home delivery.

Tosymra 10 mg single-dose nasal spray units

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 cartons) per dispensing at retail or 54 nasal spray devices (9 cartons) at home delivery..
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 cartons) per dispensing at retail or 54 nasal spray devices (9 cartons) at home delivery.

Zolmitriptan 2.5 mg and 5 mg single-dose nasal spray units (Zomig, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Multiple Sclerosis – Kesimpta Drug Quantity Management Policy – Per Days
- Kesimpta® (ofatumumab subcutaneous injection – Novartis)

REVIEW DATE: 05/16/2023

OVERVIEW

Kesimpta, a CD20-directed cytolytic antibody, is indicated for the treatment of relapsing forms of **multiple sclerosis** (MS) to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive MS in adults.[1]

Dosing

The recommended dose of Kesimpta is an initial dose of 20 mg by subcutaneous (SC) injection at Week 0, 1, and 2, followed by subsequent doses of 20 mg SC once monthly starting at Week 4.[1]

Availability

Kesimpta is available as a 20 mg/0.4 mL single-dose prefilled Sensoready pen and a 20 mg/0.4 mL single-dose prefilled syringe.[1] The prefilled syringe is not on the market and therefore, is not currently targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Kesimpta. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

11. If the patient is initiating treatment or requires additional induction dosing, approve a one-time override of 4 pens as a 28-day supply at retail or 6 pens as an 84-day supply at home delivery.

Note: This override provides a quantity sufficient for Week 0, 1, 2, and 4 doses at retail or Week 0, 1, 2, 4, 8, and 12 doses at home delivery.

REFERENCES

94. Kesimpta® subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; September 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Multiple Sclerosis – Lemtrada Drug Quantity Management Policy – Per Days
- Lemtrada® (alemtuzumab intravenous infusion – Genzyme)

REVIEW DATE: 06/07/2023

OVERVIEW

Lemtrada, a CD52-directed cytolytic monoclonal antibody, is indicated for the treatment of patients with relapsing forms of **multiple sclerosis** (MS) to include relapsing remitting disease and active secondary progressive MS in adults.[1] Use of Lemtrada should generally be reserved for patients who have had an inadequate response to two or more medications indicated for the treatment of MS. Lemtrada is not recommended for use in patients with clinically isolated syndrome because of its safety profile.

Dosing

The recommended dose of Lemtrada is 12 mg/day administered by intravenous infusion for two treatment courses.

- First treatment course: 12 mg/day on 5 consecutive days (60 mg total dose).
- Second Treatment Course: 12 mg/day on 3 consecutive days (36 mg total dose) administered 12 months after the first treatment course.
- Following the second treatment course, subsequent treatment courses of 12 mg/day on 3 consecutive days (36 mg total dose) may be administered, as needed, at least 12 months after the last dose of any prior treatment courses.

Availability

Lemtrada is available as a 12 mg/1.2 mL single-dose vial.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Lemtrada. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

If this is the patient's first treatment course (i.e., the patient has received no previous doses of Lemtrada), approve a one-time override for 5 vials (60 mg/6 mL) at retail or home delivery.

REFERENCES

95. Lemtrada® intravenous infusion [prescribing information]. Cambridge, MA: Genzyme; January 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Multiple Sclerosis – Ocrevus Drug Quantity Management Policy – Per Days
- Ocrevus® (ocrelizumab intravenous infusion – Genentech/Roche)

REVIEW DATE: 06/08/2023

OVERVIEW

Ocrevus is a CD20-directed cytolytic antibody indicated for the treatment of adults with:[1]

- **Relapsing forms of multiple sclerosis** (MS) to include clinically isolated syndrome, relapsing remitting MS, and active secondary progressive MS.
- **Primary progressive MS**.

Dosing

Ocrevus should be administered under the close supervision of an experienced healthcare professional who has access to appropriate medical support to manage severe reactions such as serious infusion reactions.[1] The recommended initial dose of Ocrevus is a 300 mg intravenous (IV) infusion, followed 2 weeks later by a second 300 mg IV infusion. Subsequently, Ocrevus is given as a 600 mg IV infusion once every 6 months.

Availability

Ocrevus is available as 300 mg/10 mL single-dose vials in cartons containing one vial each.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Ocrevus. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

1. If the patient is initiating treatment with Ocrevus or requires additional induction dosing, approve a one-time override for 20 mL (600 mg or 2 vials) at retail or home delivery.

REFERENCES

7. Ocrevus® intravenous infusion [prescribing information]. San Francisco, CA: Genentech/Roche; March 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Multiple Sclerosis – Ponvory Drug Quantity Management Policy – Per Days
- Ponvory™ (ponesimod tablets – Janssen)

REVIEW DATE: 05/18/2023

OVERVIEW

Ponvory, a sphingosine 1-phosphate receptor modulator, is indicated for the treatment of patients with relapsing forms of **multiple sclerosis**, including clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease in adults.[1]

Dosing

The recommended maintenance dose of Ponvory is 20 mg once daily (QD) after initial titration is complete (maintenance dosing starts on Day 15).[1]

For treatment initiation, a starter pack must be used.[1] Ponvory is initiated with a 14-day titration starting with 2 mg QD with increasing doses (Table 1).

Table 1. Ponvory Initial Dose Titration.[1]

Interruption during treatment, especially during titration is not recommended.[1] However, if dose titration is interrupted, missed dose instructions must be followed as outlined below:

- If fewer than 4 consecutive doses are missed:
  - **During titration**: resume treatment with the first missed titration dose and resume the titration schedule at that dose and titration day.
  - **During maintenance**: resume treatment with the maintenance dosage.
- If 4 or more consecutive doses are missed during titration or maintenance:
  - Treatment should be reinitiated with Day 1 of the titration regimen (new starter pack).

Availability

Ponvory is available as a 20 mg tablet in bottles of 30 tablets.[1] Ponvory is also available as a 14-day starter pack to accommodate the initial titration schedule containing 14 tablets in the following strengths: 2 x 2 mg tablets; 2 x 3 mg tablets; 2 x 4 mg tablets; 1 each of 5 mg, 6 mg, 7 mg, 8 mg, 9 mg tablets; 3 x 10 mg tablets.

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Ponvory. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA
Ponvory Starter Pack
1. If the patient has missed four or more consecutive doses of Ponvory, approve a one-time override for one Starter Pack (14 tablets) at retail or home delivery.

Ponvory 20 mg
No overrides recommended.

REFERENCES
96. Ponvory™ tablets [prescribing information]. Titusville, NJ: Janssen; April 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Muscle Relaxants – Carisoprodol Products Drug Quantity Management Policy – Per Days
- carisoprodol/aspirin tablets – generic only
- Soma (carisoprodol tablets – Meda, generic)
- Vanadom (carisoprodol tablets – Sallus [generic product])

REVIEW DATE: 07/18/2023

OVERVIEW

Carisoprodol (Soma, generic) and carisoprodol/aspirin are indicated for the **relief of discomfort associated with acute, painful musculoskeletal conditions** in adults.[1,2] Soma and carisoprodol/aspirin should only be used for short periods (up to 2 or 3 weeks) because adequate evidence of effectiveness for more prolonged use has not been established and because acute, painful musculoskeletal conditions are generally of short duration.

Dosing

The recommended dose of carisoprodol is 250 mg to 350 mg three times a day and at bedtime (four tablets per day).[1] The recommended dose of carisoprodol/aspirin is one or two tablets, four times daily.[2]

Availability

Carisoprodol is available as 250 mg and 350 mg tablets.[1] Carisoprodol/aspirin is available as a co-formulated tablet containing 200 mg carisoprodol and 325 mg aspirin.[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation, prevent stockpiling and waste, and to address potential order entry error of carisoprodol products (carisoprodol and carisoprodol/aspirin). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

*This quantity is sufficient to provide four-times daily dosing for 21 days.

CRITERIA

Carisoprodol tablets (Soma, Vanadom, generic)

2. If the patient needs to continue therapy beyond 21 days, approve the requested quantity not to exceed 120 tablets per 30 days at retail or 360 tablets per 90 days at home delivery.

Carisoprodol/aspirin tablets (generic only)

1. If the patient's dose is two tablets four times a day for 21 days, approve a one-time override for 168 tablets at retail or home delivery.

2. If the patient needs to continue therapy beyond 21 days, approve the requested quantity not to exceed 240 tablets per 30 days at retail or 720 tablets per 90 days at home delivery.

REFERENCES

97. Soma tablets [prescribing information]. Somerset, NJ: Meda; April 2019.
98. Carisoprodol and aspirin tablets [prescribing information]. Eatontown, NJ: Heritage; October 2013.
99. Vanadom tablets [prescribing information]. Birmingham, AL: Sallus; March 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Nonsteroidal Anti-Inflammatory Drug – Tivorbex Drug Quantity Management Policy – Per Rx

- Tivorbex® (indomethacin capsules – Basiem, generic)

REVIEW DATE: 06/08/2023

OVERVIEW

Tivorbex, a nonsteroidal anti-inflammatory drug (NSAID), indicated for treatment of mild to moderate acute pain in adults.[1]

Dosing

For treatment of mild to moderate acute pain, the recommended dose of Tivorbex is 20 mg three times daily or 40 mg two or three times daily.[1] Tivorbex should be used at the lowest effective dosage for the shortest duration consistent with the patient's individual treatment goals. Different strengths and formulations of oral indomethacin are not interchangeable.

Availability

Tivorbex is available as 20 mg capsules in bottles containing 30 capsules each.[1] A branded generic to Tivorbex was also available, but was discontinued in 2022.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Tivorbex (branded generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

2. If the patient requires a dose of 40 mg twice daily, approve 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

3. If the patient requires a dose of 40 mg three times daily, approve 180 capsules per dispensing at retail or 540 capsules per dispensing at home delivery.

REFERENCES

8. Tivorbex® capsules [prescribing information]. Madisonville, LA: Basiem; April 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Abiraterone Acetate Drug Quantity Management Policy – Per Rx
- Yonsa® (abiraterone acetate tablets – Sun)
- Zytiga® (abiraterone acetate tablets – Janssen, generic)

REVIEW DATE: 05/25/2023

OVERVIEW

The abiraterone acetate products are 17 α-hydroxylase/C17, 20-lyase (CYP17) inhibitors.[1,2]

Yonsa is indicated in combination with methylprednisolone for the treatment of patients with **metastatic castration-resistant prostate cancer** (CRPC).[1]

Abiraterone acetate (Zytiga, generic) is indicated for the treatment of patients with:[2]
- **Metastatic CRPC**
- **Metastatic high-risk castration-sensitive prostate cancer** (CSPC)

Dosing

Yonsa

The recommended dose of Yonsa is 500 mg (four 125 mg tablets) administered orally once daily (QD) in combination with methylprednisolone 4 mg administered orally twice daily (BID).[1] Yonsa can be taken with or without food. Tablets should not be crushed or chewed.

The Yonsa dose should be reduced in patients with hepatic impairment (Child-Pugh Class B) or hepatotoxicity.[1] Use of Yonsa with strong cytochrome P450 (CYP)3A4 inducers (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital) should be avoided. However, if a strong CYP3A4 inducer must be co-administered, increase the dosing frequency of Yonsa to BID (e.g., from 500 mg QD to 500 mg BID). Once the concomitant strong CYP3A4 inducer is discontinued, reduce the dose back to the previous frequency.

Abiraterone Acetate (Zytiga, generic)

For metastatic CRPC, the recommended dose of abiraterone acetate is 1,000 mg QD with prednisone 5 mg BID.[2] The recommended dose is also 1,000 mg QD for metastatic CSPC, but in this setting it is given with 5 mg of prednisone QD. Patients who are taking abiraterone acetate should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy. Abiraterone acetate is given as a single dose QD on an empty stomach. Tablets should not be chewed or crushed.

For patients with baseline moderate hepatic impairment, the recommended starting dose of abiraterone acetate is 250 mg QD.[2] If a patient develops hepatotoxicity during treatment, hold abiraterone acetate until recovery and then resume at a reduced dose. If severe hepatotoxicity develops, discontinue abiraterone acetate. Use of abiraterone acetate with strong CYP3A4 inducers (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital) should be avoided. However, if a strong CYP3A4 inducer must be co-administered, increase the dosing frequency of abiraterone acetate to BID (e.g., from 1,000 mg QD to 1,000 mg BID). Once the concomitant strong CYP3A4 inducer is discontinued, reduce the dose back to the previous frequency.

Availability

Yonsa is available as 125 mg tablets in bottles containing 120 tablets each.[1]

Abiraterone acetate (Zytiga, generic) is available as 250 mg (120 tablets per bottle) and 500 mg tablets (60 tablets per bottle).[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Yonsa and abiraterone acetate (Zytiga, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Yonsa 125 mg tablets

1. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer, approve 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.

Note: Strong CYP3A4 inducers include, but are not limited to, phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital.

Abiraterone acetate 250 mg tablets (Zytiga, generic)

No overrides recommended.

Abiraterone acetate 500 mg tablets (Zytiga, generic)

16. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.

Note: Strong CYP3A4 inducers include, but are not limited to, phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital.

REFERENCES

1. Yonsa® tablets [prescribing information]. Cranbury, NJ: Sun; March 2022.
2. Zytiga® tablets [prescribing information]. Horsham, PA: Janssen; August 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Alunbrig Drug Quantity Management Policy – Per Rx
- Alunbrig® (brigatinib tablets – ARIAD/Takeda)

REVIEW DATE: 11/21/2023

OVERVIEW

Alunbrig, a kinase inhibitor, is indicated for the treatment of adults with **anaplastic lymphoma kinase (ALK)-positive, metastatic non-small cell lung cancer (NSCLC)** as detected by an FDA-approved test.[1]

Dosing

The recommended dose of Alunbrig for the treatment of ALK-positive, metastatic NSCLC is 90 mg once daily (QD) for the first 7 days, then, if tolerated, increased to 180 mg QD until disease progression or unacceptable toxicity.[1] If Alunbrig is interrupted for ≥ 14 days for reasons other than adverse reactions, the patient should resume dosing at 90 mg QD for 7 days prior to increasing to the previously tolerated dose.

The Alunbrig Prescribing Information provides recommendations for dose modifications to manage adverse reactions.[1] These recommendations are in Table 1. If a patient cannot tolerate a 60 mg QD dose, Alunbrig should be discontinued.

Table 1. Recommended Alunbrig Dose Reductions.[1]
QD – Once daily; NA – Not applicable.

If Alunbrig must be co-administered with a strong cytochrome P450 (CYP)3A4 inhibitor, reduce the daily dose by approximately 50% (i.e., 180 mg to 90 mg).[1] Reduce the dose by approximately 40% if Alunbrig is co-administered with a moderate CYP3A4 inhibitor (i.e., 180 mg to 120 mg). If co-administration of Alunbrig with a moderate CYP3A inducer cannot be avoided, increase the Alunbrig dose in 30 mg increments after 7 days of treatment, up to a maximum of twice the Alunbrig dose that was tolerated prior to initiating therapy with the inducer. Examples of CYP3A inducers include carbamazepine, rifampin, rifabutin, ritonavir, St. John's wort. Modifications of the daily dose are also needed for patient with severe hepatic impairment (40% reduction) and severe renal impairment (50% reduction).

Availability

Alunbrig is available as 30 mg tablets, 90 mg tablets, 180 mg tablets, and a Starter Pack containing 7 x 90 mg tablets and 23 x 180 mg tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Alunbrig. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Automation: None.

Drug Quantity Limits

CRITERIA

Alunbrig 30 mg tablets

10. If the patient requires a dose reduction to 120 mg once daily, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.

11. If the patient is taking a moderate or strong cytochrome P450 (CYP)3A inducer, approve the requested quantity not to exceed 360 tablets per dispensing at retail or 1,080 tablets per dispensing at home delivery.
Note: Examples of CYP3A inducers include, but are not limited to, carbamazepine, rifampin, rifabutin, ritonavir, St. John's wort).

Alunbrig 90 mg tablets

No overrides recommended.

Alunbrig 180 mg tablets

1. If the patient is taking a moderate or strong cytochrome P450 (CYP)3A inducer, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
Note: Examples of CYP3A inducers include, but are not limited to, carbamazepine, rifampin, rifabutin, ritonavir, St. John's wort).

Alunbrig Starter Pack

No overrides recommended.

REFERENCES

100. Alunbrig® tablets [prescribing information]. Cambridge, MA: ARIAD/Takeda; February 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Bosulif Drug Quantity Management Policy – Per Rx

- Bosulif® (bosutinib tablets – Pfizer)

REVIEW DATE: 11/01/2023

OVERVIEW

Bosulif, a tyrosine kinase inhibitor (TKI), is indicated for the treatment of adults with[1]:

- **Chronic myelogenous leukemia (CML)**, in chronic phase that is Philadelphia chromosome positive (Ph+) and is newly-diagnosed or resistant or intolerant to prior therapy in adults and pediatric patients ≥ 1 year of age.
- **CML**, Ph+, in accelerated, or blast phase, with resistance or intolerance to prior therapy in adults.

Dosing

Adult Dosing

The recommended initial dose of Bosulif for the treatment of newly-diagnosed, chronic phase, Ph+ CML is 400 mg once daily (QD).[1] For chronic, accelerated, or blast phase Ph+ CML with resistance or intolerance to prior therapy, the dose is 500 mg QD.

Pediatric Dosing

The recommended dose of Bosulif in pediatric patients with newly-diagnosed, chronic phase, Ph+ CML is 300 mg/m^2 QD.[1] For chronic phase Ph+ CML that is resistant or intolerant to prior therapy, the dose is 400 mg/m^2 QD. Dosing based on BSA is in Table 1. As appropriate, the desired dose can be attained by combining different strengths of Bosulif tablets or capsules.

Table 1. Dosing of Bosulif for Pediatric Patients.[1]

BSA – Body surface area; * Maximum starting dose.

For patients who do not achieve or maintain a hematologic, cytogenetic, or molecular response and who do not have Grade 3 or higher adverse reactions, the dose may be escalated in increments of 100 mg per day to a maximum of 600 mg QD. In pediatric patients with a BSA < 1.1 m^2 and an insufficient response after 3 months, consider increasing the dose by 50 mg increments up to a maximum of 100 mg above the starting dose. For pediatric patients with a BSA ≥ 1.1 m^2, dose increases for insufficient response should be done according to the adult recommendations, in 100 mg increments up to a maximum of 600 mg QD.

Dose Adjustments

To manage potential adverse events, Bosulif may need to be temporarily discontinued and potentially restarted at a reduced dose.[1] The dose may also need to be reduced in patients with renal or hepatic failure.

Availability

Bosulif is available as 100 mg, 400 mg and 500 mg tablets.[1] The 100 mg tablets are available in bottles of 120 tablets each, while the 400 mg and 500 mg tablets in bottles of 30 tablets each. It is also available as 50 mg capsules (bottles of 30) and 100 mg capsules (bottles of 150).

The tablets are to be swallowed whole and should not be crushed, chewed, broken, or cut.[1] Continue treatment until disease progression or intolerance to therapy. Capsules may be swallowed whole or opened and the contents mixed with applesauce or yogurt.

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Bosulif. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Automation: None.

Drug Quantity Limits

CRITERIA
Bosulif 50 mg capsules
12. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 210 capsules per dispensing at retail or 630 capsules per dispensing at home delivery.

Bosulif 100 mg tablets and 100 mg capsules
1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 180 tablets or capsules per dispensing at retail or 540 tablets or capsules per dispensing at home delivery.

Bosulif 400 mg tablets
No overrides recommended.

Bosulif 500 mg tablets
No overrides recommended.

REFERENCES

9. Bosulif® tablets [prescribing information]. New York, NY: Pfizer; September 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Cabometyx Drug Quantity Management Policy – Per Rx
- Cabometyx® (cabozantinib tablets – Exelixis)

REVIEW DATE: 11/01/2023

OVERVIEW

Cabometyx, a kinase inhibitor, is indicated for the following uses:[1]

- **Differentiated thyroid cancer (DTC)**, for the treatment of patients ≥ 12 years of age with locally advanced or metastatic disease that has progressed following prior VEGFR-targeted therapy and who are radioactive iodine-refractory or ineligible.
- **Renal cell carcinoma (RCC)**, as monotherapy or in combination with Opdivo® (nivolumab for injection) for the first-line treatment of patients with advanced disease.
- **Hepatocellular carcinoma (HCC),** for the treatment of patients who have been previously treated with Nexavar® (sorafenib tablets).

Dosing

The recommended dose of Cabometyx for HCC or as a single agent for RCC is 60 mg once daily (QD).[1] When used in combination with Opdivo, the dose of Cabometyx is 40 mg QD.

The recommended dose of Cabometyx as a single agent for DTC in patients with a body surface area (BSA) ≥ 1.2 m^2 is 60 mg QD.[1] In patients with a BSA < 1.2 m^2 it is 40 mg QD.

The dose and/or frequency of administration may need to be changed due to adverse events, hematological toxicities, drug interactions or hepatic impairment.[1] If Cabometyx will be administered with strong cytochrome P450 (CYP)3A4 inducers, the daily dose will need to be increased by 20 mg (for example, from 60 mg QD to 80 mg QD or from 40 mg QD to 60 mg QD) as tolerated. The maximum daily dose is 80 mg.

Cabometyx is also used off-label for several indications. Dosing is similar to that of the FDA-approved indications.

Availability

Cabometyx is available as 20 mg, 40 mg, and 60 mg tablets supplied in bottles of 30 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Cabometyx. If the Drug Quantity Management rule is not met for the requested at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Cabometyx 40 mg tablets

1. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer, approve 60 tablets per dispensing at retail and 180 tablets per dispensing at home delivery.
Note: Strong CYP3A4 inducers include, but are not limited to, rifampicin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine, and St. John's Wort.

Cabometyx 20 mg, 60 mg tablets

No overrides recommended.

REFERENCES

101. Cabometyx® tablets [prescribing information]. Alameda, CA: Exelixis; September 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Calquence Drug Quantity Management Policy – Per Rx
- Calquence® (acalabrutinib capsules and tablets – AstraZeneca)

REVIEW DATE: 06/15/2023

OVERVIEW

Calquence, a Bruton tyrosine kinase (BTK) inhibitor, is indicated in adults for the following uses:[1,2]
- **Chronic lymphocytic leukemia (CLL)** or **small lymphocytic leukemia (SLL)**.
- **Mantle cell lymphoma (MCL)**, in patients who have received at least one prior therapy.

Dosing

Monotherapy

The recommended dose of Calquence for treatment of MCL, CLL, or SLL, is 100 mg orally every 12 hours until disease progression or unacceptable toxicity.[3]

Combination with Obinutuzumab

For the treatment of CLL or SLL in previously untreated patients, the recommended dose of Calquence is 100 mg orally every 12 hours until disease progression or unacceptable toxicity.[1] Each treatment cycle is 28 days. Calquence should be started at Cycle 1 and obinutuzumab at Cycle 2, for a total of 6 cycles.

The dose may need to be reduced or withheld due to adverse events, hematological toxicities or drug interactions with cytochrome P450 (CYP)3A inhibitors.[1] CYP3A inducers may decrease Calquence plasma concentrations, therefore a dose of 200 mg every 12 hours is recommended, as tolerated, in patients taking strong CYP3A4 inducers (e.g., apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, St. John's wort).

Availability

Calquence is available in 100 mg capsules (discontinued) and tablets supplied in bottles of 60.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Calquence. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

1. If the patient is taking a strong cytochrome P450 (CYP)3A inducer, approve 120 capsules or tablets per dispensing at retail and 360 capsules or tablets per dispensing at home delivery.

Note: Examples of CYP3A inducers include, but are not limited to, apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, and St. John's wort.

REFERENCES

1. Calquence® capsules [prescribing information]. Wilmington, DE: AstraZeneca; March 2022.
2. Calquence® tablets [prescribing information]. Wilmington, DE: AstraZeneca; August 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Cometriq Drug Quantity Management Policy – Per Rx
- Cometriq® (cabozantinib capsules – Exelixis)

REVIEW DATE: 03/10/2023

OVERVIEW

Cometriq, a kinase inhibitor, is indicated for the treatment of patients with progressive, metastatic **medullary thyroid cancer**.[1]

Dosing

The recommended dose for medullary thyroid cancer is Cometriq 140 mg once daily without food until disease progression or unacceptable toxicity.[1]

Off-Label Use

There are also data to support the off-label use of Cometriq in patients with differentiated thyroid cancer and non-small cell lung cancer.[2-4] The Cometriq dosing used in clinical trials for differentiated thyroid cancer was 60 mg daily.[2] The dosing used in clinical trials for non-small cell lung cancer was 60 mg to100 mg once daily.[3-4]

Availability

Cometriq is available as a 20 mg and 80 mg capsule, which are supplied in daily dose cartons. Each daily dose carton contains four blister cards and each blister card is a 7-day supply.[1]

Dose Modifications

The daily Cometriq dose should be increased by 40 mg as tolerated if used concomitantly with a strong cytochrome P450 (CYP)3A4 inducers. The daily dose should not exceed 180 mg. Dose may also need to be adjusted to manage adverse events, for hepatic impairment, and for coadmistration with strong CYP3A inhibitors.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Cometriq. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Cometriq 100 mg daily dose carton

17. If a patient is taking Cometriq concomitantly with a cytochrome P450 (CYP)3A4 inducer, approve 112 capsules (2 cartons) per dispensing at retail or 336 capsules (6 cartons) per dispensing at home delivery.

REFERENCES

1. Cometriq® capsules [prescribing information]. San Francisco, CA: Exelixis; October 2020.
2. Brose MS, Robinson B, Sherman S, et al. Cabozantinib for radioactive-refractory differentiated thyroid cancer (COSMIC-311): a randomized, double-blind, placebo-controlled, phase 3 trial. *Lancet Oncol*. 2021; 22(8):1126-1138.
3. Drilon A, Rekhtman N, Arcila M, et al. Cabozantinib in patients with advanced *RET*-rearranged non-small-cell lung cancer: an open-label, single-centre, phase 2, single-arm trial. *Lancet Oncol*. 2016; 17(12):1653-1660.
4. Hellerstedt BA, Vogelzang NJ, Kluger HM. Results of a phase II placebo-controlled randomized discontinued trial of cabozantinib in patients with non-small cell lung cancer. *Clin Lung Cancer*.2019; 20(2):74-81.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Erlotinib Drug Quantity Management Policy – Per Rx
- Tarceva® (erlotinib tablets – Genentech, generic)

REVIEW DATE: 04/12/2023

OVERVIEW

Erlotinib (Tarceva, generic), a tyrosine kinase inhibitor, is indicated for the following uses:[1]

- **Non-Small Cell Lung Cancer**, treatment of tumors with **epidermal growth factor receptor (*EGFR*) exon 19 deletions** or **exon 21 (L858R) substitution mutations** as detected by an FDA-approved test receiving first-line, maintenance, or second or greater line treatment after progression following at least one prior chemotherapy regimen. Limitations of use: The safety and efficacy of erlotinib have not been established in patients with NSCLC whose tumors have other *EGFR* mutations. Erlotinib is not recommended for use in combination with platinum-based chemotherapy.
- **Pancreatic Cancer**, first-line treatment of patients with locally advanced, unresectable, or metastatic pancreatic cancer, in combination with gemcitabine.

Erlotinib has also been addressed in National Comprehensive Cancer Network (NCCN) guidelines for off-label use:

- NCCN Bone Cancer Clinical Practice Guidelines (version 2.2023 – September 28, 2022) note erlotinib as a treatment option for patients with **chordoma** (useful in certain circumstances).[2] The efficacy of erlotinib was demonstrated in patients with advanced chordoma resistant to imatinib.
- NCCN Kidney Cancer Clinical Practice Guidelines (version 4.2023 – January 18, 2023) note erlotinib as a treatment option for patients with recurrent or advanced **renal cell carcinoma** of non-clear cell histology (useful in certain circumstances).[3] The combination of bevacizumab with erlotinib is a treatment option for select patients with non-clear cell and papillary cell histology, including hereditary leiomyomatosis and renal cell carcinoma (useful in certain circumstances).
- NCCN Vulvar Cancer Clinical Practice Guidelines (version 1.2023 – December 22, 2022) recommend erlotinib for the treatment of patients with **advanced, recurrent or metastatic vulvar cancer** (squamous cell carcinoma) [other recommended regimens].[4]

Dosing

For the treatment of non-small cell lung cancer (NSCLC), the recommended dose is 150 mg once daily (QD) continued until disease progression or unacceptable toxicity.[1] For the treatment of locally advanced, unresectable or metastatic pancreatic cancer, the recommended dose is 100 mg QD, in combination with gemcitabine continued until disease progression or unacceptable toxicity.

In other instances where erlotinib is recommended in guidelines, the dose is 150 mg or 100 mg QD.[2-4]

Cigarette smoking reduces the concentration of erlotinib.[1] The dose of erlotinib should be increased by 50 mg increments at 2-week intervals to a maximum dose of 300 mg. Upon cessation of smoking, the dose should immediately be reduced to the recommended dose of 100 mg or 150 mg daily. Concomitant use of erlotinib with cytochrome P450(CYP)3A4 inducers (e.g., rifampin, rifabutin, rifapentine, phenytoin, carbamazepine, phenobarbital, or St. John's Wort) decreases erlotinib concentrations.[1] When used with CYP3A4 inducers, increase the dose of erlotinib by 50 mg increments at 2-week intervals to a maximum of 450 mg as tolerated. If possible, avoid concomitant use. The dose of erlotinib should be reduced in 50

mg decrements when used with certain drugs (e.g., CYP3A4 inhibitor, CYP3A4 inhibitor and CYP1A2 inhibitor, and for certain dose-limiting toxicities).

Availability

Erlotinib (Tarceva, generic) is available as tablets in the following strengths: 25 mg, 100 mg, and 150 mg.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage dose escalation and promote dose consolidation of erlotinib. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Erlotinib 25 mg tablets (Tarceva, generic)
No overrides recommended.

Erlotinib 100 mg and 150 mg tablets (Tarceva, generic)

2. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer or smokes cigarettes, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
Note: CYP3A4 inducers include, but are not limited to, rifampicin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine, and St. John's Wort.

REFERENCES

3. Tarceva® [prescribing information]. South San Francisco, CA: Genentech; October 2016.
4. The NCCN Bone Cancer Clinical Practice Guidelines in Oncology (version 2.2023 – September 28, 2022). © 2022 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on March 16, 2023.
5. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (version 4.2023 – January 18, 2023). © 2022 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on March 16, 2023.
6. The NCCN Vulvar Cancer Clinical Practice Guidelines in Oncology (version 1.2023 – December 22, 2022). © 2022 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on March 16, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Everolimus Drug Quantity Management Policy – Per Rx
- Afinitor® (everolimus tablets – Novartis, generic)
- Afinitor® Disperz (everolimus tablets for oral suspension – Novartis, generic)

REVIEW DATE: 08/04/2023

OVERVIEW

Afinitor, a kinase inhibitor, is indicated for the following uses:[1]
- **Breast cancer**, treatment of advanced hormone receptor-positive (HR+), human epidermal growth factor receptor 2 (HER2)-negative disease in combination with exemestane, after failure of treatment with letrozole or anastrozole in postmenopausal women.
- **Neuroendocrine tumors (NET)**, treatment of progressive disease of pancreatic origin and progressive, well-differentiated, non-functional NET of gastrointestinal or lung origin that are unresectable, locally advanced, or metastatic in adults. Limitation of Use: Afinitor is not indicated for the treatment of patients with functional carcinoid tumors.
- **Renal cell carcinoma**, treatment of advanced disease after failure of treatment with sunitinib or sorafenib in adults.
- **Tuberous sclerosis complex (TSC)-associated renal angiomyolipoma,** treatment of adults not requiring immediate surgery.
- **TSC-associated subependymal giant cell astrocytoma (SEGA)**, treatment of patients ≥ 1 year of age who require therapeutic intervention but cannot be curatively resected.

Afinitor Disperz, a kinase inhibitor, is indicated for the following uses:[1]
- **TSC-associated subependymal giant cell astrocytoma (SEGA)**, treatment of patients ≥ 1 year of age who require therapeutic intervention but cannot be curatively resected.
- **TSC-associated partial-onset seizures**, adjunctive treatment of patients ≥ 2 years of age.

Of note, Zortress® (everolimus tablets) is indicated in combination with other drugs for prophylaxis of organ rejection in adults undergoing kidney or liver transplant.[2] The tablet strengths and dosing are different for Zortress and Afinitor. Zortress is not targeted in this policy.

Dosing

Table 1. Dosing for Afinitor and Afinitor Disperz.[1]

HER-2 – Human epidermal growth factor receptor-2; QD – Once daily; N/A – Not applicable; NET – Neuroendocrine tumor; RCC – Renal cell carcinoma; TSC – Tuberos sclerosis complex; SEGA – Subependymal Giant Cell Astrocytoma.

Dose interruption and/or dose reduction may be required in the event of various adverse events (50% of the original dose or increased dosing interval). Dose reductions ranging from one 2.5 mg, 5 mg, or 7.5 mg tablet once daily (QD) are also recommended for hepatic impairment, co-administration with moderate cytochrome P450(CYP) 3A inhibitors, and/or co-administration with P-glycoprotein (PgP) inhibitors (Table 2). Concomitant use of St. John's Wort should be avoided. The dose of Afinitor (generic) and Afinitor Disperz (generic) should be increased in patients taking a concomitant P-gP and strong inducers of CYP3A4 (Table 3).

Table 2. Dose Modifications for Concurrent Use of Afinitor/Afinitor Disperz with a P-gP and Moderate CYP3A4 Inhibitor.[1]

P-gP – P-glycoprotein; CYP – Cytochrome P450; NET – Neuroendocrine tumor; RCC – Renal cell carcinoma; TSC – Tuberos sclerosis complex; QD – Once daily; SEGA – Subependymal Giant Cell Astrocytoma.

Table 3. Dose Modifications for Concurrent Use of Afinitor/Afinitor Disperz with a P-gP and Strong CYP3A4 Inducer.[1]

P-gP – P-glycoprotein; CYP – Cytochrome P450; NET – Neuroendocrine tumor; RCC – Renal cell carcinoma; TSC – Tuberos sclerosis complex; SEGA – Subependymal Giant Cell Astrocytoma.

Availability

Afinitor tablets (generic) are available in the following strengths: 2.5 mg, 5 mg, 7.5 mg, and 10 mg.[1] Afinitor Disperz tablets for oral suspension (generic) are available in the following strengths: 2 mg, 3 mg, and 5 mg. Afinitor tablets (generic) and Afinitor Disperz tablets (generic) are supplied in a carton containing 28 tablets (4 blister cards of 7 tablets each).[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation of Afinitor (generic) and Afinitor Disperz (generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Everolimus 2.5 mg tablets (Afinitor, generic)

1. If the patient has Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA) and needs to increase their dose to maintain blood trough concentrations between 5 ng/mL and 15 ng/mL, approve based on the daily dose (A or B):

A) Patient's dose is 12.5 mg/day, approve 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery; OR

B) Patient's dose is 17.5 mg/day, approve 210 tablets per dispensing at retail or 630 tablets per dispensing at home delivery.

Everolimus 5 mg tablets (Afinitor, generic)

1. If the patient has Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA) and needs to increase their dose to maintain blood trough concentrations between 5 ng/mL and 15 ng/mL, approve based on the daily dose (A):

3. Patient's dose is 25 mg/day, approve 150 mg tablets per dispensing at retail or 450 tablets per dispensing at home delivery.

Everolimus 7.5 mg tablets (Afinitor, generic)

1. If the patient is taking a strong CYP3A4 inducer (e.g., rifampin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine) at the same time as Afinitor (generic) and requires a dose of 15 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

2. If the patient has Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA) and needs to increase their dose to maintain blood trough concentrations between 5 ng/mL and 15 ng/mL, approve based on the daily dose (A or B):

A) Patient's dose is 15 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery; OR

B) Patient's dose is 22.5 mg/day, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Everolimus 10 mg tablets (Afinitor, generic)

1. If the patient is taking a strong CYP3A4 inducer (e.g., rifampin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine) at the same time as Afinitor (generic) and requires a dose of 20 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
2. If the patient has Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA), and who needs to increase their dose to maintain blood trough concentrations between 5 ng/mL and 15 ng/mL, approve based on the daily dose (A or B):
   - **A)** Patient's dose is 20 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery; OR
   - **B)** Patient's dose is 30 mg/day, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Everolimus 2 mg tablets for oral suspension (Afinitor Disperz, generic)

1. If the patient is taking a strong CYP3A4 inducer (e.g., rifampin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine) at the same time as Afinitor Disperz (generic) and requires a dose of 4 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
2. If the patient has Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA) or Tuberous Sclerosis Complex (TSC)-Associated Partial-Onset Seizures, and needs to increase their dose to maintain blood trough concentrations between 5 ng/mL and 15 ng/mL, approve based on the daily dose (A, B, C, D, or E):
   - **A)** Patient's dose is 4 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery; OR
   - **B)** Patient's dose is 8 mg/day, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery; OR
   - **C)** Patient's dose is 14 mg/day, approve 210 tablets per dispensing at retail or 630 tablets per dispensing at home delivery; OR
   - **D)** Patient's dose is 16 mg/day, approve 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery; OR
   - **E)** Patient's dose is 22 mg/day, approve 330 tablets per dispensing at retail or 990 tablets per dispensing at home delivery.

Everolimus 3 mg tablets for oral suspension (Afinitor Disperz, generic)

1. If the patient is taking a strong CYP3A4 inducer (e.g., rifampin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine) at the same time as Afinitor Disperz (generic) and requires a dose of 6 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
2. If the patient has Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA) or Tuberous Sclerosis Complex (TSC)-Associated Partial-Onset Seizures, and needs to increase their dose to maintain blood trough concentrations between 5 ng/mL and 15 ng/mL, approve based on the daily dose (A, B, C, D, E, or F):
   - **A)** Patient's dose is 6 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery; OR
   - **B)** Patient's dose is 9 mg/day, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery; OR
   - **C)** Patient's dose is 12 mg/day, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery; OR
   - **D)** Patient's dose is 18 mg/day, approve 180 tablets per dispensing at retail or 540 tablets per dispensing at home delivery; OR
   - **E)** Patient's dose is 21 mg/day, approve 210 tablets per dispensing at retail or 630 tablets per dispensing at home delivery; OR
   - **F)** Patient's dose is 24 mg/day, approve 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.

Everolimus 5 mg tablets for oral suspension (Afinitor Disperz, generic)

1. If the patient is taking a strong CYP3A4 inducer (e.g., rifampin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine) at the same time as Afinitor Disperz (generic) and requires a dose of 10 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

2. If the patient has Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA) or Tuberous Sclerosis Complex (TSC)-Associated Partial-Onset Seizures, and needs to increase their dose to maintain blood trough concentrations between 5 ng/mL and 15 ng/mL, approve based on the daily dose (A, B, C, D, or E):

- **A)** Patient's dose is 10 mg/day, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery; OR
- **B)** Patient's dose is 15 mg/day, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery; OR
- **C)** Patient's dose is 20 mg/day, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery; OR
- **D)** Patient's dose is 25 mg/day, approve 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery; OR
- **E)** Patient's dose is 30 mg/day, approve 180 tablets per dispensing at retail or 540 tablets per dispensing at home delivery.

REFERENCES

102. Afinitor® tablets, Afinitor Disperz® tablets for oral suspension [prescribing information]. East Hanover, NJ: Novartis; February 2022.
103. Zortress® tablets [prescribing information]. East Hanover, NJ: Novartis; January 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Gavreto Drug Quantity Management Policy – Per Rx
- Gavreto® (pralsetinib capsules – Genentech)

REVIEW DATE: 05/11/2023

OVERVIEW

Gavreto, a kinase inhibitor, is indicated for the treatment of:[1]

- **Medullary thyroid cancer**, in adults and pediatric patients ≥ 12 years of age with advanced or metastatic rearranged during transfection (*RET*)-mutant disease who require systemic therapy.
- **Non-small cell lung cancer**, in adults with metastatic *RET* fusion-positive disease as detected by an FDA approved test.
- **Thyroid cancer**, in adults and pediatric patients ≥ 12 years of age with advanced or metastatic *RET* fusion-positive disease who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate).

Dosing

The recommended dose of Gavreto is 400 mg once daily (QD) given on an empty stomach.[1] Treatment should be continued until disease progression or unacceptable toxicity. If vomiting occurs after Gavreto, the patient should not take an additional dose, but continue with the next dose as scheduled. Dose reductions to either 300 mg, 200 mg, or 100 mg QD may be needed to manage adverse events or drug interactions with combined P-glycoprotein and strong cytochrome P450 (CYP)3A inhibitors. Patients taking Gavreto should avoid coadministration with strong CYP3A inducers. However, if coadministration with a strong CYP3A inducer cannot be avoided, increase the starting dose of Gavreto to double the current dose starting on Day 7 of coadministration. After the inducer has been discontinued for at least 14 days, the prior dose of Gavreto may be resumed.

Availability

Gavreto is available as 100 mg capsules supplied in bottles of 60 or 90 capsules.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Gavreto. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

18. If the patient is taking a strong cytochrome P450 (CYP)3A inducer, approve 240 tablets per dispensing at retail or 720 tablets per dispensing per home delivery.

Note: Examples of strong CYP3A4 inducers include, but are not limited to, apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, and St. John's wort.

REFERENCES

104. Gavreto® capsules [prescribing information]. South San Francisco, CA: Genentech; September 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Gefitinib Drug Quantity Management Policy – Per Rx
- Iressa® (gefitinib tablets – AstraZeneca, generic)

REVIEW DATE: 11/15/2023

OVERVIEW

Indication

Iressa, a tyrosine kinase inhibitor, is indicated for the first-line treatment of patients with metastatic **non-small cell lung cancer** (NSCLC) whose tumors have epidermal growth factor receptor (*EGFR*) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test.[1] The safety and efficacy of Iressa have not been established in patients with metastatic NSCLC whose tumors have *EGFR* mutations other than exon 19 deletions or exon 21 (L858R) substitution mutations.

Dosing

The recommended dose of Iressa for treatment of NSCLC is 250 mg once daily (QD).[3] The dose may need to be withheld due to adverse events, hepatic enzyme elevations or drug interactions with cytochrome P450 (CYP)3A4 inhibitors. CYP3A4 inducers may decrease gefitinib plasma concentrations. Therefore, the dose of Iressa should be increased to 500 mg QD, as tolerated, in patients taking strong CYP3A4 inducers (e.g., rifampicin, phenytoin, or tricyclic antidepressant). The dose should be decreased to 250 mg QD 7 days after discontinuation of the CYP3A4 inducer.

Availability

Iressa is available as 250 mg tablets in bottles containing 30 tablets each.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Iressa. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limit

CRITERIA

4. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
Note: CYP3A4 inducers include, but are not limited to, rifampicin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine, and St. John's Wort.

REFERENCES

10. Iressa® tablets [prescribing information]. Wilmington, DE: AstraZeneca; May 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Imatinib Drug Quantity Management Policy – Per Rx
- Gleevec® (imatinib tablets – Novartis, generic)

REVIEW DATE: 12/13/2023

OVERVIEW

Indication

Imatinib, a tyrosine kinase inhibitor (TKI), is indicated for the treatment of:[1]

- **Acute lymphoblastic leukemia (ALL)**, Philadelphia chromosome positive (Ph+), in adults with relapsed or refractory disease.
- **ALL**, newly diagnosed and Ph+, in combination with chemotherapy in pediatric patients.
- **Aggressive systemic mastocytosis**, in adults, without the D816V c-Kit mutation or with unknown c-Kit mutational status.
- **Chronic myeloid leukemia (CML)**, newly diagnosed and Ph+, in adult and pediatric patients in chronic phase.
- **CML**, Ph+, in blast phase, accelerated phase, or in chronic phase after failure of interferon alfa therapy.
- **Dermatofibrosarcoma protuberans** in adults with unresectable, current, and/or metastatic disease.
- **Gastrointestinal stromal tumors (GIST)**, in patients with Kit (CD117) positive unresectable and/or metastatic malignant disease.
- **GIST**, Kit (CD117) positive, as adjuvant treatment of adults following resection.
- **Hypereosinophilic syndrome and/or chronic eosinophilic leukemia**, adults who have the *FIP1L1-PDGFR* alpha fusion kinase (mutation analysis or fluorescence in situ hybridization demonstration of CICH2 allele deletion) for patients with hypereosinophilic syndrome and/or chronic eosinophilic leukemia who are *FIP1l1-PDGFR* alpha fusion kinase negative or unknown.
- **Myelodysplastic/myeloproliferative diseases**, associated with *PDGFR* gene rearrangements in adults.

Dosing

The recommended dose range of imatinib is 400 to 800 mg per day for its FDA-approved indications.[96] Likewise, literature supports dosing up to 800 mg per day for off-label uses.[106-112] Pediatric dosing is based on body surface area and should not exceed a maximum dose of 600 mg per day.[1] Doses of 400 mg or 600 mg should be administered once daily, whereas a dose of 800 mg should be administered as 400 mg twice a day. For daily dosing of 800 mg and above, the 400 mg tablet should be used to reduce iron exposure.

The imatinib dose should be reduced to manage adverse events, moderate or severe renal impairment, severe hepatic impairment, or drug interactions with cytochrome P450 (CYP)3A4 inhibitors.[1] CYP3A4 inducers may decrease imatinib plasma concentrations. Therefore, the concomitant use of strong CYP3A4 inducers with imatinib should be avoided. However, if imatinib must be administered with a strong CYP3A4 inducer, the dose of imatinib should be increased by at least 50% and clinical response monitored. Doses of up to 1,200 mg per day of imatinib have been studied in combination with CYP3A4 inducers.

Availability

Imatinib (Gleevec, generic) is available in 100 mg and 400 mg tablets.[1] The 100 mg tablets are supplied in bottles of 90, while the 400 mg tablets are supplied in blister packs of 30.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of imatinib tablets (Gleevec, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limit(s)

[α] 180 tablets is a quantity sufficient for a 30-day supply at retail and a 90-day supply at home delivery at the maximum recommended dose of 600 mg per day; [β] 60 tablets is quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery at a dose of 800 mg per day.

CRITERIA

Imatinib (Gleevec, generic) 100 mg tablets

No overrides recommended.

Imatinib (Gleevec, generic) 400 mg tablets

5. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer, approve the requested quantity not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
Note: Examples of CYP3A4 inducers include dexamethasone, rifampin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine, and St. John's Wort.

REFERENCES

105. Gleevec® tablets [prescribing information]. East Hanover, NJ: Novartis; August 2022.
106. Stacchiotti S, Longhi A, Ferraresi V, et al. Phase II study of imatinib in advanced chordoma. *J Clin Oncol*. 2012;30:914-920.
107. Cassier PA, Gelderblom H, Stacchiotti S, et al. Efficacy of imatinib mesylate for the treatment of locally advanced and/or metastatic tenosynovial giant cell tumor/pigmented villonodular synovitis. *Cancer.* 2012;118:1649-1655.
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109. Olivieri A, Locatelli F, Zecca M, et al. Imatinib for refractory chronic graft-versus-host disease with fibrotic features. *Blood*. 2009;114:709-718.
110. Magro L, Mohty M, Catteau B, et al. Imatinib mesylate as salvage therapy for refractory sclerotic chronic graft-versus-host disease. *Blood*. 2009;114:719-722.
111. Guo J, Si L, Kong Y, et al. Phase II, open-label, single-arm trial of imatinib mesylate in patients with metastatic melanoma harboring c-Kit mutation or amplification. *J Clin Oncol*. 2011;29:2904-2909.
112. Kim KB, Eton O, Davis DW, et al. Phase II trial of imatinib mesylate in patients with metastatic melanoma. *Br J Cancer*. 2008;99:734-740.
113. Chugh R, Wathen JK, Patel SR, et al. Efficacy of imatinib in aggressive fibromatosis: results of a phase II multicenter Sarcoma Alliance for Research through Collaboration (SARC) trial. *Clin Cancer Res*. 2010;16:4884-4891.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Imbruvica Drug Quantity Management Policy – Per Rx
- Imbruvica® (ibrutinib tablets, capsules, and oral suspension – Pharmacyclics/Janssen)

REVIEW DATE: 07/12/2023

OVERVIEW

Imbruvica, a Bruton's tyrosine kinase inhibitor, is indicated for the following:[1]

- **Chronic lymphocytic leukemia (CLL)** or **small lymphocytic lymphoma (SLL),** in adults.
- **CLL** or **SLL,** with 17p deletion, in adults.
- **Graft-versus-host disease, chronic**, in adults and pediatric patients ≥ 1 year of age after failure of one or more lines of systemic therapy.
- **Waldenström macroglobulinemia,** in adults.

Dosing

For CLL, SLL, and Waldenström macroglobulinemia, the recommended dose of Imbruvica is 420 mg once daily (QD) until disease progression or unacceptable toxicity.[1] It can be administered as a single-agent or in combination with other agents.

For chronic graft-versus-host disease ≥ 12 years of age, the recommended dose of Imbruvica is 420 mg QD. For patients 1 to < 12 years of age, the recommended dose is 240 mg/m^2 QD (up to 420 mg QD), until disease progression, recurrence of an underlying malignancy, or unacceptable toxicity.

To manage adverse events, dose reductions/modifications to 280 mg QD or 140 mg QD may be needed for patients ≥ 12 years of age.[1] For patients 1 to < 12 years of age, modifications to 160 mg/m^2 or 80 mg/m^2 are recommended (potential doses are 70 mg, 140 mg, 210 mg, 280 mg QD using either the tablets or oral suspension). Similarly, dose reductions may be needed to manage drug interactions, as well as hepatic impairment.

Availability

Imbruvica is available as a 70 mg and 140 mg capsules and 140 mg, 280 mg, and 420 mg tablets. Imbruvica is also supplied as a 70 mg/mL oral suspension in bottles containing 108 mL each.

Off-Label Dosing

Guidelines also support the use of Imbruvica for central nervous system lymphoma, hairy cell leukemia, mantle cell lymphoma, marginal zone lymphoma, and other B-cell lymphomas.[2-5] The recommended dose for mantle cell lymphoma, marginal zone lymphoma, and other B-cell lymphomas is 560 mg QD.[2] Dosing used for central nervous system lymphoma is up to 560 mg or 840 mg QD.[4,6-8] A dose of 420 mg QD is recommended for hairy cell leukemia.[5]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Imbruvica. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* Quantity limits for the Imbruvica oral suspension allow for a dose of 560 mg once daily, rounded up to the nearest bottle size; overrides are provided for patients who require doses of 840 mg once daily.

CRITERIA

Imbruvica 70 mg capsules

4. If a patient requires a dose of 210 mg once daily, approve 90 capsules per dispensing at retail or 270 capsules per dispensing at home delivery.

Imbruvica 140 mg capsules

No overrides recommended.

Imbruvica 140 mg tablets

No overrides recommended.

Imbruvica 280 mg tablets

1. If the patient requires a dose of 560 mg once daily to treat central nervous system lymphoma, mantle cell lymphoma, marginal zone lymphoma, or other B-cell lymphomas, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Note: Other B-cell lymphomas include diffuse large B-cell lymphomas, Acquired Immune Deficiency Syndrome (AIDS)-related B-cell lymphomas, post-transplant lymphoproliferative disorders, double/triple hit lymphoma, and high-grade B-cell lymphoma.

Imbruvica 420 mg tablets

1. If the patient requires a dose of 840 mg once daily to treat central nervous system lymphoma, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Imbruvica 70 mg/mL oral suspension

1. If the patient requires a dose of 840 mg once daily to treat central nervous system lymphoma, approve 432 mL per dispensing at retail or 1,080 mL per dispensing at home delivery.

REFERENCES

114. Imbruvica® tablets, capsules, and oral solution [prescribing information]. Sunnyvale, CA and Horsham, PA: Pharmacyclics/Janssen; May 2023.
115. The NCCN B-Cell Lymphomas Guidelines in Oncology (version 4.2023 – June 2, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 6, 2023.
116. The NCCN Drugs and Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed July 6, 2023. Search term: ibrutinib.
117. The NCCN Central Nervous System Cancers Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 6, 2023.
118. The NCCN Hairy Cell Leukemia Guidelines in Oncology (version 1.2023 – August 30, 2022). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 6, 2023.

119. Grommes C, Pastore A, Palaskas N, et al. Ibrutinib unmasks critical role of Bruton tyrosine kinase in primary CNS lymphoma. *Cancer Discov*. 2017;7:1018-1029.
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121. Soussain C, Choquet S, Blonski M, et al. Ibrutinib monotherapy for relapse or refractory primary CNS lymphoma and primary vitreoretinal lymphoma: final analysis of the phase II 'proof-of-concept' iLOC study by the Lymphoma study association (LYSA) and the French oculo-cerebral lymphoma (LOC) network. *Eur J Cancer*. 2019;117:121-130.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Jaypirca Drug Quantity Management Policy – Per Rx
- Jaypirca™ (pirtobrutinib tablets – Eli Lilly)

REVIEW DATE: 02/08/2023

OVERVIEW

Indication

Jaypirca, a Bruton tyrosine kinase (BTK) inhibitor, is indicated for the treatment of relapsed or refractory **mantle cell lymphoma** in adults after at least two lines of systemic therapy, including a BTK inhibitor.[1]

Dosing

The recommended dose of Jaypirca is 200 mg once daily (QD) continued until disease progression or unacceptable toxicity.[1] Tablets should be swallowed whole and cannot be cut, crushed, or chewed. Dose reductions may be necessary to manage adverse events. Additionally, the dose of Jaypirca should be reduced to 100 mg QD (if the current dose of 200 mg QD), otherwise reduce the dose by 50 mg, if the patient has severe renal impairment (estimated glomerular filtration rate [eGFR] 15 to 29 mL/min). If the current dose is 50 mg QD, discontinue Jaypirca.

Drug Interactions

Use of Jaypirca should be avoided with strong cytochrome P450 (CYP)3A inhibitors, but if use cannot be avoided, reduce the Jaypirca dose by 50 mg.[1] If the current daily dose is 50 mg, then interrupt Jaypirca treatment while the patient is receiving the strong CYP3A inhibitor.

Similarly, use of Jaypirca with a moderate or strong CYP3A inducer should be avoided when possible.[1] However, if concomitant administration is necessary, increase the dose of Jaypirca to 300 mg QD (if the current dose is 200 mg QD) or increase the current daily dose by 50 mg (if the current dose is 50 or 100 mg QD).

Availability

Jaypirca is supplied as 50 mg (bottles of 30 tablets) and 100 mg tablets (bottles of 60 tablets).[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Jaypirca. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limit

CRITERIA

Jaypirca 50 mg tablets

6. If the patient is taking a moderate or strong cytochrome P450 (CYP)3A inducer, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
Note: CYP3A inducers include, but are not limited to, rifampin, carbamazepine, rifabutin, ritonavir, and St. John's Wort.

Jaypirca 100 mg tablets

1. If the patient is taking a moderate or strong CYP3A inducer, approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
Note: CYP3A inducers include, but are not limited to, rifampin, carbamazepine, rifabutin, ritonavir, and St. John's Wort.

REFERENCES

11. Jaypirca™ tablets [prescribing information]. Indianapolix, IN: Eli Lilly; January 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Lapatinib Drug Quantity Management Policy – Per Rx
- Tykerb® (lapatinib tablets – Novartis, generic)

REVIEW DATE: 05/24/2023

OVERVIEW

Lapatinib, a tyrosine kinase inhibitor, is indicated for the following uses:[1]

- **Breast cancer**, in combination with capecitabine tablets for the treatment of patients with **advanced or metastatic disease** whose tumors overexpress human epidermal growth factor receptor 2 (HER2) and have received prior therapy including an anthracycline, a taxane, and trastuzumab.
  Limitation of Use: Patients should have disease progression on trastuzumab prior to initiation of treatment with lapatinib in combination with capecitabine tablets.
- **Breast cancer**, in combination with letrozole tablets for the treatment of postmenopausal women with **hormone receptor-positive metastatic disease** that overexpresses HER2 for whom hormonal therapy is indicated. Lapatinib in combination with an aromatase inhibitor has not been compared to a trastuzumab-containing chemotherapy regimen for the treatment of metastatic breast cancer.

Lapatinib is discussed in guidelines from National Comprehensive Cancer Network for breast cancer (including breast cancer with CNS metastases), bone cancer, and colon or rectal cancer.[2-7]

Dosing

HER2-Positive Metastatic Breast Cancer

The recommended dose is 1,250 mg (5 x 250 mg tablets) given orally once daily (QD) on Days 1 to 21 continuously (105 tablets/21 days) in combination with capecitabine 2,000 mg/m^2/day on Days 1 to 14 in a repeating 21 day cycle.[1]

Hormone Receptor-Positive, HER2-Positive Metastatic Breast Cancer

The recommended dose is 1,500 mg (6 x 250 mg tablets) given orally QD continuously in combination with letrozole.[7]

Other Uses

Lapatinib has also be used for epidermal growth factor receptor (EGFR)-positive recurrent chordoma (bone cancer) at a dose of 1,500 QD.[2,3,8] Lapatinib has been used in colon and rectal cancers at a dose of 1,000 mg QD in combination with trastuzumab.[5,7]

Dose Modifications

Dose modifications for lapatinib are provided for breast cancer dosing.[1] The dose of lapatinib may need to be increased if a patient must take a strong cytochrome P450(CYP)3A4 inducer (e.g., dexamethasone, phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital, St. John's wort). The dose of lapatinib should be titrated gradually from 1,250 mg/day up to 4,500 mg/day (HER2-positive metastatic breast cancer indication) or from 1,500 mg/day up to 5,500 mg/day (hormone receptor-positive, HER2-positive breast cancer indication) based on tolerability. If the strong inducer is discontinued, the lapatinib dose should be reduced to the indicated dose. The dose may require reduction for cardiac and other toxicities, severe hepatic impairment, diarrhea, and concomitant use with CYP3A4 inhibitors.[1]

Availability

Lapatinib is available as 250 mg tablets in bottles of 150 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed manage potential dose escalation and to provide a sufficient quantity of lapatinib. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

7. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer, approve 660 tablets per dispensing at retail or 1,980 tablets per dispensing at home delivery.
Note: Examples of strong CYP3A4 inducers are dexamethasone, phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital, St. John's wort; this is not an all-inclusive list.

REFERENCES

7. Tykerb® tablets [prescribing information]. East Hanover, NJ: Novartis; March 2022.
8. The NCCN Bone Cancer Clinical Practice Guidelines in Oncology (Version 3.2023 – April 4, 2023). © 2023 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on April 24, 2023.
9. The NCCN Drugs & Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 24, 2023. Search terms: lapatinib.
10. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 24, 2023.
11. The NCCN Colon Cancer Clinical Practice Guidelines in Oncology (version 1.2023 – March 29, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 24, 2023.
12. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 4.2023 – March 23, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 24, 2023.
13. The NCCN Rectal Cancer Clinical Practice Guidelines in Oncology (version 1.2023 – March 29, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 24, 2023.
14. Stacchiotti S, Tamborini E, Lo Vullo S, et al. Phase II study on lapatinib in advanced EGFR-positive chordoma. *Ann Oncol.* 2013;24:1931-1936.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Orgovyx Drug Quantity Management Policy – Per Rx
- Orgovyx® (relugolix tablets – Myovant)

REVIEW DATE: 03/13/2023

OVERVIEW

Orgovyx, a gonadotropin-releasing hormone (GnRH) receptor antagonist, is indicated for the treatment of adults with **advanced prostate cancer**.[1]

Dosing

The dose of Orgovyx is 360 mg on Day 1 of treatment, then 120 mg once daily (QD) thereafter. If treatment is interrupted for > 7 days, patients must restart with a loading dose of 360 mg on Day 1 followed by 120 mg QD thereafter. It is recommended to avoid coadministration of Orgovyx with P-glycoprotein (P-gp) inhibitors. If coadministration is unavoidable, Orgovyx should be taken first with the dose separated 6 hours from the P-gp inhibitor. Coadministration of Orgovyx with combined P-gp AND strong cytochrome P450 (CYP)3A inducers should be avoided. If coadministration is unavoidable, the dose of Orgovyx must be increased to 240 mg QD. After discontinuation of the combined P-gp and strong CYP3A inducer, the recommended dose of 120 mg QD may be resumed.

Availability

Orgovyx is supplied as a 120 mg tablet in bottles of 30 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse use of Orgovyx. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

2. If the patient is taking a combined P-gp inducer **AND** a strong CYP3A inducer, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Note: Examples of strong CYP3A inducers include, but are not limited to, apalutamide, carbamazepine, fosphenytoin, phenobarbital, phenytoin, and rifampin.

3. If the patient is initiating therapy and requires a dose of 360 mg on the first day of therapy, approve a one-time override for 32 tablets at retail or home delivery.

REFERENCES

122. Orgovyx® [prescribing information]. Brisbane, CA: Myovant; December 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Qinlock Drug Quantity Management Policy – Per Rx
- Qinlock® (ripretinib tablets – Deciphera)

REVIEW DATE: 05/17/2023

OVERVIEW

Qinlock, a kinase inhibitor, is indicated for the treatment of adult patients with advanced **gastrointestinal stromal tumor** who have received prior treatment with three or more kinase inhibitors, including imatinib.[1]

Dosing

The recommended dose of Qinlock is 150 mg once daily (QD) with or without food until disease progression or unacceptable toxicity.[1] Tablets must be swallowed whole. If vomiting occurs after Qinlock, the patient should not take an additional dose, but continue with the next dose as scheduled. A dose reduction to 100 mg QD may be needed to manage adverse events. Patients taking Qinlock should avoid coadministration with moderate or severe cytochrome P450 (CYP)3A inducers. However, if coadministration with a moderate CYP3A inducer cannot be avoided, increase the dosing frequency of Qinlock to 150 mg twice daily. After the inducer has been discontinued for at least 14 days, the prior dose of Qinlock may be resumed.

Guidelines

Qinlock is discussed in the guidelines from the National Comprehensive Cancer Network (NCCN):

- **Gastrointestinal Stromal Tumor**: NCCN guidelines (version 1.2023 – March 13, 2023) recommend Qinlock for unresectable or metastatic disease in the following situations: Qinlock 150 mg daily for second-line therapy for patients who are intolerant of second-line sunitinib as a "Preferred Regimen" (category 2A); Qinlock 150 mg daily as fourth-line therapy after therapy with imatinib, sunitinib, and Stivarga® (regorafenib tablets) as a "Preferred Regimen" (category 1); Qinlock dose escalation to 150 mg twice daily if patient has previously progressed on Qinlock 150 mg daily as additional options after progression on approved therapies as "useful in certain circumstances"(category 2A); and Qinlock 150 mg daily or Qinlock 150 mg twice daily (if previously progressed with 150 mg daily) after progression with Ayvakit® (avapritinib tablets) and Sprycel® (dasatinib tablets).[2,3]
- **Melanoma, Cutaneous**: NCCN guidelines (version 2.2023 – March 10, 2023) recommend Qinlock as "useful in certain circumstances" for metastatic or unresectable disease with an activating *KIT* mutation as second-line or subsequent therapy for disease progression, intolerance, and/or projected risk of progression with *BRAF*-targeted therapy.[2,4]

Availability

Qinlock is available as 50 mg tablets supplied in bottles of 90 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Qinlock. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

19. If the patient is taking a moderate cytochrome P450 (CYP)3A inducer, approve 180 tablets per dispensing at retail or 540 tablets per dispensing at home delivery.
Note: Moderate CYP3A inducers include, but are not limited to, bosentan, efavirenz, etravirine, phenobarbital, and primidone.

20. If the patient has a gastrointestinal stromal tumor and has experienced disease progression with Qinlock 150 mg once daily, approve 180 tablets per dispensing at retail or 540 tablets per dispensing at home delivery.

REFERENCES

123. Qinlock® tablets [prescribing information]. Waltham, MA: Deciphera; December 2022.
124. The NCCN Drugs & Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org/. Accessed on April 10, 2023.
125. The NCCN Gastrointestinal Stromal Tumor (GIST) Clinical Practice Guidelines in Oncology (version 1.2023 – March 13, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org/. Accessed on April 17, 2023.
126. The NCCN Melanoma: Cutaneous Clinical Practice Guidelines in Oncology (version 2.2023 – March 10, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org/. Accessed on April 10, 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Rozlytrek Drug Quantity Management Policy – Per Rx
- Rozlytrek® (entrectinib capsules – Genentech)

REVIEW DATE: 06/15/2023

OVERVIEW

Rozlytrek, a kinase inhibitor, is indicated for the following uses:[1]

- **Non-small cell lung cancer** (NSCLC), in adults with *ROS1*-positive metastatic NSCLC, as detected by an FDA-approved test.
- **Solid tumors**, in patients ≥ 12 years of age with solid tumors that:
  - Have a neurotrophic tyrosine receptor kinase (*NTRK*) gene fusion, as detected by an FDA-approved test without a known acquired resistance mutation; AND
  - Are metastatic or where surgical resection is likely to result in severe morbidity; AND
  - Have either progressed following treatment or have no satisfactory alternative therapy.

Dosing

ROS1-Positive NSCLC

- Adults: 600 mg once daily (QD) with or without food until disease progression or unacceptable toxicity.

NTRK Gene Fusion-Positive Solid Tumors

- Adults: 600 mg QD with or without food until disease progression or unacceptable toxicity.
- Adolescents ≥ 12 years of age: dose based on body surface area (BSA) [refer to Table 1 below].

Table 1. Rozlytrek Dosing in Pediatric Patients ≥ 12 Years of Age.[1]
BSA – Body surface area; QD – Once daily.

To manage adverse events (AEs), dose modifications may be required (Table 2).

Table 2. Rozlytrek Dose Adjustments to Manage AEs.[1]
AEs – Adverse events; BSA – Body surface area; QD – Once daily.

Rozlytrek should not be administered with moderate or strong cytochrome P450 (CYP)3A inhibitors.[1] However, if coadministration cannot be avoided in adults or pediatric patients ≥ 12 years of age with a BSA > 1.50 m^2, reduce the dose to 200 mg QD (if used with moderate CYP3A inhibitors) or 100 mg QD (if used with strong CYP3A inhibitors). The patient may resume the previous dose 3 to 5 elimination half-lives following discontinuation of a strong or moderate CYP3A inhibitor.

Availability

Rozlytrek is available as 100 mg capsules (bottles of 30 capsules) and 200 mg capsules (bottles of 90 capsules).[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Rozlytrek. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Rozlytrek 100 mg capsules

8. If the patient requires a dose of 300 mg daily, approve 90 capsules per dispensing at retail or 270 capsules per dispensing at home delivery.
Note: For doses of 400 mg or 600 mg daily, the patient should use the 200 mg capsules.

9. If the patient requires a dose of 500 mg daily, approve 150 capsules per dispensing at retail or 450 capsules per dispensing at home delivery.
Note: For doses of 400 mg or 600 mg daily, the patient should use the 200 mg capsules.

Rozlytrek 200 mg capsules

No overrides recommended.

REFERENCES

127. Rozlytrek™ capsules [prescribing information]. South San Francisco, CA: Genentech; July 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Sprycel – Drug Quantity Management Policy – Per Rx
- Sprycel® (dasatinib tablets – Bristol-Myers Squibb)

REVIEW DATE: 02/15/2023

OVERVIEW

Sprycel, a tyrosine kinase inhibitor (TKI), is indicated for the following uses:[1]

- **Acute lymphoblastic leukemia** (ALL) in:
  - Philadelphia chromosome positive (Ph+) adults with resistance or intolerance to prior therapy.
  - Ph+, newly diagnosed pediatric patients ≥ 1 year of age in combination with chemotherapy.
- **Chronic myeloid leukemia** (CML) in:
  - Ph+, newly diagnosed adults, in chronic phase.
  - Ph+, chronic phase, accelerated, or myeloid or lymphoid blast phase, in adults with resistance or intolerance to prior therapy that included imatinib.
  - Ph+, chronic phase, in pediatric patients ≥ 1 year of age.

Dosing

The recommended starting dose of Sprycel for chronic phase CML in adults is 100 mg once daily (QD).[1] The recommended starting dose for accelerated phase CML, myeloid or lymphoid blast phase CML, or Ph+ ALL in adults is 140 mg QD.[1] Treatment of gastrointestinal stromal tumor (GIST) has been studied at a dose of 70 mg twice daily (BID).[129] Treatment of chondrosarcoma or chordoma has been studied at a dose of 70 mg BID.[3] Dose and schedule adjustments were allowed for toxicity (50 mg BID and then 100 mg QD). Treatment of myeloid neoplasms have been studied at standard doses.[4]

Prescribers may choose to escalate the dose to 140 mg QD in chronic phase CML and Ph+ ALL, or to 180 mg QD in advanced phase CML and Ph+ ALL when a hematologic or cytogenetic response at the recommended starting dosage has not been achieved.[1]

The recommended starting dosage for pediatrics is based on body weight shown in Table 1.

Table 1. Sprycel Recommended Starting Dose for Pediatrics.[1]

The Sprycel dose may need to be decreased for neutropenia, thrombocytopenia, other toxicities, and when used concomitantly with cytochrome P450 (CYP)3A4 inhibitors.[1] CYP3A4 inducers may decrease Sprycel plasma concentrations.

Availability

Sprycel is available as 20 mg (60 count bottle), 50 mg (60 count bottle), 70 mg (60 count bottle), 80 mg (30 count bottle), 100 mg (30 count bottle), and 140 mg tablets (30 count bottle).[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Sprycel. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Sprycel 20 mg tablets

13. If the patient is taking a dose that does not correspond to a commercially-available dosage form (i.e., the dose requires multiple tablets of the same strength be used OR would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed a total of 270 tablets per dispensing at retail or 810 tablets per dispensing at home delivery.

Sprycel 50 mg tablets

1. If the patient requires a dose reduction to 50 mg twice daily, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Sprycel 70 mg, 80 mg, 100 mg, and 140 mg tablets

No overrides recommended.

REFERENCES

128. Sprycel tablets [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; June 2021.
129. Trent JC, Wathen K, von Mehren M, et al. A phase II study of dasatinib for patients with imatinib-resistant gastrointestinal stromal tumor (GIST). *J Clin Oncol*, 2011 ASCO Annual Meeting Proceedings (Post-Meeting Edition): 29(15).suppl (May 20 Supplement), 2011: 10006.
130. Schuetze SM, Bolejack V, Choy E, et al. Phase 2 study of dasatinib in patients with alveolar soft part sarcoma, chondrosarcoma, chordoma, epithelioid sarcoma, or solitary fibrous tumor. *Cancer*. 2017; 123(1):90-97.
131. Schwaab J, Naumann N, Luebke, et al. Response to tyrosine kinase inhibitors in myeloid neoplasms associated with PCM1-JAK2, BCR-JAK2 and ETV6-ABL1 fusion genes. *Am J Hematol*. 2020; 95(7):824-833.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology –Sunitinib Drug Quantity Management Policy – Per Rx
- Sutent® (sunitinib malate capsules, generic – Pfizer)

REVIEW DATE: 05/25/2023

OVERVIEW

Sunitinib (Sutent, generic), a multi-kinase inhibitor, is indicated in adults for the following uses:[1]

- **Gastrointestinal stromal tumor**, after disease progression on or intolerance to imatinib mesylate tablets.
- **Pancreatic neuroendocrine tumor**, that is progressive and well-differentiated in patients with unresectable locally advanced or metastatic disease.
- **Renal cell carcinoma,** advanced, and for the adjuvant treatment of adult patients at high risk of recurrent renal cell carcinoma following nephrectomy.

In addition to the cancers for which sunitinib is approved, it is also discussed in several guidelines from the National Comprehensive Cancer Network (bone cancer, central nervous system cancers, myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase fusion genes, soft tissue sarcoma, thymomas and thymic carcinomas, and thyroid cancer).[2-11]

Dosing

For the treatment of gastrointestinal stromal tumor and advanced renal cell carcinoma the recommended dose is 50 mg orally once daily (QD) for 4 weeks of treatment, followed by 2 weeks off (4/2 schedule) until unacceptable toxicity or disease progression.[1] The recommended dose for the adjuvant treatment of renal cell carcinoma is 50 mg QD on a schedule of 4 weeks of treatment followed by 2 weeks off (4/2 schedule), for nine 6-week cycles. The recommended dose for treatment of progressive, well-differentiated pancreatic neuroendocrine tumors is 37.5 mg orally QD continuously without a scheduled off-treatment period until unacceptable toxicity or disease progression.

For bone cancer and soft tissue sarcoma, sunitinib has been used at a dose of 37.5 mg QD.[3,14-15] For central nervous system cancers, myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase fusion genes, and thymomas/thymic carcinomas, sunitinib has been used at a dose of 50 mg QD.[4,12,16] In thyroid cancer, sunitinib has been used at a dose of 37.5 mg or 50 mg QD.[17,18]

Dose modifications are recommended to manage adverse events (AEs) as outlined in Table 1.

Table 1. Dose Reduction Recommendations for Sunitinib.[1]
GIST – Gastrointestinal stromal tumor; RCC – Renal cell carcinoma; pNET – Pancreatic neuroendocrine tumor; QD – Once daily; NA – Not applicable.

Strong cytochrome P450(CYP)3A4 inhibitors may increase sunitinib plasma concentrations.[1] If concomitant use cannot be avoided, a dose reduction for sunitinib to a minimum dose as follows is recommended:

- Gastrointestinal stromal tumor and renal cell carcinoma: 37.5 mg QD on a 4/2 schedule.
- Pancreatic neuroendocrine tumors: 25 mg QD.

Strong CYP3A4 inducers may decrease sunitinib plasma concentrations.[1] If concomitant use cannot be avoided, a dose increase for sunitinib to a maximum dosage as follows is recommended:

- Gastrointestinal stromal tumor and renal cell carcinoma: 87.5 mg QD on a 4/2 schedule.
- Pancreatic cancer: 62.5 mg QD.

For patients with end-stage renal disease on hemodialysis, no dose adjustment is required for the starting dose. However, due to decreases exposure, subsequent doses may be increased gradually up to 2-fold based on safety and tolerability.

Availability

Sunitinib (Sutent, generic) is available as 12.5 mg, 25 mg, 37.5 mg, and 50 mg capsules in bottles of 28 capsules.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation and provide a sufficient quantity of sunitinib (Sutent, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Sunitinib (Sutent, generic) 12.5 mg capsules

14. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve the requested quantity, not to exceed 210 capsules per dispensing at retail or 630 capsules per dispensing at home delivery.
Note: This is a quantity sufficient to provide a daily dose of up to 87.5 mg (12.5 mg x 7 capsules).

Sunitinib (Sutent, generic) 25 mg capsules

1. If the patient is taking a concomitant strong cytochrome P450(CYP) 3A4 inducer AND has end-stage renal disease on hemodialysis, approve the requested quantity, not to exceed 210 capsules per dispensing at retail or 630 capsules per dispensing at home delivery.
Note: This quantity allows for the highest recommended daily dose for use with strong CYP3A4 inducer in a patient with renal impairment (175 mg). Examples of strong CYP3A4 inducers are apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, and St. John's wort.

Sunitinib (Sutent, generic) 37.5 mg capsules

No overrides recommended.

Sunitinib (Sutent, generic) 50 mg capsules

1. If the patient has end-stage renal disease on hemodialysis and needs to increase the daily dose to 100 mg daily, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

REFERENCES

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18. Ravaud A, de la Fouchardiere C, Caron P, et al. A multicenter phase II study of sunitinib in patients with locally advanced or metastatic differentiated, anaplastic or medullary thyroid carcinomas: mature data from the THYSU study. *Eur J Cancer*. 2017;76:110-117.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Tasigna Drug Quantity Management Policy – Per Rx
- Tasigna® (nilotinib capsules – Novartis)

REVIEW DATE: 06/08/2023

OVERVIEW

Tasigna, a tyrosine kinase inhibitor (TKI), is indicated for the following uses:[1]
- **Chronic myeloid leukemia (CML)**, chronic phase, newly diagnosed and Philadelphia chromosome positive (Ph+), in adult and pediatric patients ≥ 1 year of age.
- **CML**, Ph+, chronic phase and accelerated phase, in adults with resistance to or intolerance to prior therapy that included imatinib.
- **CML**, Ph+, chronic phase and accelerated phase, in pediatric patients ≥ 1 year of age with resistance or intolerance to prior TKI therapy.

Dosing

Tasigna is dosed twice daily (BID) at approximately 12-hour intervals and is given on an empty stomach.[1] Treatment is continued as long as clinical benefit is observed or until unacceptable toxicity. Capsules should be swallowed whole or the contents dispersed in 1 teaspoon of applesauce if the patient is unable to swallow capsules. The recommended dose of Tasigna is:
- Adults with newly diagnosed Ph+ CML in chronic phase: 300 mg BID.
- Adults with resistant or intolerant Ph+ CML in chronic phase and accelerated phase: 400 mg BID.
- Pediatric patients with newly diagnosed Ph+ CML in chronic phase or resistant or intolerant Ph+ CML in chronic phase and accelerated phase: 230 mg/m^2 BID, rounded to the nearest 50 mg, up to a maximum single dose of 400 mg (refer to Table 1 below). Combining different strengths of Tasigna may be necessary to attain the desired dose.

Table 1. Tasigna Pediatric Dosing.[1]
* Day supply varies based on how capsules are packaged.

Dose modifications should be made in patients with baseline hepatic impairment, myelosuppression, elevated liver function tests, elevated bilirubin, or taking concomitant strong cytochrome P450 (CYP)3A4 inhibitors or QT-prolonging medications.[1]

Availability

Tasigna is available as 50 mg capsules in bottles of 120 capsules; 150 mg and 200 mg capsules are available in cartons of 112 capsules (4 blister packs x 28 capsules each).[1]

Off-Label Use

Guidelines also support the use of Tasigna for acute lymphoblastic leukemia, gastrointestinal stromal tumor, myeloid/lymphoid neoplasms with eosinophilia, pigmented villonodular synovitis/tenosynovial giant cell tumor, and cutaneous melanoma.[2-7] Dosing of Tasigna in these settings falls within the quantity limits outlined below.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation and provide a sufficient quantity of Tasigna. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Tasigna 50 mg capsules

1. If the patient requires a dose of 250 mg twice daily, approve 300 capsules per dispensing at retail or 900 capsules per dispensing at home delivery.

2. If the patient requires a dose of 350 mg twice daily, approve 420 capsules per dispensing at retail or 1,260 capsules per dispensing at home delivery.

Tasigna 150 mg and 200 mg capsules
No overrides recommended.

REFERENCES

28. Tasigna® capsules [prescribing information]. East Hanover, NJ: Novartis; April 2023.
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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Venclexta Drug Quantity Management Policy – Per Rx
- Venclexta® (venetoclax tablets – AbbVie and Genentech)

REVIEW DATE: 03/22/2023

OVERVIEW

Venclexta, a B-cell lymphoma-2 inhibitor, is indicated in adults for the following uses:[1]

- **Acute myeloid leukemia (AML)**, in combination with azacitidine or decitabine or low-dose cytarabine for newly diagnosed AML in adults ≥ 75 years of age or who have comorbidities that preclude use of intensive induction chemotherapy.
- **Chronic lymphocytic leukemia (CLL)**.
- **Small lymphocytic lymphoma (SLL)**.

Dosing

Table 1. Venclexta Recommended Dosing.[1]

CLL – Chronic lymphocytic leukemia; SLL – Small lymphocytic lymphoma; QD – Once daily; AML – Acute myeloid leukemia.

Off-Label Use

Mantle Cell Lymphoma

Doses ranging from 200 mg/day up to 1,200 mg/day were used in clinical studies; 600 mg/day was a commonly used dose.[2-5,9]

Multiple Myeloma

Doses ranging from 300 mg/day up to 1,200 mg/day were used in clinical studies; 800 mg/day was a commonly used dose.[6-8]

Availability

Table 2. Venclexta Availability.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Venclexta. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Venclexta 100 mg tablets:

If the patient has multiple myeloma, approve the requested quantity, not to exceed 240 tablets per dispensing at retail or 720 tablets per dispensing at home delivery.

REFERENCES

132. Venclexta® tablets [prescribing information]. North Chicago, IL and South San Francisco, CA: AbbVie and Genentech; June 2022.
133. Eyre TA, Walter HS, Iyengar S, et al. Efficacy of venetoclax monotherapy in patient with relapsed, refractory mantle cell lymphoma after Bruton tyrosine kinase inhibitor therapy. *Haematologica*. 2019;104:e68-e71.
134. Zhao S, Kanagal-Shamanna R. Navsaria L, et al. Efficacy of venetoclax in high risk relapsed mantle cell lymphoma (MCL) – outcomes and mutation profile from venetoclax resistant MCL patients. *Am J Hematol*. 2020; 95:623-629.
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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Vistogard Drug Quantity Management Policy – Per Rx
- Vistogard® (uridine triacetate oral granules – Wellstat)

REVIEW DATE: 03/22/2023

OVERVIEW

Vistogard, a pyrimidine analog, is indicated for the emergency treatment of adults and pediatric patients for the following uses:[1]

- **Fluorouracil or capecitabine overdose**, regardless of the presence of symptoms.
- **Early-onset, severe or life-threatening toxicity** affecting the cardiac or central nervous system, and/or early-onset, unusually severe adverse reactions (e.g., gastrointestinal toxicity, neutropenia) within 96 hours following the end of fluorouracil or capecitabine administration.

As a limitation of use, Vistogard is not recommended for the non-emergent treatment of adverse events associated with fluorouracil or capecitabine because it may diminish the efficacy of these drugs.[1]

Dosing

For adults, the recommended dosage is 10 grams (1 packet) orally every 6 hours for 20 doses, without regard to meals. For pediatric patients, the recommended dosage is 6.2 grams/m^2 body surface area (not to exceed 10 grams/dose) orally every 6 hours for 20 doses, without regard to meals. Discard any unused portion of the granules; do not leave granules left in the open packet for subsequent dosing.

It is noted that if a patient vomits within 2 hours of taking a dose of Vistogard, initiate another complete dose as soon as possible after the vomiting episode. Administer the next dose at the regularly scheduled time.

Availability

Vistogard is supplied as oral granules in 10 gram single-dose packets. Packets are supplied in cartons containing either four or 20 packets per carton.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Vistogard. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

* This is enough drug to cover one complete course of therapy (20 doses).

CRITERIA

21. If a patient requires additional dosing due to vomiting within 2 hours of taking a Vistogard dose, approve a one-time override of 4 additional packets at retail or home delivery.

REFERENCES

141. Vistogard® oral granules [prescribing information]. Rockville, MD: Wellstat; March 2016.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Vitrakvi Drug Quantity Management Policy – Per Rx
- Vitrakvi® (larotrectinib capsules and oral solution – Bayer)

REVIEW DATE: 05/17/2023

OVERVIEW

Vitrakvi, a kinase inhibitor, is indicated in adult and pediatric patients for the treatment of **solid tumors** that have a **neurotrophic receptor tyrosine kinase (NTRK) gene fusion:** without a known acquired resistance mutation; are metastatic or where surgical resection is likely to result in severe morbidity; have no satisfactory alternative treatments or that have progressed following treatment.[1]

Dosing

The recommended dose of Vitrakvi in patients with a body surface area (BSA) ≥ 1 m^2 is 100 mg twice daily (BID) until disease progression or unacceptable toxicity.[1] For a patient with a BSA < 1 m^2, the recommended dose of Vitrakvi is 100 mg/m^2 BID. Dose adjustments to 75 mg BID, 50 mg BID, or 100 mg once daily (if BSA ≥ 1 m^2) or 75 mg/m^2 BID, 50 mg/m^2 BID, or 25 mg/m^2 BID (if BSA < 1 m^2) may be needed to manage adverse events.

Use of Vitrakvi with strong cytochrome P450 (CYP)3A4 inhibitors or inducers should be avoided. However, if coadministration with a strong CYP3A4 inhibitor cannot be avoided, the dose of Vitrakvi should be reduced by 50%. Conversely, if coadministered with a moderate or strong CYP3A4 inducer, the dose of Vitrakvi should be doubled. Additionally, the starting dose of Vitrakvi should be reduced by 50% in patients with moderate to severe hepatic impairment.

Availability

Vitrakvi is available as 25 mg and 100 mg capsules supplied in bottles of 60 capsules.[1] It is also available as a 20 mg/mL oral solution in 100 mL bottles.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Vitrakvi. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Vitrakvi 25 mg capsules

22. If the patient is taking a moderate or strong cytochrome P450 (CYP)3A4 inducer, approve 360 capsules per dispensing at retail or 1,080 capsules per dispensing at home delivery.
Note: Moderate/strong CYP3A inducers include, but are not limited to, apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirenz, phenobarbital, and primidone.

Vitrakvi 100 mg capsules

1. If the patient is taking a moderate or strong cytochrome P450 (CYP)3A4 inducer, approve 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.
Note: Moderate/strong CYP3A inducers include, but are not limited to, apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirenz, phenobarbital, and primidone.

Vitrakvi 20 mg/mL oral solution

1. If the patient is taking a moderate or strong cytochrome P450 (CYP)3A4 inducer, approve 600 mL (6 bottles) per dispensing at retail or 1,800 mL (18 bottles) per dispensing at home delivery.
Note: Moderate/strong CYP3A inducers include, but are not limited to, apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirenz, phenobarbital, and primidone.

REFERENCES

142. Vitrakvi® capsules and oral solution [prescribing information]. Whippany, NJ: Bayer; November 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Xalkori Drug Quantity Management Policy – Per Rx
- Xalkori® (crizotinib capsules – Pfizer)

REVIEW DATE: 05/24/2023

OVERVIEW

Xalkori, an oral kinase inhibitor, is indicated for the following uses:[1]

- **Anaplastic large cell lymphoma (ALCL)**, treatment of pediatric patients ≥ 1 year of age and young adults with relapsed or refractory, systemic ALCL that is anaplastic lymphoma kinase (*ALK)*-positive.
  Limitation of Use: The safety and efficacy of Xalkori have not been established in older adults with relapsed or refractory, systemic ALK-positive anaplastic large cell lymphoma.
- **Inflammatory myofibroblastic tumor (IMT),** treatment of patients ≥ 1 year of age with unresectable, recurrent, or refractory inflammatory myofibroblastic tumor that is *ALK*-positive.
- **Non-small cell lung cancer (NSCLC)**, metastatic, whose tumors are *ALK*-positive or *ROS* proto-oncogene 1 (*ROS1)*-positive as detected by an FDA-approved test.

Dosing

Xalkori capsules should be swallowed whole.[1] If a dose is missed, take as soon as possible, unless the next dose is due within 6 hours. If vomiting occurs shortly after taking Xalkori, do not repeat the dose, take the dose at the next regular time.

For relapsed or refractory, systemic ALK-positive ALCL, the recommended dose is 280 mg/m^2 BID until disease progression or unacceptable toxicity.[1] Refer to Table 1 for dose based on body surface area. Per product labeling, combining different strengths of Xalkori capsules may be necessary to attain the desired dose. To manage AEs, hepatic impairment, or renal impairment, dose reductions may be needed based on BSA.

Table 1. Recommended Xalkori Dosage for Patients with ALCL and Pediatric Patients with IMT.[1]
ALCL – Anaplastic large cell lymphoma; IMT – Inflammatory myofibroblastic tumor; * If needed to managed adverse events; BID – Twice daily; QD – Once daily.

For IMT, the recommended dose in adults is 250 mg BID until disease progression or unacceptable toxicity.[1] The dose in pediatric patients is 280 mg/m^2 BID.

For ALK-positive or ROS1-positive NSCLC, the recommended dose of Xalkori is 250 mg twice daily (BID) until disease progression or unacceptable toxicity.[1] To manage adverse events (AEs), hepatic impairment, or renal impairment, dose reductions to 200 mg BID or 250 mg once daily (QD) may be needed.

Availability

Xalkori is available as 200 mg and 250 mg capsules in bottles containing 60 capsules each.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Xalkori. If the Drug Quantity Management rule is not met for the requested medication at the point

of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Xalkori 200 mg capsules

23. If the patient has anaplastic large cell lymphoma and has a body surface area ≥ 1.17 m^2, approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

24. If the patient is < 18 years of age, has inflammatory myofibroblastic tumor, and has a body surface area ≥ 1.17 m^2, approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

Xalkori 250 mg capsules

1. If the patient has anaplastic large cell lymphoma and has a body surface area ≥ 1.70 m^2, approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

2. If the patient is < 18 years of age, has inflammatory myofibroblastic tumor, and has a body surface area ≥ 1.70 m^2, approve the requested quantity, not to exceed 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

REFERENCES

12. Xalkori® capsules [prescribing information]. New York, NY: Pfizer; July 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Xermelo Drug Quantity Management Policy – Per Rx
- Xermelo® (telotristat ethyl tablets – TerSera)

REVIEW DATE: 02/08/2023

OVERVIEW

Xermelo, an inhibitor of tryptophan hydroxylase, is indicated for the treatment of **carcinoid syndrome diarrhea** in combination with somatostatin analog therapy in adults inadequately controlled by somatostatin analog therapy.[1]

Dosing

The recommended dosage of Xermelo in adults is 250 mg three times daily taken with food.[1]

Availability

Xermelo is available as 250 mg tablets supplied in a monthly case.[1] Each monthly case contains 84 tablets (4 weekly boxes, which each contain 7 daily dose-packs). Each daily dose pack contains three 250 mg tablets.

Clinical Efficacy

The efficacy of Xermelo was evaluated in one Phase III, randomized, double-blind, placebo-controlled, multicenter, pivotal study called TELESTAR that enrolled patients with carcinoid syndrome not adequately controlled with somatostatin analog therapy.[2] In TELESTAR (published) [n = 135], the mean reduction in bowel movement (BM) frequency from baseline to Week 12 was -1.43, -1.46, and -0.62 for Xermelo 250 mg, Xermelo 500 mg, and placebo groups, respectively. The estimate of treatment difference in the BM frequency reduction with Xermelo compared with placebo was -0.81 and -0.69 for the Xermelo 250 mg and 500 mg groups, respectively ($P < 0.001$ for both doses). Overall, 44%, 42%, and 20% of patients in the Xermelo 250 mg, 500 mg, and placebo groups, respectively, were considered treatment responders (≥ 30% reduction in BM frequency for ≥ 50% of double-blind period).

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Xermelo, as well as to manage potential dose escalation. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

3. If the prescriber indicates that a dose of 500 mg three times daily is needed because the patient has been taking Xermelo 250 mg three times daily for at least 12 weeks and has not had an adequate improvement, then approve 168 tablets per dispensing at retail or 504 tablets per dispensing at home delivery.

REFERENCES

2. Xermelo® tablets [prescribing information]. The Woodlands, TX: TerSera; September 2022.
3. Kulke MH, Horsch D, Caplin ME, et al. Telotristat ethyl, a tryptophan hydroxylase inhibitor for the treatment of carcinoid syndrome. *J Clin Oncol.* 2017;35:14-23.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Xtandi Drug Quantity Management Policy – Per Rx
- Xtandi® (enzalutamide capsules and tablets – Astellas/Pfizer)

REVIEW DATE: 05/10/2023

OVERVIEW

Xtandi is an androgen receptor inhibitor indicated for the treatment of patients with **castration-resistant prostate cancer (CRPC)** and **metastatic castration-sensitive prostate cancer (mCSPC)**.[1] Patients should receive Xtandi with a concurrent gonadotropin-releasing hormone (GnRH) analog or should have had a bilateral orchiectomy.

Dosing

The recommended dose of Xtandi is 160 mg orally once daily (QD) [either as two 80 mg tablets or four 40 mg tablets or capsules].[1]

Concomitant use of Xtandi with strong cytochrome P450 (CYP)2C8 inhibitors or strong CYP3A4 inducers should be avoided if possible.[1] If Xtandi is co-administered with a strong CYP2C8 inhibitor, the dose of Xtandi is reduced to 80 mg QD. If Xtandi is co-administered with a CYP3A4 inducer, the dose of Xtandi is increased to 240 mg QD.

Availability

Xtandi is available in 40 mg tablets and capsules and 80 mg tablets in bottles of 120 (tablets or capsules) and 60 tablets, respectively.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Xtandi. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Xtandi 80 mg tablets

15. If the patient is taking the medication with cytochrome P450 (CYP)3A inducers, approve to the requested quantity, not to exceed 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.
Note: Examples of CYP3A inducers include, but are not limited to, carbamazepine, rifampin, rifabutin, ritonavir, and St. John's wort.

Xtandi 40 mg tablets

No overrides recommended.

Xtandi 40 mg capsules

No overrides recommended.

REFERENCES

143. Xtandi® capsules and tablets [prescribing information]. Northbrook, IL: Astellas/Pfizer; September 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Ophthalmology – Dry Eye Disease Drug Quantity Management Policy – Per Rx
- Lacrisert® (hydroxypropyl cellulose ophthalmic insert – Bausch & Lomb)

REVIEW DATE: 08/23/2023

OVERVIEW

Lacrisert, an ophthalmic insert made of hydroxypropyl cellulose, is indicated for the following uses:[1]

- **Decreased corneal sensitivity**.
- **Exposure keratitis**.
- **Moderate to severe dry eye syndromes**, including keratoconjunctivitis sicca.
- **Recurrent corneal erosions**.

Lacrisert acts to stabilize and thicken the precorneal tear film and prolong the tear film breakup time which is usually accelerated in patients with dry eye states.[1] Lacrisert also acts to lubricate and protect the eye. Lacrisert usually reduces the signs and symptoms resulting from moderate to severe dry eye syndromes, such as conjunctival hyperemia, corneal and conjunctival staining with rose bengal, exudation, itching, burning, foreign body sensation, smarting, photophobia, dryness and blurred or cloudy vision. Progressive visual deterioration which occurs in some patients may be slowed, halted, or sometimes reversed.

Dosing

One Lacrisert ophthalmic insert placed in each eye once daily is usually sufficient to relieve the symptoms associated with moderate to severe dry eye syndromes.[1] Individual patients may require more flexibility in the use of Lacrisert. Some patients may require twice daily use for optimal results. In some patients, several weeks may be required before satisfactory improvement of symptoms is achieved.

Availability

Lacrisert is available as a 5 mg ophthalmic insert supplied in packages containing 60 unit doses, two reusable applicators, and a plastic storage container to store the applicators after use.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Lacrisert. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

16. If the patient has not experienced improvement in dry eye symptoms with daily dosing, approve the requested quantity, not to exceed 120 ophthalmic inserts per dispensing at retail and 360 ophthalmic inserts per dispensing at home delivery.

Note: Examples of dry eye symptoms include conjunctival hyperemia, corneal and conjunctival staining with rose bengal, exudation, itching, burning, foreign body sensation, smarting, photophobia, dryness and blurred or cloudy vision.

REFERENCES

13. Lacrisert® ophthalmic insert [prescribing information]. Bridgewater, NJ: Bausch & Lomb; October 2019.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Butorphanol Drug Quantity Management Policy – Per Days
- Butorphanol tartrate nasal spray (generic only)

REVIEW DATE: 09/20/2023

OVERVIEW

Butorphanol tartrate nasal spray, an opioid agonist-antagonist, is indicated for the **management of pain** severe enough to require an opioid analgesic and for which alternative treatments are inadequate.[1]

Limitations of Use: Because of the risks of addiction, abuse, and misuse, with opioids, even at recommended doses, reserve butorphanol tartrate nasal spray for use in patients for whom alternative treatment options (e.g., non-opioid analgesics) have not been tolerated, are not expected to be tolerated, have not provided adequate analgesia, or are not expected to provide adequate analgesia.

Dosing

In patients using butorphanol nasal spray for pain management, the usual recommended dose for initial nasal administration is 1 mg (one spray in one nostril).[1] If adequate pain relief is not achieved within 60 to 90 minutes, an additional 1 mg dose may be given. The initial dose sequence outlined above may be repeated in 3 to 4 hours as required after the second dose of the sequence. Depending on the severity of the pain, an initial dose of 2 mg (one spray in each nostril) may be used in patients who will be able to remain recumbent in the event drowsiness or dizziness occurs. In such patients, single additional 2 mg doses should not be given for 3 to 4 hours.

Availability

Butorphanol tartrate nasal spray, USP is supplied in a 2.5 mL bottle of nasal spray solution (10 mg/mL) and a metered-dose spray pump.[1]

After initial priming each metered spray delivers an average of 1.0 mg of butorphanol tartrate and the 2.5 mL bottle will deliver an average of 14 to 15 doses of butorphanol.[1] Therefore, based on availability and dosing for pain management, at the maximum dose of two sprays every 3 hours, one bottle of butorphanol nasal spray would last approximately 1 day.

Management of Migraine Pain

Butorphanol also has established efficacy for the acute treatment of migraine headache.[2,3] However, guidelines do not recommend routine use.[3] Patients who need to use acute treatments for migraine on a regular basis should limit treatment to an average of two headache days per week and patients who exceed this limit should be offered preventive treatment.

If butorphanol nasal spray is only used occasionally, as may be the case with migraine, it needs to be re-primed with each use, therefore, the 2.5 mL bottle will deliver an average of 8 to 10 sprays. At the recommended dose (1 to 2 sprays, with another 2 sprays repeated 3 to 4 hours later if the headache persists), one bottle will treat two migraine headaches when used intermittently.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent the stockpiling, misuse, and/or overuse use of butorphanol tartrate nasal spray. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

* This is a quantity sufficient to treat 2 days of pain with around-the-clock use or four headache episodes.

CRITERIA

1. If the patient is requesting butorphanol for the acute treatment of migraine or cluster headache, approve a one-time override for an additional 5 mL (2 bottles), for a total of 10 mL (4 bottles) at retail and an additional 15 mL (6 bottles), for a total of 30 mL (12 bottles) at home delivery, if the patient meets ONE of the following (A, B, OR C):

- **A)** The patient has tried abortive therapy with a triptan; OR
- **B)** The patient has tried abortive therapy with an ergotamine derivative; OR
- **C)** The patient has a contraindication to the above agents.

Note: This one-time override provides a quantity sufficient to treat a total of eight headaches in one 28-day period or 24 headaches in one 84-day period.

2. If the patient is requesting butorphanol for the treatment of acute, short-term, pain not related to migraine or cluster headache, approve a one-time override for an additional 5 mL (2 bottles), for a total of 10 mL (4 bottles) at retail and an additional 15 mL (6 bottles), for a total of 30 mL (12 bottles) at home delivery.

REFERENCES

144. Butorphanol tartrate nasal spray [prescribing information]. Westin, FL: Apotex; May 2023.
145. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
146. Ailani J, Burch RC, Robbins MS, on behalf of the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Opioids – Fentanyl Transdermal Products Drug Quantity Management Policy – Per Days
- Duragesic® (fentanyl transdermal system – Janssen, generic)

REVIEW DATE: 04/24/2023

OVERVIEW

Fentanyl transdermal systems (Duragesic, generic) are indicated for the **management of pain severe enough to require daily, around-the-clock, long-term opioid treatment** and for which alternative treatment options are inadequate.[1,2]

Dosing

When converting to transdermal fentanyl from other opioids, the recommended starting dose is intended to minimize the potential for overdose.[1,2] The use of transdermal fentanyl systems should be limited to the minimum effective dose and duration. When transdermal fentanyl systems are started, all other around-the-clock opioids should be discontinued.

The dosing interval for transdermal fentanyl systems is 72 hours.[1,2] The initial dose should not be increased for at least 3 days after the initial application. The dose is titrated based on the daily dose of supplemental opioid analgesics required by the patient on the second or third day of the initial application. It may take up to 6 days for fentanyl levels to reach equilibrium on a new dose. Therefore, patients should not be evaluated for further dose titration until at least two 3-day applications have occurred. Dose increases should be based on the daily dosage of supplementary opioids, using the ratio of 45 mg/24 hours of oral morphine to a 12 mcg/hour increase in fentanyl transdermal patch dose.

A small proportion of adult patients may not achieve adequate analgesia using a 72-hour dosing interval and may require system to be applied at 48 hour intervals.[1,2] Application every 48 hours is only intended for patients without adequate pain control using a 72-hour regimen. An increase in the dose should be evaluated before changing dosing intervals in order to maintain patients on a 72-hour regimen.

Availability

Transdermal fentanyl systems are available as Duragesic as well as generic fentanyl transdermal systems.[1,2] The Duragesic brand product has been recently discontinued; however, supply may still be available. There are some differences between the Duragesic product and generic transdermal fentanyl system related to available strengths and patch size.

Brand Duragesic has previously been available in the following strengths: 12 mcg/hour, 25 mcg/hour, 75 mcg/hour, 50 mcg/hour, and 100 mcg/hour.[1] The patch sizes range from 5.5 cm^2 to 44 cm^2.

Fentanyl transdermal systems are available in the following strengths: 12 mcg/hour, 25 mcg/hour, 37.5 mcg/hour, 50 mcg/hour, 62.5 mcg/hour, 75 mcg/hour, 87.5 mcg/hour or 100 mcg/hour of fentanyl.[2] Each of the systems is a different size ranging from 3.13 cm^2 to 25 cm^2.

For both the brand Duragesic and generic transdermal fentanyl systems, the lowest labeled strength, 12 mcg/hr, is actually 12.5 mcg/hour, but is labeled as 12 mcg/hour to distinguish it from a possible 125 mcg/hour dosage that could be prescribed by using multiple transdermal systems.[1,2]

Duragesic and generic transdermal fentanyl systems are supplied in cartons containing five individual child-resistant packaged systems.[1,2] The generic fentanyl system are also supplied in cartons containing one individually packaged system.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling and waste, as well as address potential order entry error, of fentanyl transdermal products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Approval of additional quantities of the transdermal fentanyl products is recommended in patients with a diagnosis of cancer and pain severe enough to require daily, around-the-clock, long-term opioid treatment if the patient meets ONE of the following criteria.

Fentanyl transdermal system (Duragesic, generic) 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr (generic only), 50 mcg/hr, 62.6 mcg/hr (generic only), 75 mcg/hr, 87.5 mcg/hr (generic only)
No overrides recommended.
Note: A patient requesting a greater quantity due to dose up-titration should be referred to the next higher strength patch.

Fentanyl transdermal system (Duragesic, generic) 100 mcg/hr

1. If the patient requires a dose greater than 100 mcg/hr, approve the requested quantity for a 30-day supply at retail or a 90-day supply at home delivery.

REFERENCES

1. Duragesic® transdermal system [prescribing information]. Titusville, NJ: Janssen; March 2021.
2. Fentanyl transdermal system [prescribing information]. Morgantown, WV: Mylan; March 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Opioids – Fentanyl Transmucosal Products Drug Quantity Management Policy – Per Days
- Actiq® (fentanyl citrate oral transmucosal lozenge – Teva, generic)
- Fentora® (fentanyl buccal tablet – Teva, generic)
- Lazanda® (fentanyl nasal spray – West)
- Subsys® (fentanyl sublingual spray – West)

REVIEW DATE: 05/15/2023

OVERVIEW

The transmucosal fentanyl drugs are indicated only for the management of **breakthrough pain in patients with cancer** who are already receiving and tolerant to opioid therapy for their underlying persistent cancer pain.[1-4]

Actiq (generic), Fentora (generic), and Subsys are immediate-release oral transmucosal formulations of fentanyl citrate.[1-3] Lazanda is a nasal spray intended for intranasal transmucosal administration.[4] The transmucosal fentanyl drugs are contraindicated in the management of acute or postoperative pain and in patients with known intolerance or hypersensitivity to any components of the product. In addition, the transmucosal fentanyl drugs must not be used in patients who are not opioid tolerant (contraindicated). The products are approved for use only in the care of cancer patients and only by healthcare professionals (oncologists and pain specialists) who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.[1-4] Because of the risk of misuse, abuse, addiction, and overdose, these products are available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Transmucosal Immediate-Release Fentanyl (TIRF) REMS ACCESS program. Under the TIRF REMS ACCESS program, outpatients, prescribers who prescribe to outpatients, pharmacies, and distributors must enroll in the program.

Dosing

Fentanyl Transmucosal Lozenges (Actiq, generic)

The initial dose of fentanyl transmucosal lozenges for breakthrough cancer pain is 200 mcg.[1] Patients should only be prescribed an initial titration supply of six 200 mcg fentanyl transmucosal lozenges, and these should be used prior to increasing to a higher dose. Patients may re-dose one time within a single episode of breakthrough cancer pain, if needed. Re-dosing may start 15 minutes after the previous unit has been completed (30 minutes after the start of the previous lozenge). During the titration phase no more than two lozenges should be taken for each individual breakthrough cancer pain episode. A patient must wait ≥ 4 hours before treating another episode of breakthrough pain with fentanyl transmucosal lozenges. If treatment of several consecutive breakthrough cancer pain episodes requires more than one fentanyl transmucosal lozenge per episode, a dose increase to the next higher available strength should be considered. With each new dose of fentanyl transmucosal lozenges, the package labeling recommends that six units of the titration dose be prescribed. Each new dose of fentanyl transmucosal lozenges should be evaluated over several episodes of breakthrough cancer pain (generally 1 to 2 days) before adjusting the dose again. Once a successful dose has been found (i.e., an average episode is treated with a single lozenge), patients should limit consumption to four or fewer lozenges per day. Generally, the dose should be increased when the current dose fails to adequately treat the breakthrough pain episode for several consecutive episodes. If the patient experiences greater than four breakthrough pain episodes per day, then the dose of the long-acting opioid used for persistent cancer pain should be re-evaluated.

Fentanyl Buccal Tablets (Fentora, generic)

In patients not currently taking another TIRF product, the initial dose of fentanyl buccal tablet is 100 mcg.[2] Dosing may be repeated one-time only during a single episode of breakthrough pain, if needed. Re-dosing may occur 30 minutes after the start of administration of the first dose and the same dosage strength should be used. A patient must wait ≥ 4 hours before treating another episode of breakthrough pain with fentanyl buccal tablet. Generally, the dose of fentanyl buccal tablet should be increased when the patient requires more than one dose per breakthrough pain episode for several consecutive episodes. Titration should be initiated using 100 mcg tablets. Patients in need of > 100 mcg should use two 100 mcg tablets (one tablet on each side of the mouth). If this dose is not successful, two 100 mcg tablets may be placed on each side of the mouth (total of four 100 mcg tablets). For doses > 400 mg, titrate using multiples of 200 mcg. During titration, patients should only have one strength of Fentanyl buccal tablet available at any one time. Once a successful dose has been established, if the patient experiences greater than four breakthrough pain episodes per day, the dose of the maintenance opioid should be re-evaluated.

Subsys

Due to differences in pharmacokinetic properties and individual variability, patients should not be switched on a mcg per mcg basis from any other fentanyl product to Subsys.[3] Product labeling contains dose conversion information for patients currently taking fentanyl transmucosal lozenge (Actiq, generic). If the patient is not currently taking fentanyl transmucosal lozenge (Actiq, generic), the initial dose of Subsys is 100 mcg. If adequate analgesia is obtained within 30 minutes of administration of the 100 mcg single spray, subsequent episodes of breakthrough pain should be treated with this dose. If adequate analgesia is not achieved after 30 minutes of the first 100 mcg dose, patients may take one additional dose of the same strength for that episode. The dose should be escalated in a step-wise manner over consecutive episodes of breakthrough pain until adequate analgesia with tolerable adverse effects is achieved. If there is a need to titrate to higher doses, the corresponding strength of sublingual spray should be prescribed (that is, 200 mcg, 400 mcg, 600 mcg, 800 mcg, OR two of the 600 mcg sprays [1,200 mcg] or two of the 800 mcg sprays [1,600 mcg]). Patients must wait ≥ 4 hours before treating another episode of breakthrough cancer pain with Subsys. Once titrated, Subsys should be administered as one spray under the tongue and dose consolidation should be utilized (e.g., if a patient's titrated dose is 200 mcg, the 200 mcg strength should be utilized instead of using two sprays of the 100 mcg strength). Patients may not use more than two sprays per episode of breakthrough cancer pain. The safety and efficacy of doses > 1,600 mcg or more than two sprays per episode have not been evaluated in clinical studies. There are no clinical data to support the use of a combination of dose strengths to treat an episode. It is advised that patients only have one strength of Subsys available at any time to reduce the risk of overdose. Use of Subsys should be limited to four or fewer doses per day once a successful dose is found. If more than four episodes of breakthrough pain are experienced per day, the dose of the long-acting opioid should be re-evaluated.

Lazanda

Due to differences in pharmacokinetic properties and individual variability, patients should not be switched on a mcg per mcg basis from any other fentanyl product to Lazanda.[4] Lazanda must be primed prior to initial use. Treatment of all patients (including those switching from another fentanyl product) should begin with one 100 mcg spray of Lazanda (one spray in one nostril). If adequate analgesia is obtained within 30 minutes of administration of the 100 mcg single spray, subsequent episodes of breakthrough pain should be treated with this dose. If adequate analgesia is not achieved with the first 100 mcg dose, the dose should be escalated in a stepwise manner to 200 mcg, 300 mcg, 400 mcg, 600 mcg and 800 mcg per dose over consecutive episodes of breakthrough pain until adequate analgesia with tolerable adverse effects is achieved. Lazanda should be administered as one spray in one nostril, one spray in each nostril, or up to two sprays per nostril (alternating each spray between nostrils). Patients must wait ≥ 2 hours before treating another episode of breakthrough cancer pain with Lazanda. The patient may require a different immediate-release medication for rescue during titration with inadequate pain relief. The safety and efficacy of doses > 800 mcg (one 400 mcg spray in each nostril) have not been evaluated in clinical studies. There are no

clinical data to support the use of a combination of dose strengths to treat an episode. If more than four episodes of breakthrough pain are experienced per day, the dose of the long-acting opioid should be re-evaluated. Lazanda should be limited to treating four or fewer episodes of breakthrough pain per day.

Availability

Fentanyl transmucosal lozenges (Actiq, generic) are available in six dosage strengths: 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1,200 mcg and 1,600 mcg.[1]

Fentanyl buccal tablets (Fentora, generic) are available in five dosage strengths: 100 mcg, 200 mcg, 400 mcg, 600 mcg, and 800 mcg.[2]

Subsys sublingual spray is available in seven dosage strengths: 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1,200 mcg, and 1,600 mcg.[3] Each Subsys carton contains 30 individual blister packages containing single spray unit dose systems of Subsys. The 1,200 mcg and 1,600 mcg are supplied as two 600 mcg or two 800 mcg units in one package, respectively. After use, each unit dose system should be disposed of immediately.

Lazanda nasal spray is available in three dosage strengths: 100 mcg/100 mcL and 400 mcg/100 mcL mcg.[4] One spray contains 100 mcL. Lazanda bottles contain 5.3 mL prior to priming and 5 mL or eight sprays after priming. Patients should dispose of a Lazanda bottle if they have used eight sprays, if it has been ≥ 5 days since the last time they used the bottle of Lazanda, or it has been ≥ 14 days since the bottle was primed.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation, prevent stockpiling/waste, and address potential order entry error of transmucosal fentanyl products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

The Express Scripts' initial quantity limit supplies a sufficient quantity for each of the transmucosal immediate-release fentanyl (TIRF) products to be utilized for up to **three** breakthrough pain episodes per day. The intent is for prescribers to maximize the long-acting pain medication that will control the chronic pain and minimize breakthrough pain episodes. Additional quantities, up to a maximum of **four** breakthrough pain episodes per day, are available through coverage review.

A quantity of **oral** transmucosal fentanyl products of 90 units (tablets [buccal], lozenges, and/or single spray units) will be covered per 30 days at retail or 270 units per 90 days at home delivery without prior authorization. Subsys sublingual spray is supplied in a carton containing 30 single spray units, therefore a quantity of 3 cartons is equal to 90 units and 9 cartons is equal to 270 units. A quantity of Lazanda nasal spray of 23 bottles (one bottle contains eight sprays after priming) will be covered per 30 days at retail at 69 bottles will be covered per 90 days at home delivery without prior authorization. These quantities are adequate for at least three episodes of breakthrough pain per day. For coverage of additional quantities, prior authorization is required. The quantity limit for the oral products and sublingual spray, is specific to the individual drugs or any combination of them.

Drug Quantity Limits

* 180 spray units is equivalent to 6 cartons of Subsys; enough for three breakthrough pain episodes/day. Subsys 1,200 mcg and Subsys 1,600 mcg strengths are supplied in packages of "30" (30 units of either 600 mcg or 800 mcg spray units). These packages of 30 only supply 15 doses since a patient must use two spray units of the lower strengths to achieve the higher, prescribed dose. The Express Scripts system does a conversion to ensure that these NDCs made up of 600 mcg and 800 mcg strengths accumulate correctly toward the above limit. That is, the patient is able to use three doses per day of 1,200 mcg or 1,600 mcg when these strengths are prescribed. † Lazanda doses are: 100 mcg, 200 mcg, 300 mcg, 400 mcg, 600 mcg, or 800 mcg. The limit accommodates three daily breakthrough pain episodes using the 200 mcg dose (two 100 mcg sprays) or maximum 800 mcg dose (two 400 mcg sprays).

CRITERIA

Approval of additional quantities of the transmucosal fentanyl products is recommended if the patient is using the product for breakthrough cancer pain and meets one of the following criteria:

Fentanyl Lozenges (Actiq, generic)

1. If the patient requires a quantity greater than 90 units during the initial titration phase (first 30 days of therapy), approve a one-time override for the requested quantity, not to exceed 120 units in a 30-day period at retail or 360 units in a 90-day period at home delivery.

Note: An override is not recommended for more than 120 units in a 30-day period at retail or 360 units in a 90-day period at home delivery; labeling notes that if a patient experiences more than four breakthrough pain episodes per day, then the dose of the long-acting opioid should be readjusted.

2. If the patient is experiencing more than three breakthrough pain episodes per day, approve to the requested quantity, not to exceed 120 units per 30 days at retail or 360 units per 90 days at home delivery.

Note: An override is not recommended for more than 120 units per 30 days at retail or 360 units per 90 days at home delivery; labeling notes that if a patient experiences more than four breakthrough pain episodes per day, then the dose of the long-acting opioid should be readjusted.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form, approve a quantity sufficient that allows treatment of up to four breakthrough pain episodes per day per 30 days at retail or per 90-day supply at home delivery.

Note: This total number of units includes all forms of transmucosal fentanyl being used.

4. For patients who are receiving a dose greater than 1,600 mcg per breakthrough pain episode, approve a quantity sufficient that allows treatment of up to four breakthrough pain episodes per day per 30 days at retail or per 90 days at home delivery.

Note: This total number of units includes all forms of transmucosal fentanyl being used.

Fentanyl Buccal Tablet (Fentora, generic)

1. If the patient requires a quantity greater than 90 units during the initial titration phase (first 30 days of therapy), approve a one-time override for the requested quantity, not to exceed 120 units in a 30-day period at retail or 360 units in a 90-day period at home delivery.

Note: An override is not recommended for more than 120 units in a 30-day period at retail or 360 units in a 90-day period at home delivery; labeling notes that if a patient experiences more than four breakthrough pain episodes per day, then the dose of the long-acting opioid should be readjusted.

2. If the patient is experiencing more than three breakthrough pain episodes per day, approve the requested quantity, not to exceed 120 units per 30 days at retail or 360 units per 90 days at home delivery.

Note: An override is not recommended for more than 120 units per 30 days at retail or 360 units per 90 days at home delivery; labeling notes that if a patient experiences more than four breakthrough pain episodes per day, then the dose of the long-acting opioid should be readjusted.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form, approve a quantity sufficient that allows treatment of up to four breakthrough pain episodes per day per 30 days at retail or per 90 days at home delivery.
Note: This total number of units includes all forms of transmucosal fentanyl being used.

4. If the patient is receiving a dose greater than 800 mcg per breakthrough pain episode, approve a quantity sufficient that allows treatment of up to four breakthrough pain episodes per day per 30 days at retail or per 90 days at home delivery.
Note: This total number of units includes all forms of transmucosal fentanyl being used.

Subsys

1. If the patient requires a quantity greater than 90 units during the initial titration phase (first 30 days of therapy), approve a one-time override for the requested quantity, not to exceed 120 units in a 30-day period at retail or 360 units in a 90-day period at home delivery.
Note: An override is not recommended for more than 120 units in a 30-day period at retail or 360 units in a 90-day period at home delivery; labeling notes that if a patient experiences more than four breakthrough pain episodes per day, then the dose of the long-acting opioid should be readjusted.

2. If the patient is experiencing more than three breakthrough pain episodes per day, approve the requested quantity, not to exceed 120 units per 30 days at retail or 360 units per 90 days at home delivery.
Note: An override is not recommended for more than 120 units per 30 days at retail or 360 units per 90 days at home delivery; labeling notes that if a patient experiences more than four breakthrough pain episodes per day, then the dose of the long-acting opioid should be readjusted.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form, approve a quantity sufficient that allows treatment of up to four breakthrough pain episodes per day per 30 days at retail or per 90 days at home delivery.
Note: This total number of units includes all forms of transmucosal fentanyl being used.

4. If the patient is receiving a dose greater than 1,600 mcg per breakthrough pain episode, approve a quantity sufficient that allows treatment of up to four breakthrough pain episodes per day per 30 days at retail or per 90 days at home delivery.
Note: This total number of units includes all forms of transmucosal fentanyl being used.

Lazanda

1. If the patient requires a quantity greater than 23 bottles during the initial titration phase (first 30 days of therapy), approve a one-time override of 30 bottles in a 30-day period at retail or 76 bottles in a 90-day period at home delivery.
Note: An override is not recommended for more than 30 bottles in a 30-day period at retail or 76 bottles in a 90-day period at home delivery; labeling notes that if a patient experiences more than four breakthrough pain episodes per day, then the dose of the long-acting opioid should be readjusted.

2. If the patient is experiencing more than three breakthrough pain episodes per day, approve to the requested quantity, not to exceed 30 bottles per 30 days at retail or 90 bottles per 90 days at home delivery.
Note: An override is not recommended for more than 30 bottles at retail or 90 bottles at home delivery since the package labeling for these transmucosal fentanyl products notes that if patients experience up to four breakthrough pain episodes per day, then the dose of long-acting opioid should be adjusted.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form, approve, a quantity sufficient that allows treatment of up to four breakthrough pain episodes per day per 30 days at retail or per 90 days at home delivery.
Note: This total number of units includes all forms of transmucosal fentanyl being used.

REFERENCES

3. Actiq® transmucosal lozenge [prescribing information]. Parsnippany, NJ: Teva; November 2022.
4. Fentora® buccal tablet [prescribing information]. Parsippany, NJ: Teva; November 2022.
5. Subsys® sublingual spray [prescribing information]. Northbrook, IL: West; March 2021.
6. Lazanda® nasal spray [prescribing information]. Northbrook, IL: West; March 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Opioids – Long-Acting Products (Oral) Drug Quantity Management Policy – Per Days

- hydromorphone extended-release tablets – generic only (previously available as Exalgo®)
- Hysingla® ER (hydrocodone bitartrate extended-release tablets – Purdue, generic)
- morphine sulfate extended-release capsules – generic only (previously available as Kadian®)
- morphine sulfate extended-release capsules – generic only (previously available as Avinza®)
- morphine sulfate extended-release tablets – generic only (previously available as Arymo® ER)
- morphine sulfate sustained-release tablets – generic only (previously available as Oramorph®)
- MS Contin® (morphine sulfate controlled-release tablets – Rhodes, generic)
- Nucynta® ER (tapentadol extended-release tablets – Collegium)
- Oxycontin® (oxycodone controlled-release tablets – Purdue, authorized generic)
- oxymorphone extended-release tablets – generic only (previously available as Opana® ER)
- Xtampza ER® (oxycodone base extended-release capsules – Collegium)
- Zohydro® ER (hydrocodone bitartrate extended-release capsules – Persion, generic)

REVIEW DATE: 10/16/2023

OVERVIEW

Opioid analgesics are commonly used for the management of pain.[1] An estimated 20% of patients presenting to providers offices with pain symptoms or pain-related diagnoses (including acute and chronic pain) unrelated to cancer receive an opioid prescription. These medications produce the majority of their effects by binding to μ, κ, and δ receptors in the central nervous system (CNS).[2-13] However, Nucynta extended-release (ER) has a unique dual mechanism of action.[8] It demonstrates μ-opioid agonist activity and inhibition of norepinephrine reuptake. Sustained-release opioid dosage forms offer a long duration of effect, reduce severity of end-of-dose pain, and allow many patients to sleep through the night.

The current extended-release/long-acting Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS), which was originally approved in 2012, requires manufacturers to provide educational programs to healthcare professionals on how to safely prescribe opioids, as well as to provide Medication Guides and patient counseling documents. The goal of the Opioid Analgesic REMS is to educate prescribers and other healthcare providers (e.g., pharmacists and nurses) on the treatment and monitoring of patients with pain. Through this education, the healthcare team will have an improved understanding of how to manage pain and the role of opioid analgesics along with non-pharmacologic and non-opioid analgesics in pain management. The education will also provide information about the risks of opioids and the use of other therapies to reduce the adverse outcomes of addiction, unintentional overdose, and death resulting from inappropriate prescribing, abuse, and misuse. Patients must also be informed of their roles and responsibilities regarding their pain treatment plan, including the risks of opioid analgesics and how to use and store them safely.

Indications

All of the long-acting opioids are indicated for the **management of pain severe enough to require daily, around-the-clock, long-term opioid treatment** and for which alternative treatment options are inadequate.[3-13] Oxycontin is the only product specifically indicated in pediatric patients 11 years to 18 years of age.[10] Nucynta ER is the only product also indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy in adults.[8]

Dosing/Availability

See the Drug Quantity Limits table below for dosing and availability information. Xtampza ER is formulated with oxycodone base.[10,14] Table 1 provides the equivalent doses of oxycodone base (Xtampza ER) to oxycodone hydrochloride.

Table 1. Equivalent Dosing for Oxycodone and Oxycodone Base.[10,14]

Guidelines

In 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.[1] When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage. The guideline recommends that clinicians should not initiate opioid treatment with LA opioids for patients who are opioid-naïve and should not prescribe LA opioids for intermittent use. LA opioids should be reserved for severe, continuous pain.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of long-acting oral opioids. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 6 months in duration; 1 month is equal to 30 days.

Automation: None.

Drug Quantity Limits

A quantity of each medication listed in the table below is limited to 30 days at retail or 90 days at home delivery and will be covered without prior authorization. The quantity limits will accumulate for morphine sulfate controlled-release tablets (MS Contin, generic), morphine sulfate extended-release tablets (previously available as Arymo ER), and morphine sulfate sustained-release tablets (previously available as Oramorph), because they contain the same active ingredient and the generics are used interchangeably. Limits for hydrocodone bitartrate extended-release tablets (Hysingla ER, generic) and hydrocodone bitartrate extended-release capsules (Zohydro ER, generic) will accumulate as well. In addition, limits for oxycodone controlled-release tablets (Oxycontin, authorized generic) and Xtampza ER will accumulate. For coverage of additional quantities, prior authorization is required.

Q24H – Every 24 hours; QD – Once daily; BID – Twice daily; Q12H – Every 12 hours; Q8H – Every 8 hours; CrCl – Creatinine clearance.

CRITERIA

Hydromorphone extended-release tablets (*previously available as Exalgo*), Hydrocodone bitartrate extended-release tablets (Hysingla ER, generic), Morphine sulfate extended-release capsules (*previously available as Kadian*), Morphine sulfate extended-release tablets (*previously available as Arymo ER*), Morphine sulfate sustained-release tablets (*previously available as Oramorph SR*), Morphine sulfate controlled-release tablets (MS Contin, generic), Hydrocodone bitartrate extended-release capsules (Zohydro ER, generic)

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back pain, musculoskeletal pain, sickle cell pain), approve the quantity requested for a 30-day supply at retail and for a 90-day supply at home delivery for a duration of 6 months.

Oxymorphone HCl extended-release tablets (*previously available as Opana ER*)
No overrides recommended.

Oxycontin (oxycodone HCl controlled-release tablets, authorized generic)
No overrides recommended.

Morphine sulfate extended-release capsules (*previously available as Avinza*)

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back pain, musculoskeletal pain, sickle cell pain), approve the quantity requested not to exceed 1,600 mg for a 30-day supply at retail and for a 90-day supply at home delivery for a duration of 6 months.
Note: The maximum daily dose of morphine sulfate extended-release capsules is 1,600 mg. Doses above this maximum contain a quantity of fumaric acid that has not been demonstrated as safe which could result in renal toxicity.

Nucynta ER 50 mg, 100 mg, and 150 mg tablets

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back pain, musculoskeletal pain, sickle cell pain), approve the quantity requested not to exceed 500 mg per day, per 30 days at retail and per 90 days at home delivery for a duration of 6 months.

   Note: The maximum recommended daily dose of Nucynta is 500 mg.

Nucynta ER 200 mg and 250 mg tablets

No overrides recommended.

Note: The maximum recommended daily dose of Nucynta ER is 500 mg.

Xtampza ER 9 mg, 13.5 mg, 18 mg, 27 mg, and 36 mg capsules

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back pain, musculoskeletal pain, sickle cell pain), approve the quantity requested not to exceed 288 mg per day, per 30 days a retail and per 90 days at home delivery for a duration of 6 months.

   Note: The maximum recommended daily dose of Xtampza ER is 288 mg.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Overrides for the long-acting oral opioids are not recommended in the following situations:

1. **Acute Pain (i.e., surgery/post-surgery, trauma/post-trauma, or acute medical illness** [e.g., acute abdominal pain, pelvic pain, muscle spasm]. Long-acting oral opioids are indicated for the management of pain that is severe enough to require daily, around-the-clock, long-term opioids treatment.[1-13] They are not indicated for the management of acute pain.

2. **As-needed Analgesia.** Long-acting oral opioids are indicated for the management pain that is severe enough to require daily, around-the-clock, long-term opioid treatment; not for as-needed use.[1-13]

REFERENCES

1. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.
2. The NCCN Clinical Practice Guidelines in Oncology. Adult Cancer Pain. (Version 2.2023 – July 31, 2023). © 2023 National Comprehensive Cancer Network, Inc. Accessed October 6, 2023.
3. Morphine sulfate extended-release capsules [prescribing information]. Parsippany, NJ: Teva. August 2021.
4. Hydromorphone hydrochloride extended-release tablets [prescribing information]. Central Islip, NY: Ascent; September 2020.
5. Morphine sulfate extended-release capsules [prescribing information]. Maple Grove, MN: Upsher-Smith; April 2022.
6. MS Contin® tablets [prescribing information]. Coventry, RI: Rhodes; June 2023.
7. Nucynta® ER tablets [prescribing information]. Stoughton, MA: Collegium; November 2021.
8. Oxymorphone hydrochloride extended-release tablets [prescribing information]. Brookhaven, NY: Amneal; June 2022.
9. Oxycontin® tablets [prescribing information]. Stamford, CT: Purdue; October 2021.
10. Zohydro® ER capsules [prescribing information]. Morristown, NJ: Persion; March 2021.
11. Hysingla® ER tablets [prescribing information]. Stamford, CT: Purdue; March 2021.
12. Xtampza® ER capsules [prescribing information]. Cincinnati, OH: Patheon; March 2021.
13. Arymo® ER tablets [prescribing information]. Wayne, PA: Egalet; October 2019.

DRUG QUANTITY MANAGEMENT POLICY – MORPHINE MILLIGRAM EQUIVALENT

POLICY: Opioids – Morphine Milligram Equivalent (200) Drug Quantity Management Policy
Note: This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.

- Benzhydrocodone combination oral tablets
- Butorphanol injectable, nasal solution
- Codeine oral tablets, combination product oral tablets/capsules, combination product oral solution
- Dihydrocodeine combination oral tablets/capsules
- Fentanyl transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone oral tablets, oral capsules, combination product oral tablets, combination product oral solution
- Hydromorphone injectable, oral tablets, oral solution, rectal suppositories
- Levorphanol oral tablets
- Meperidine oral tablets, oral solution, injectable
- Methadone oral tablets, oral solution, injectable
- Morphine oral capsules, oral tablets, oral solution,injectable, rectal suppositories
- Nalbuphine injectable
- Oxycodone oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone oral tablets
- Pentazocine/naloxone oral tablets
- Tapentadol oral tablets
- Tramadol oral capsules, oral tablets, oral solution, combination product oral tablets

REVIEW DATE: 02/01/2023

OVERVIEW

Use of morphine milligram equivalents (MME) as a method to assess opioid-associated risk based on overall daily opioid dose has been cited in the professional literature and pain guidelines.[1] There is not one universally accepted MME per day that has been found to represent the dose at which a patient is at the greatest risk for adverse events (AEs). However, there is general consensus that as opioid doses are increased, the risk of AEs also increases. Additional guideline information is summarized below. Of note, the Centers for Medicare and Medicaid Services (CMS) require plan sponsors to implement a point-of-service safety edit at 90 MME and recommend a hard safety edit at a threshold of 200 MME.[2]

Guidelines

In 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.[1] Nonopioid therapies are at least as effective as opioids for many common types of acute pain, and nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Multiple noninvasive nonpharmacologic interventions (e.g., aerobic, aquatic, or resistance exercises, weight loss, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, tai chi, qigong,

acupuncture, cognitive behavioral therapy, and spinal manipulation) are associated with improvements in pain, function, or both, that are sustained after treatment and are not associated with serious harms. Non-opioid drugs (e.g., tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitor [SNRI] antidepressants, duloxetine, selected antiseizure medications (e.g., pregabalin, gabapentin, oxcarbazepine), capsaicin and lidocaine patches, and nonsteroidal anti-inflammatory drugs [NSAIDs]) are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Before initiating opioid therapy for patients with pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.[1] Before starting ongoing opioid therapy for patients with subacute or chronic pain, clinicians should work with patients to establish treatment goals for pain and function and consider how opioid therapy will be discontinued if benefits do not outweigh risks. When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage. While they do not make specific dosing recommendations, it is noted that many patients do not experience additional pain reduction or improved function from increasing their opioid dose to ≥ 50 MME per day, but they are exposed to progressive increased risks. Therefore, before increasing a patient's dose to ≥ 50 MME per day, clinicians should pause and reassess the individual patient's benefits and risks. Guidelines also note that few trials have evaluated doses ≥ 90 MME per day.

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and should work with patients to incorporate relevant strategies to mitigate risk, including offering naloxone and reviewing potential interactions with any other prescribed medications or substances used.[1] When prescribing initial opioid therapy and periodically during opioid therapy, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.

The 2020 **American Society of Hematology** guideline for the management of acute and chronic pain in patients with sickle cell disease states that pain causes significant morbidity for those living with sickle cell disease and manifests as acute intermittent pain, chronic daily pain, and acute-on-chronic pain.[3] For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning well, and have perceived benefit, the guideline suggests shared decision making for continuation of chronic opioid therapy. For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning poorly, or are at high risk for aberrant opioid use or toxicity, the guideline suggests against continuation of chronic opioid therapy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of opioids.

The MME (200) DQM policy works in combination with the MME (90) DQM policy. A total quantity of opioid of up to MME of 200 per day is approved if the patient meets the criteria in the MME 90 policy.

A MME is calculated for each patient's opioid prescription claim using the appropriate conversion factor associated with the opioid product for the claim. After converting the patient's opioid medications to their MME, the patient's cumulative prescription opioid daily dose (the MME per day) is calculated to determine if the member exceeded the 200 MME threshold. If a prescription will cause the patient to exceed the cumulative daily MME threshold of 200, then it will reject and additional coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Note: This policy includes multiple formulations of the medications listed on page 1; the list is not inclusive. As new products become available, they will roll into this policy and the list will be updated periodically. Opioid cough and cold products are excluded from the calculations of MMEs. Point of sale alerts also manage the quantity of opioid product distribution. Those point of sale alerts occur prior to any Utilization Management edits.

Documentation: Documentation is required for approval of additional quantities of opioids over 600 MMEs per day as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: If the patient has a current prescription for a cancer medication in the previous 180 days (refer to Appendix A), the claim will adjudicate. When available, the ICD-10 codes for cancer will be used as part of automation to allow approval of the requested medication (refer to Appendix B).

CRITERIA

Requests for a daily morphine milligram equivalent dose of > 200 and ≤ 600:

1. Approve the requested quantity not to exceed 600 morphine milligram equivalents (MME) daily for up to 1 year, if the patient meets ONE of the following criteria (A, B, C, or D):

F) Patient has a cancer diagnosis; OR

G) Patient is in hospice program, end-of-life care, or palliative care; OR

H) Patient meets BOTH of the following criteria (i and ii):

i. Patient has a diagnosis of sickle cell disease; AND

ii. Medication is being prescribed by or in consultation with a hematologist; OR

I) Patient meets ALL of the following criteria (i, ii, iii, iv, v, and vi):

i. Non-opioid therapies have been optimized and are being used in conjunction with opioid therapy, according to the prescriber; AND

Note: Examples of non-opioid therapies include non-opioid medications (e.g., nonsteroidal anti-inflammatory drugs, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors, antiseizure medications), exercise therapy, physical therapy, weight loss, and cognitive behavioral therapy.

ii. Patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescriber; AND

iii. Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient, according to the prescriber; AND

iv. Patient has a treatment plan or pain contract (including goals for pain and function) in place and has reassessments (including pain levels and function) scheduled at regular intervals according to the prescriber; AND

v. Need for a naloxone prescription has been assessed and naloxone has been ordered, if necessary, according to the prescriber; AND

vi. Need for periodic toxicology testing has been assessed and ordered, if necessary, according to the prescriber.

Note: A morphine milligram equivalent calculator can be found at: https://www.mdcalc.com/calc/10170/morphine-milligram-equivalents-mme-calculator.

Requests for a daily morphine milligram equivalent dose of > 600:

1. Approve the morphine milligram equivalent (MME) daily dose requested for up to 1 year, if the patient meets ONE of the following criteria (A, B, C, or D):

A) Patient has a cancer diagnosis; OR

B) Patient is in hospice program, end-of-life care, or palliative care; OR

C) Patient meets BOTH of the following criteria (i and ii):

i. Patient has a diagnosis of sickle cell disease; AND

ii. Medication is being prescribed by or in consultation with a hematologist; OR

D) Patient meets ALL of the following criteria (i, ii, iii, iv, v, and vi):

i. Non-opioid therapies have been optimized and are being used in conjunction with opioid therapy, according to the prescriber; AND

Note: Examples of non-opioid therapies include non-opioid medications (e.g., nonsteroidal anti-inflammatory drugs, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors, antiseizure medications), exercise therapy, physical therapy, weight loss, and cognitive behavioral therapy.

ii. Patient's of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescriber; AND

iii. Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescriber; AND

iv. Patient has a treatment plan or pain contract (including goals for pain and function) in place and has reassessments (including pain levels and function) scheduled at regular intervals **[documentation required]**; AND

v. Need for a naloxone prescription has been assessed and naloxone has been ordered, if necessary, according to the prescriber; AND

vi. Need for periodic toxicology testing has been assessed and ordered, if necessary, according to the prescriber.

Note: A morphine milligram equivalent (MME) calculator can be found at: https://www.mdcalc.com/calc/10170/morphine-milligram-equivalents-mme-calculator.

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1. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.
2. Announcement of calendar year (CY) 2019 Medicare Advantage capitation rates and Medicare Advantage and Part D payment policies and final call letter. The Centers for Medicare and Medicaid Services. Available at: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf. Accessed January 26, 2023.
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Appendix A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

* Excluding topical products

APPENDIX B

* Indicates the inclusion of subheadings.

DRUG QUANTITY MANAGEMENT POLICY – MORPHINE MILLIGRAM EQUIVALENT

POLICY: Opioids – Morphine Milligram Equivalent (90) Drug Quantity Management Policy
Note: This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.

- Benzhydrocodone combination oral tablets
- Butorphanol injectable, nasal solution
- Codeine oral tablets, combination product oral tablets/capsules, combination product oral solution
- Dihydrocodeine combination oral tablets/capsules
- Fentanyl transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone oral tablets, oral capsules, combination product oral tablets, combination product oral solution
- Hydromorphone injectable, oral tablets, oral solution, rectal suppositories
- Levorphanol oral tablets
- Meperidine oral tablets, oral solution, injectable
- Methadone oral tablets, oral solution, injectable
- Morphine oral capsules, oral tablets, oral solution, injectable, rectal suppositories
- Nalbuphine injectable
- Oxycodone oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone oral tablets
- Pentazocine/naloxone oral tablets
- Tapentadol oral tablets
- Tramadol oral capsules, oral tablets, oral solution, combination product oral tablets

REVIEW DATE: 02/01/2023

OVERVIEW

Use of morphine milligram equivalents (MME) as a method to assess opioid-associated risk based on overall daily opioid dose has been cited in the professional literature and pain guidelines.[1] There is not one universally accepted MME per day that has been found to represent the dose at which a patient is at the greatest risk for adverse events (AEs). However, there is general consensus that as opioid doses are increased, the risk of AEs also increases. Additional guideline information is summarized below. Of note, the Centers for Medicare and Medicaid Services (CMS) require plan sponsors to implement a point-of-service safety edit at 90 MME and recommend a hard safety edit at a threshold of 200 MME.[2]

Guidelines

In 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.[1] Nonopioid therapies are at least as effective as opioids for many common types of acute pain, and nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Multiple noninvasive nonpharmacologic interventions (e.g., aerobic, aquatic, or resistance exercises, weight loss, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, tai chi, qigong,

acupuncture, cognitive behavioral therapy, and spinal manipulation) are associated with improvements in pain, function, or both, that are sustained after treatment and are not associated with serious harms. Non-opioid drugs (e.g., tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitor [SNRI] antidepressants, duloxetine, selected antiseizure medications (e.g., pregabalin, gabapentin, oxcarbazepine), capsaicin and lidocaine patches, and nonsteroidal anti-inflammatory drugs [NSAIDs]) are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Before initiating opioid therapy for patients with pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.[1] Before starting ongoing opioid therapy for patients with subacute or chronic pain, clinicians should work with patients to establish treatment goals for pain and function and consider how opioid therapy will be discontinued if benefits do not outweigh risks. When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage. While they do not make specific dosing recommendations, it is noted that many patients do not experience additional pain reduction or improved function from increasing their opioid dose to ≥ 50 MME per day, but they are exposed to progressive increased risks. Therefore, before increasing a patient's dose to ≥ 50 MME per day, clinicians should pause and reassess the individual patient's benefits and risks. Guidelines also note that few trials have evaluated doses ≥ 90 MME per day.

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and should work with patients to incorporate relevant strategies to mitigate risk, including offering naloxone and reviewing potential interactions with any other prescribed medications or substances used.[1] When prescribing initial opioid therapy and periodically during opioid therapy, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.

The 2020 **American Society of Hematology** guideline for the management of acute and chronic pain in patients with sickle cell disease states that pain causes significant morbidity for those living with sickle cell disease and manifests as acute intermittent pain, chronic daily pain, and acute-on-chronic pain.[3] For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning well, and have perceived benefit, the guideline suggests shared decision making for continuation of chronic opioid therapy. For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning poorly, or are at high risk for aberrant opioid use or toxicity, the guideline suggests against continuation of chronic opioid therapy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of opioids.

The MME (90) DQM policy works in combination with the MME (200) DQM policy. A quantity of each opioid medication referenced in this policy is limited to 30 days and will be covered without prior authorization if there are no other opioid claims for the same chemical. A total quantity of opioid up to a morphine milligram equivalent of 90 per day is allowed with a quantity limit.

A MME is calculated for each patient's opioid prescription claim using the appropriate conversion factor associated with the opioid product for the claim. After converting the patient's opioid medications to their MME, the patient's cumulative prescription opioid daily dose (the MME per day) is calculated to determine if the member exceeded the 90 MME threshold. If a prescription will cause the patient to exceed the cumulative daily MME threshold of 90, then it will reject and additional coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Note: This policy includes multiple formulations of the medications listed on page 1; the list is not inclusive. As new products become available, they will roll into this policy and the list will be updated periodically. Opioid cough and cold products are excluded from the calculations of the daily MME. Only new users of opioids are targeted by this policy. Point of sale alerts also manage the quantity of opioid product distribution. Those point of sale alerts occur prior to any Utilization Management edits.

Automation: As this policy targets new users of opioid products only, if the patient has a history of any opioid within the previous 130 days, the claim will adjudicate. If the patient has a current prescription for a cancer medication in the previous 180 days (refer to Appendix A), the claim will adjudicate. When available, the ICD-10 codes for cancer will be used as part of automation to allow approval of the requested medication (refer to Appendix B).

CRITERIA

2. Approve the quantity requested, not to exceed 200 morphine milligram equivalents (MME) daily for up to 1 year, if the patient meets ONE of the following criteria (A, B, C, or D):

J) Patient has a cancer diagnosis; OR

K) Patient is in hospice program, end-of-life care, or palliative care; OR

L) Patient meets BOTH of the following criteria (i and ii):

- **i.** Patient has a diagnosis of sickle cell disease; AND
- **ii.** Medication is prescribed by or in consultation with a hematologist; OR

M) Patient meets ALL of the following criteria (i, ii, iii, iv, and v):

- **i.** Non-opioid therapies have been optimized and are being used in conjunction with opioid therapy, according to the prescriber; AND
  Note: Examples of non-opioid therapies include non-opioid medications (e.g., nonsteroidal anti-inflammatory drugs, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors, antiseizure medications), exercise therapy, physical therapy, weight loss, and cognitive behavioral therapy.
- **ii.** Patient's of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescriber; AND
- **iii.** Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient, according to the prescriber; AND

iv. Need for a naloxone prescription has been assessed and naloxone has been ordered, if necessary, according to the prescriber; AND

v. Need for periodic toxicology testing has been assessed and ordered, if necessary, according to the prescriber.

Note: A morphine milligram equivalent calculator can be found at: https://www.mdcalc.com/calc/10170/morphine-milligram-equivalents-mme-calculator.

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4. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.
5. Announcement of calendar year (CY) 2019 Medicare Advantage capitation rates and Medicare Advantage and Part D payment policies and final call letter. The Centers for Medicare and Medicaid Services. Available at: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf. Accessed January 26, 2023.
6. Brandow AM, Carroll CP, Creary S, et al. American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain. *Blood Adv*. 2020;4(12):2656-2701.

APPENDIX A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

* Excluding topical products

APPENDIX B

* Indicates the inclusion of subheadings.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Opioids – Nucynta Drug Quantity Management Policy – Per Rx
- Nucynta® (tapentadol immediate-release oral tablets – Collegium)

REVIEW DATE: 04/24/2023

OVERVIEW

Nucynta is indicated for the management of **acute pain** in adults severe enough to require an opioid analgesic and for which alternative treatments are inadequate.[1]

Dosing

The recommended initial dose of Nucynta is 50 mg to 100 mg every 4 to 6 hours depending upon the pain intensity.[1] On Day 1, the second dose may be administered as soon as 1 hour after the first dose, if adequate pain relief is *not* attained with the first dose. Subsequent dosing is 50 mg, 75 mg, or 100 mg every 4 to 6 hours and should be adjusted to maintain adequate analgesia with acceptable tolerability. Daily doses > 700 mg on the first day of therapy and > 600 mg on subsequent days have not been studied and are not recommended. Patients should continue to be assessed for the maintenance of pain control and the relative incidence of adverse reactions, as well as monitored for the development of addition, abuse or misuse. The lowest effective dosage for the shortest duration consistent with individual patient treatment goals should be used.

There is no dosage adjustment recommended for patients with mild or moderate renal impairment or mild hepatic impairment.[1] Use in patients with severe renal impairment or severe hepatic impairment is not recommended. Nucynta should be used with caution in patients with moderate hepatic impairment and should be initiated at 50 mg with the interval between doses no less than every 8 hours (maximum of 3 doses in 24 hours). Elderly patients are more likely to have decreased renal and hepatic function, therefore, consideration should be given to starting elderly patients with the lower range of recommended doses.

There are no standard opioid tapering schedules suitable for all patients.[1] For patients on Nucynta who are physically opioid-dependent, the taper should be initiated by a small enough increment (e.g., no greater than 10% to 25% of the total daily dose) to avoid withdrawal symptoms, and proceed with dose-lowering at an interval of every 2 to 4 weeks. Patients who have been taking opioids for briefer periods of time may tolerate a more rapid taper. It may be necessary to provide the patient with lower dosage strengths to accomplish a successful taper.

Availability

Nucynta is available in three tablet strengths: 50 mg, 75 mg, and 100 mg.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation, prevent stockpiling and waste, and address potential order entry error of Nucynta. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

*181 tablets is adequate for a 30-day supply at the maximum recommended dosing frequency of every 4 hours (6 doses per day) plus incorporation of the additional dose given 1 hour after the first, if needed, on the first day of treatment.

CRITERIA

Nucynta 50 mg

3. If the patient is titrating the dose of Nucynta utilizing the 50 mg Nucynta immediate-release tablets, approve a one-time override for a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery.

4. If the patient is taking a dose that does not correspond to a commercially-available dosage form (e.g., requires multiple same strength tablets be used OR requires two or more strengths to be used), approve the quantity requested, not to exceed 600 mg per day (plus 700 mg per day for the first day of therapy) for a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Nucynta 75 mg

1. If the patient is titrating the dose of Nucynta utilizing the 75 mg Nucynta immediate-release tablets, approve a one-time override for a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery.

2. If the patient is taking a dose that does not correspond to a commercially-available dosage form (e.g., the dose requires multiple same strength tablets be used OR requires two or more strengths to be used), approve the quantity requested, not to exceed 600 mg per day (plus 700 mg per day for the first day of therapy) for a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Nucynta 100 mg

No overrides recommended.

REFERENCES

1. Nucynta® [prescribing information]. Stoughton, MA: Collegium; March 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Opioids – Short-Acting Products Drug Quantity Management Policy (Adults) – Per Rx
Note: This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.

- Alfentanil injectable
- Benzhydrocodone combination oral tablets
- Buprenorphine injectable
- Butorphanol injectable, nasal solution
- Codeine oral tablets, combination product oral tablets/capsules, combination product oral solution
- Dihydrocodeine combination oral tablets/capsules
- Fentanyl transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone combination product oral tablets, combination product oral solution
- Hydromorphone injectable, oral tablets, oral solution, rectal suppositories
- Levorphanol oral tablets
- Meperidine oral tablets, oral solution, injectable
- Morphine oral tablets, oral solution, injectable, rectal suppositories
- Nalbuphine injectable
- Opium/Belladonna rectal suppositories
- Oxycodone oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone oral tablets
- Pentazocine/naloxone oral tablets
- Remifentanil injectable
- Sufentanil injectable
- Tapentadol oral tablets
- Tramadol oral tablets, combination product oral tablets

REVIEW DATE: 02/01/2023

OVERVIEW

Short-acting opioids are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.[1]

Guidelines

In 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.[1] Nonopioid therapies are at least as effective as opioids for many common types of acute pain, and nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Multiple noninvasive nonpharmacologic interventions (e.g., aerobic, aquatic, or resistance exercises, weight loss, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, tai chi, qigong, acupuncture, cognitive behavioral therapy, and spinal manipulation) are associated with improvements in pain, function, or both, that are sustained after treatment and are not associated with serious harms. Non-

opioid drugs (e.g., tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitor [SNRI] antidepressants, duloxetine, selected antiseizure medications (e.g., pregabalin, gabapentin, oxcarbazepine), capsaicin and lidocaine patches, and nonsteroidal anti-inflammatory drugs [NSAIDs]) are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Before initiating opioid therapy for patients with pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.[1] Before starting ongoing opioid therapy for patients with subacute or chronic pain, clinicians should work with patients to establish treatment goals for pain and function and consider how opioid therapy will be discontinued if benefits do not outweigh risks. When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage.

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and should work with patients to incorporate relevant strategies to mitigate risk, including offering naloxone and reviewing potential interactions with any other prescribed medications or substances used.[1] When prescribing initial opioid therapy and periodically during opioid therapy, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.

The 2020 **American Society of Hematology** guideline for the management of acute and chronic pain in patients with sickle cell disease states that pain causes significant morbidity for those living with sickle cell disease and manifests as acute intermittent pain, chronic daily pain, and acute-on-chronic pain.[2] For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning well, and have perceived benefit, the guideline suggests shared decision making for continuation of chronic opioid therapy. For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning poorly, or are at high risk for aberrant opioid use or toxicity, the guideline suggests against continuation of chronic opioid therapy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to restrict the initial days' supply of short-acting opioids for adults (≥ 18 years of age) to 7 days, thus decreasing the quantity dispensed to align with current guidelines and prevent stockpiling and/or misuse. A quantity sufficient for a 7-day supply per dispensing with up to four 7-day fills (28 days) in a 60-day period will be covered without coverage review. Additional quantities for greater than a 7-day supply or treatment duration longer than 28 days in 60 days will require coverage review. If the Drug Quantity Management rule is not met for the requested product at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Note: This policy includes multiple formulations of the medications listed on page 1; the list is not inclusive. As new products become available, they will roll into this policy and the list will be updated periodically. Point of sale alerts also manage the quantity of opioid product distribution. Those point of sale alerts occur prior to any Utilization Management edits.

Automation: This policy targets new users of short-acting opioid products only. If the patient has a history of any opioid of greater than or equal to a 28-day supply within the past 130 days, the claim will adjudicate. If the patient has a prescription for a cancer medication (see Appendix A for STC codes/descriptions used) within a 180-day period, the claim will adjudicate. When available, the ICD-10 codes for cancer/hospice will be used as part of automation to allow approval of the requested medication (see Appendix B).

CRITERIA

2. Approve the requested quantity if the patient who meets one of the following criteria (A, B, C, or D):
- **N)** Patient has a cancer diagnosis; OR
- **O)** Patient is in hospice program, end-of-life care, or palliative care; OR
- **P)** Patient meets BOTH of the following criteria (i and ii):
  - **i.** Patient has a diagnosis of sickle cell disease; AND
  - **ii.** The medication is being prescribed by or in consultation with a hematologist; OR
- **Q)** Patient meets ALL of the following criteria (i, ii, iii, iv, and v):
  - **i.** Non-opioid therapies (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs], acetaminophen) have provided an inadequate response or are inappropriate according to the prescriber; AND
  - **ii.** Patient's of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescriber; AND
  - **iii.** Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescriber; AND
  - **iv.** Need for a naloxone prescription has been assessed and naloxone has been ordered, if necessary, according to the prescriber; AND
  - **v.** Need for periodic scheduled toxicology testing has been assessed and ordered, if necessary, according to the prescriber.

REFERENCES

147. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.
148. Brandow AM, Carroll CP, Creary S, et al. American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain. *Blood Adv*. 2020;4(12):2656-2701.

APPENDIX A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

* Excluding topical products

APPENDIX B

*Indicates the inclusion of subheadings.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Opioids – Short-Acting Products DQM Policy (All Ages) – Per Rx

Note: This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.

- Alfentanil injectable
- Benzhydrocodone combination oral tablets
- Buprenorphine injectable
- Butorphanol injectable, nasal solution
- Codeine oral tablets, combination product oral tablets/capsules, combination product oral solution
- Dihydrocodeine combination oral tablets/capsules
- Fentanyl transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone combination product oral tablets, combination product oral solution
- Hydromorphone injectable, oral tablets, oral solution, rectal suppositories
- Levorphanol oral tablets
- Meperidine oral tablets, oral solution, injectable
- Morphine oral tablets, oral solution, injectable, rectal suppositories
- Nalbuphine injectable
- Opium/Belladonna rectal suppositories
- Oxycodone oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone oral tablets
- Pentazocine/naloxone oral tablets
- Remifentanil injectable
- Sufentanil injectable
- Tapentadol oral tablets
- Tramadol oral tablets, combination product oral tablets

REVIEW DATE: 02/01/2023

OVERVIEW

Short-acting opioids are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.[1]

Guidelines

In 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.[1] Nonopioid therapies are at least as effective as opioids for many common types of acute pain, and nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Multiple noninvasive nonpharmacologic interventions (e.g., aerobic, aquatic, or resistance exercises, weight loss, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, tai chi, qigong, acupuncture, cognitive behavioral therapy, and spinal manipulation) are associated with improvements in pain, function, or both, that are sustained after treatment and are not associated with serious harms. Non-

opioid drugs (e.g., tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitor [SNRI] antidepressants, duloxetine, selected antiseizure medications (e.g., pregabalin, gabapentin, oxcarbazepine), capsaicin and lidocaine patches, and nonsteroidal anti-inflammatory drugs [NSAIDs]) are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Before initiating opioid therapy for patients with pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.[1] Before starting ongoing opioid therapy for patients with subacute or chronic pain, clinicians should work with patients to establish treatment goals for pain and function and consider how opioid therapy will be discontinued if benefits do not outweigh risks. When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage.

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and should work with patients to incorporate relevant strategies to mitigate risk, including offering naloxone and reviewing potential interactions with any other prescribed medications or substances used.[1] When prescribing initial opioid therapy and periodically during opioid therapy, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.

The 2020 **American Society of Hematology** guideline for the management of acute and chronic pain in patients with sickle cell disease states that pain causes significant morbidity for those living with sickle cell disease and manifests as acute intermittent pain, chronic daily pain, and acute-on-chronic pain.[2] For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning well, and have perceived benefit, the guideline suggests shared decision making for continuation of chronic opioid therapy. For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning poorly, or are at high risk for aberrant opioid use or toxicity, the guideline suggests against continuation of chronic opioid therapy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to restrict the initial days' supply of short-acting opioids to 7 days, thus decreasing the quantity dispensed to align with current guidelines and prevent stockpiling and/or misuse. A quantity sufficient for a 7-day supply will be covered without prior authorization. Additional quantities for greater than a 7-day supply will require coverage review. If the Drug Quantity Management rule is not met for the requested product at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Note: This policy includes multiple formulations of the medications listed on page 1; the list is not inclusive. As new products become available, they will roll into this policy and the list will be updated periodically. Point of sale alerts also manage the quantity of opioid product distribution. Those point of sale alerts occur prior to any Utilization Management edits.

Automation: This policy targets new users of short-acting opioid products only. A patient with a history of any opioid within the 130-day look-back period is excluded from Drug Quantity Management. If the

patient has a prescription for a cancer medication (see Appendix A) within a 180-day period, the claim will adjudicate. When available, the ICD-10 codes for cancer will be used as part of automation to allow approval of the requested medication (see Appendix B).

CRITERIA

3. Approve the requested quantity if the patient meets ONE of the following criteria (A, B, C, or D):
- **R)** Patient has a cancer diagnosis; OR
- **S)** Patient is in hospice program, end-of-life care, or palliative care; OR
- **T)** Patient meets BOTH of the following criteria (i and ii):
  - **i.** Patient has a diagnosis of sickle cell disease; AND
  - **ii.** Medication is being prescribed by or in consultation with a hematologist; OR
- **U)** Patient meets ALL of the following criteria (i, ii, iii, iv, and v):
  - **i.** Non-opioid therapies (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs], acetaminophen) have provided an inadequate response or are inappropriate according to the prescriber; AND
  - **ii.** Patient's of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescriber; AND
  - **iii.** Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescriber; AND
  - **iv.** Need for a naloxone prescription has been assessed and naloxone has been ordered, if necessary, according to the prescriber; AND
  - **v.** Need for periodic scheduled toxicology testing has been assessed and ordered, if necessary, according to the prescriber.

REFERENCES

149. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.
150. Brandow AM, Carroll CP, Creary S, et al. American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain. *Blood Adv*. 2020;4(12):2656-2701.

APPENDIX A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

* Excluding topical products.

APPENDIX B

*Indicates the inclusion of subheadings.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Opioids – Short-Acting Products Drug Quantity Management Policy (Pediatrics) – Per Rx
Note: This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.

- Alfentanil injectable
- Benzhydrocodone combination oral tablets
- Buprenorphine injectable
- Butorphanol injectable, nasal solution
- Codeine oral tablets, combination product oral tablets/capsules, combination product oral solution
- Dihydrocodeine combination oral tablets/capsules
- Fentanyl transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone combination product oral tablets, combination product oral solution
- Hydromorphone injectable, oral tablets, oral solution, rectal suppositories
- Levorphanol oral tablets
- Meperidine oral tablets, oral solution, injectable
- Morphine oral tablets, oral solution, injectable, rectal suppositories
- Nalbuphine injectable
- Opium/Belladonna rectal suppositories
- Oxycodone oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone oral tablets
- Pentazocine/naloxone oral tablets
- Remifentanil injectable
- Sufentanil injectable
- Tapentadol oral tablets
- Tramadol oral tablets, combination product oral tablets

REVIEW DATE: 02/01/2023

OVERVIEW

Short-acting opioids are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.[1]

Guidelines

In 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.[1] Nonopioid therapies are at least as effective as opioids for many common types of acute pain, and nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Multiple noninvasive nonpharmacologic interventions (e.g., aerobic, aquatic, or resistance exercises, weight loss, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, tai chi, qigong, acupuncture, cognitive behavioral therapy, and spinal manipulation) are associated with improvements in pain, function, or both, that are sustained after treatment and are not associated with serious harms. Non-

opioid drugs (e.g., tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitor [SNRI] antidepressants, duloxetine, selected antiseizure medications (e.g., pregabalin, gabapentin, oxcarbazepine), capsaicin and lidocaine patches, and nonsteroidal anti-inflammatory drugs [NSAIDs]) are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Before initiating opioid therapy for patients with pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.[1] Before starting ongoing opioid therapy for patients with subacute or chronic pain, clinicians should work with patients to establish treatment goals for pain and function and consider how opioid therapy will be discontinued if benefits do not outweigh risks. When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage.

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and should work with patients to incorporate relevant strategies to mitigate risk, including offering naloxone and reviewing potential interactions with any other prescribed medications or substances used.[1] When prescribing initial opioid therapy and periodically during opioid therapy, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.

The 2020 **American Society of Hematology** guideline for the management of acute and chronic pain in patients with sickle cell disease states that pain causes significant morbidity for those living with sickle cell disease and manifests as acute intermittent pain, chronic daily pain, and acute-on-chronic pain.[2] For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning well, and have perceived benefit, the guideline suggests shared decision making for continuation of chronic opioid therapy. For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning poorly, or are at high risk for aberrant opioid use or toxicity, the guideline suggests against continuation of chronic opioid therapy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to restrict the initial days' supply of short-acting opioids for pediatric patients (< 18 years of age) to 3 days, thus decreasing the quantity dispensed to align with current guidelines and prevent stockpiling and/or misuse. If the Drug Quantity Management rule is not met for the requested product at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Note: This policy includes multiple formulations of the medications listed on page 1; the list is not inclusive. As new products become available, they will roll into this policy and the list will be updated periodically. Point of sale alerts also manage the quantity of opioid product distribution. Those point of sale alerts occur prior to any Utilization Management edits.

Automation: This policy targets new users of short-acting opioid products only. A patient with a history of any opioid with a ≥ 12 day supply within the 130-day look-back period is excluded from Drug Quantity Management. If the patient has a prescription for a cancer medication (see Appendix A) within a 180-day period, the claim will adjudicate. When available, the ICD-10 codes for cancer will be used as part of automation to allow approval of the requested medication (see Appendix B).

CRITERIA

4. Approve the requested quantity if the patient meets one of the following criteria (A, B, C, or D):
- **V)** Patient has a cancer diagnosis; OR
- **W)** Patient is in hospice program, end-of-life care, or palliative care; OR
- **X)** Patient meets BOTH of the following criteria (i and ii):
  - **i.** Patient has a diagnosis of sickle cell disease; AND
  - **ii.** Medication is being prescribed by or in consultation with a hematologist; OR
- **Y)** Patient meets ALL of the following criteria (i, ii, iii, iv, and v):
  - **i.** Non-opioid therapies (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs], acetaminophen) have provided an inadequate response or are inappropriate according to the prescriber; AND
  - **ii.** Patient's of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescribing physician; AND
  - **iii.** Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescriber; AND
  - **iv.** Need for a naloxone prescription has been assessed and naloxone has been ordered, if necessary, according to the prescriber; AND
  - **v.** Need for periodic scheduled toxicology testing has been assessed and ordered, if necessary, according to the prescriber.

REFERENCES

151. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.
152. Brandow AM, Carroll CP, Creary S, et al. American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain. *Blood Adv*. 2020;4(12):2656-2701.

APPENDIX A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

* Excluding topical products

APPENDIX B

*Indicates the inclusion of subheadings.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Opioids – Tramadol Extended-Release Products Drug Quantity Management Policy – Per Rx

- tramadol hydrochloride extended-release tablets – generic only
- ConZip® capsules (tramadol hydrochloride extended-release capsules – Vertical, authorized generic)
- tramadol hydrochloride extended-release capsules (150 mg strength) – branded generic

REVIEW DATE: 07/17/2023

OVERVIEW

Extended-release tramadol is indicated in adults for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.[1-3]

Dosing

Extended-release tramadol produces a continuous release of tramadol, therefore should be taken once daily (QD). Refer to the Drug Quantity Limit table below for dosing and availability of the extended-release tramadol products. Extended-release tramadol products should be swallowed whole, not crushed, chewed or spilt.[1-3]

Availability

Tramadol extended-release tablets are available in three strengths (100 mg, 200 mg, and 300 mg). ConZip and tramadol extended-release capsules (branded generic) are also available in three strengths (100 mg, 200 mg, and 300 mg). Tramadol extended-release 150 mg capsules have been available but are obsolete as of August 2020.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation of tramadol. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Tramadol extended-release 100 mg tablets, ConZip 100 mg capsules, and tramadol extended-release 100 mg capsules

1. If the patient's dose is being titrated (to a higher or lower dose), approve a one-time override for the requested quantity not to exceed 90 tablets or capsules at retail or 270 tablets or capsules at home delivery (300 mg/day).

Tramadol extended-release 200 mg tablets, ConZip 200 mg capsules, and tramadol extended-release 200 mg capsules

No overrides recommended.

Tramadol extended-release 300 mg tablets, ConZip 300 mg capsules, and tramadol extended-release 300 mg capsules

No overrides recommended.

Tramadol extended-release 150 mg capsules

No overrides recommended.

REFERENCES

153. Tramadol hydrochloride extended-release tablets [prescribing information]. Cranbury, NJ: Sun; June 2021.
154. ConZip® extended-release capsules [prescribing information]. Sayreville, NJ: Vertical; September 2021.
155. Tramadol hydrochloride extended-release capsules [prescribing information]. Bridgewater, NJ: Trigen; October 2019.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Phenylketonuria – Palynziq Drug Quantity Management Policy – Per Rx

- Palynziq® (pegvaliase-pqpz subcutaneous injection – BioMarin)

REVIEW DATE: 03/22/2023

OVERVIEW

Palynziq is indicated to reduce blood phenylalanine concentrations in adult patients with **phenylketonuria** (PKU) who have uncontrolled blood phenylalanine concentrations greater than 600 micromol/L (μmol/L) on existing management.[1] Treatment with Palynziq should be managed by a healthcare provider experienced in the management of PKU. Baseline blood phenylalanine concentrations should be obtained before initiating treatment.

Dosing

Dosing of Palynzq is individualized. During titration and maintenance of Palynziq treatment, patients may experience blood phenylalanine concentrations below 30 micromol/L. For blood phenylalanine concentrations below 30 micromol/L, the dosage of Palynziq may be reduced and/or dietary protein and phenylalanine intake may be modified to maintain blood phenylalanine concentrations within a clinically acceptable range and above 30 micromol/L. In the Phase III PRISM-2 open-label extension study (n = 261), the maintenance dose of Palynziq could be adjusted between 5 mg/day and 60 mg/day based on investigator-determined efficacy and tolerability.[2]

Table 1. Palynziq Dose Titration.[1]

* Additional time may be required prior to each dosage escalation based on patient tolerability; QD – Once daily.

Availability

Palynziq is available in the following strengths: 2.5 mg/0.5 mL, 10 mg/0.5 mL, and 20 mg/1mL syringes.[1] The product is provided in a 1 mL glass syringe with a 26 gauge, 0.5 inch needle. Each carton contains 1 or 10 trays with single-dose prefilled syringe(s).

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Palynziq and to provide a sufficient quantity for approvable indications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year.

Automation: None.

Drug Quantity Limits

CRITERIA

Palynziq 2.5 mg/0.5 mL syringe

1. If the patient requires a dose of 5 mg per day due to blood phenylalanine concentrations below 30 micromol/L while taking a dose > 5 mg per day, approve 60 syringes per dispensing at retail or 180 syringes per dispensing at home delivery.

Palynziq 20 mg/1 mL syringe

1. If the patient requires a maintenance dose of 60 mg/day, approve 90 syringes per dispensing at retail or 270 syringes per dispensing at home delivery.

Palynziq 10 mg/0.5 mL syringe

No overrides recommended.

Note: For patients who are receiving ≥ 20 mg/day, refer the patient to the 20 mg/1 mL syringe.

REFERENCES

1. Palynziq injection [prescribing information]. Novato, CA: BioMarin; November 2020.
2. Thomas J, Levy H, Amato S, et al; PRISM investigators. Pegvaliase for the treatment of phenylketonuria: results of a long-term phase 3 clinical trial program (PRISM). *Mol Genet Metab*. 2018 May;124(1):27-38.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Phosphate Binders Drug Quantity Management Policy – Per Rx

- Calcium acetate tablets, capsules, gelcaps (generic only)
- Fosrenol® (lanthanum carbonate chewable tablets and oral powder – Shire, generic [chewable tablets only])
- Phoslyra® (calcium acetate oral solution – Fresenius)
- Renagel® (sevelamer hydrochloride tablets – Genzyme, generic)
- Renvela® (sevelamer carbonate tablets and powder for oral suspension – Genzyme, generic)
- Velphoro® (sucroferric oxyhydroxide chewable tablet – Fresenius)

REVIEW DATE: 04/06/2023

OVERVIEW

Phosphate binders are indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.[1-9] Fosrenol, sevelamer hydrochloride, and sevelamer carbonate are non-calcium based phosphate binders; Phoslyra contains calcium acetate as the binding agent.[4-8] Velphoro is an iron-based product.[9] Age indications and available dosage forms vary across the class.[1-9]

Dosing

Calcium Acetate

The recommended initial dose of calcium acetate for the adult dialysis patient is two capsules, gelcaps, or tablets with each meal.[1-3] The dose is gradually increased to lower serum phosphorus levels to the target range, as long as hypercalcemia does not develop. Most patients require three to four capsules with each meal.

Fosrenol

The recommended initial total daily dose of Fosrenol is 1,500 mg (to be divided and take with or immediately after meals).[4] The dose is titrated every 2 to 3 weeks until an acceptable serum phosphate level is reached. Serum phosphate levels should be monitored, as needed during dose titration and on a regular basis thereafter. In clinical studies of patients with end stage renal disease (ESRD), Fosrenol doses up to 4,500 mg were evaluated. Most patients required a total daily dose between 1,500 mg and 3,000 mg to reduce plasma phosphate levels to < 6.0 mg/dL. Doses were generally titrated in increments of 750 mg/day.

Phoslyra

The recommended initial dose of Phoslyra for the adult dialysis patient is 10 mL with each meal.[5] The dose is gradually increased to lower serum phosphorus levels to the target range, as long as hypercalcemia does not develop. The dose is titrated every 2 to 3 weeks until an acceptable serum phosphorus level is reached. Most patients require 15 to 20 mL with each meal.

Sevelamer Hydrochloride (Renagel)

For patients not taking a phosphate binder, the recommended starting dose is 800 mg to 1600 mg, administered as one or two 800 mg Renagel tablets or one to four 400 mg sevelamer hydrochloride tablets with meals based on the serum phosphorus level.[6,7] For patients switching from calcium acetate, see Table 1. For all patients, dosage is adjusted based on the serum phosphorus concentration with a goal of lowering serum phosphorus level to ≤ 5.5 mg/dL. The dose is increased or decreased by one tablet per meal at 2-

week intervals as necessary. The average dose in a Phase III trial designed to lower serum phosphorus to ≤ 5.0 mg/dL was approximately three Renagel 800 mg tablets per meal. The maximum average daily Renagel dose studied was 13,000 mg.

Table 1. Starting Dose for Patients on Dialysis who are Switching from Calcium Acetate to Sevelamer HCl Tablets.[6,7]

Renvela

The recommended starting dose of Renvela is 0.8 grams to 1.6 grams taken orally with meals based on serum phosphorus levels.[8] The dose is titrated by 0.8 grams three times a day (TID) with meals at 2-week intervals as necessary to achieve target serum phosphorus levels. Based on clinical studies, the average prescribed adult daily dose of sevelamer carbonate is approximately 7.2 grams per day. The highest daily adult dose of sevelamer carbonate studied was 14,000 mg per day in patients with chronic kidney disease on dialysis.

Velphoro

The recommended starting dose of Velphoro is three tablets (1,500 mg) per day, administered as one tablet (500 mg) TID with meals.[9] Serum phosphorus levels should be monitored and doses titrated in increments or decrements of 500 mg (one tablet) per day as needed until an acceptable serum phosphorus level is reached, with regular monitoring afterwards. Based on clinical studies, on average patients required three to four tablets (1,500 mg to 2,000 mg) a day to control serum phosphorus levels. The highest daily dose studied in a Phase III clinical trial in patients with ESRD was six tablets (3,000 mg) per day.

Availability

The availability of the phosphate binders are provided in Table 2.

Table 2. Phosphate Binders Availability.[1-9]

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of phosphate binders. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA
Calcium acetate 667 mg capsules, gelcaps, or tablets
No overrides recommended.
Note: The quantity limit allows for maximum recommended dosing of up to 12 capsules/gelcaps/tablets per day.

Lanthanum carbonate 500 mg chewable tablets (Fosrenol, generic)
1. If the patient requires a higher dose to reduce their plasma phosphate level to < 6 mg/dL, approve the following quantity (A, B, or C):
   A) For a dose of 2,000 mg per day, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery; OR
   B) For a dose of 2,500 mg per day, approve 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery; OR
   C) For a dose of 3,500 mg per day, approve 210 tablets per dispensing at retail or 630 tablets per dispensing at home delivery.

   Note: Requests for 3,000 mg per day or 4,000 mg per day, direct the patient to *lanthanum carbonate 1,000 mg chewable tablets (Fosrenol, generic)*. Requests for 3,750 mg per day or 4,500 mg per day, direct the patient to *lanthanum carbonate 750 mg chewable tablets (Fosrenol, generic)*.

Lanthanum carbonate 750 mg chewable tablets (Fosrenol, generic)
1. If the patient requires a higher dose to reduce their plasma phosphate level to < 6 mg/dL, approve the following quantity (A or B):
   A) For a dose of 3,750 mg per day, approve 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery; OR
   B) For a dose of 4,500 mg per day, approve 180 tablets per dispensing at retail or 540 tablets per dispensing at home delivery.

   Note: Requests for 2,000 mg per day, 2,500 mg per day or 3,500 mg per day, direct the patient to *lanthanum carbonate 500 mg chewable tablets (Fosrenol, generic)*. Requests for 3,000 mg per day or 4,000 mg per day, see *lanthanum carbonate 1,000 mg chewable tablets (Fosrenol, generic)*.

Lanthanum carbonate 1,000 mg chewable tablets (Fosrenol, generic)
1. If the patient requires a dose of 4,000 mg per day to reduce plasma phosphate levels to < 6 mg/dL, approve 120 tablets per dispensing at retail or 360 tablets per dispensing at home delivery.
   Note: Requests for 2,000 mg per day, 2,500 mg per day or 3,500 mg per day, direct the patient to *lanthanum carbonate 500 mg chewable tablets (Fosrenol, generic)*. Requests for 3,750 mg per day or 4,500 mg per day, see *lanthanum carbonate 750 mg chewable tablets (Fosrenol, generic)*.

Fosrenol 750 mg powder packets
1. If the patient requires a higher dose to reduce their plasma phosphate level to < 6 mg/dL, approve the following quantity (A or B):

A) For a dose of 3,750 mg per day, approve 150 packets per dispensing at retail or 450 packets per dispensing at home delivery; OR

B) For 4,500 mg per day, approve 180 packets per dispensing at retail or 540 packets per dispensing at home delivery.

Note: Requests for 3,000 mg per day or 4,000 mg per day, direct the patient to *Fosrenol 1,000 mg powder packets.*

Fosrenol 1,000 mg powder packets

1. If the patient requires a dose of 4,000 mg per day to reduce their plasma phosphate level to < 6 mg/dL, approve 120 packets per dispensing at retail or 360 packets per dispensing at home delivery.
Note: Requests for 3,750 mg per day or 4,500 mg per day, direct the patient to *Fosrenol 750 mg powder packets.*

Phoslyra 667 mg/5 ml oral solution

No overrides recommended.

Note: The quantity limit allows for maximum recommended dosing of up to 60 mL/day.

Sevelamer hydrochloride 400 mg tablets (generic only)

No quantity overrides are recommended.

Note: Requests for other doses, direct the patient to sevelamer hydrochloride 800 mg tablets (*Renagel, generic)*.

Sevelamer hydrochloride 800 mg tablets (Renagel, generic)

1. If the patient requires more than 7,200 mg per day to reduce their serum phosphorus level to < 5.5 mg/dL, approve the requested quantity, not to exceed 510 tablets per dispensing at retail or 1,530 tablets per dispensing at home delivery.
Note: This override allows for a maximum dose of up to 13,000 mg per day.

Sevelamer carbonate 800 mg tablets (Renvela, generic)

1. If the patient requires more than 7,200 mg per day to reduce their serum phosphorus level to < 5.5 mg/dL, approve the requested quantity, not to exceed 540 tablets per dispensing at retail or 1,620 tablets per dispensing at home delivery.
Note: This override allows for a maximum dose of up to 14,000 mg per day.

Sevelamer carbonate 0.8 gram powder packets (Renvela, generic)

No overrides recommended.

Note: Requests for doses over 4,800 mg per day (more than 6 packets per day), direct the patient to *sevelamer carbonate 2.4 gram powder packets (Renvela, generic)*.

Sevelamer carbonate 2.4 gram powder packets (Renvela, generic)

1. If the patient requires more than 7,200 mg per day to reduce their serum phosphorus level to < 5.5 mg/dL, approve the requested quantity, not to exceed 180 packets per dispensing at retail or 540 packets per dispensing at home delivery.
Note: This override allows for a maximum dose of up to 14,000 mg per day.

Velphoro 500 mg chewable tablets

7. If the patient requires more than 2,000 mg per day to maintain an acceptable serum phosphorus level, approve the requested quantity, not to exceed 180 tablets per dispensing at retail or 540 tablets per dispensing at home delivery.
Note: This override allows for a maximum dose of up to 3,000 mg per day.

REFERENCES

156. Calcium acetate capsules [prescribing information]. Berkeley Heights, NJ: Hikma; September 2020.
157. Calcium acetate gelcaps [prescribing information]. Princeton, NJ: Sandoz; November 2022.
158. Calcium acetate tablets [prescribing information]. Congers, NY: Chartwell; December 2022.
159. Fosrenol® chewable tablets and oral powder [prescribing information]. Lexington, MA: Shire; May 2020.
160. Phoslyra oral solution [prescribing information]. Waltham, MA: Fresenius; September 2020.
161. Renagel® tablets [prescribing information]. Cambridge, MA: Genzyme; April 2020.
162. Sevelamer HCl tablets [prescribing information]. Mahwah, NJ: Glenmark; June 2020.
163. Renvela® tablets and oral suspension [prescribing information]. Cambridge, MA: Genzyme; April 2020.
164. Velphoro® chewable tablets [prescribing information]. Waltham, MA: Fresenius; February 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Potassium Binders – Lokelma Drug Quantity Management Policy – Per Rx
- Lokelma® (sodium zirconium cyclosilicate for oral suspension – AstraZeneca)

REVIEW DATE: 09/20/2023

OVERVIEW

Lokelma, a potassium-binder, is indicated for the treatment of **hyperkalemia** in adults.[1]

Dosing

The recommended starting dose of Lokelma is 10 grams administered orally three times a day for up to 48 hours.[1] For maintenance treatment, the recommended dose is 10 grams once daily. The dose may be titrated up based on the serum potassium level at intervals of 1 week or longer and in increments of 5 grams. Decrease the dose of Lokelma or discontinue if serum potassium is below the target range. The recommended maintenance dose is from 5 grams every other day to 15 grams daily.

In patients receiving chronic hemodialysis, the recommended starting dose is 5 grams once daily administered only on non-dialysis days.[1] A starting dose of 10 grams once daily on non-dialysis days if the patient's serum potassium is > 6.5 mEq/L. Monitor potassium and adjust the Lokelma dose based on pre-dialysis serum potassium value after the long inter-dialytic interval and desired target range. The recommended maintenance dose is from 5 grams to 15 grams once daily, on non-dialysis days.

Availability

Lokelma is available in 5 gram and 10 gram packets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage dose titration and provide for dose consolidation of Lokelma. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Lokelma 5 gram packets

8. If the patient requires a maintenance dose of 15 grams daily, approve 90 packets per dispensing at retail and 270 packets per dispensing at home delivery.

Lokelma 10 gram packets

1. If the patient is initiating therapy with Lokelma, approve a one-time override for the requested quantity, not to exceed 34 packets at retail and 94 packets at home delivery.

REFERENCES

165. Lokelma® powder for oral suspension [prescribing information]. Wilmington, DE: AstraZeneca; September 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Potassium Binders – Veltassa Drug Quantity Management Policy – Per Rx
- Veltassa® (patiromer for oral suspension – Vifor)

REVIEW DATE: 09/20/2023

OVERVIEW
Veltassa, a potassium-binder, is indicated for the treatment of **hyperkalemia**.[1]

Dosing
The recommended starting dose of Veltassa is 8.4 grams administered orally once daily.[1] The dose may be adjusted by 8.4 grams daily as needed at one-week or longer intervals up to 25.2 grams daily to obtain the desired serum potassium range.

Availability
Veltassa is available in 8.4 gram, 16.8 gram and 25.2 gram packets.[1]

POLICY STATEMENT
This Drug Quantity Management program has been developed to manage dose titration and provide for dose consolidation of Veltassa. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA
Veltassa 8.4 gram packets

1. If the patient requires a dose titration, approve a one-time override for the requested quantity, not to exceed 90 packets at retail and 270 tablets at home delivery.

Veltassa 16.8 gram and 25.2 gram packets
No overrides recommended.

REFERENCES

166. Veltassa® powder for oral suspension [prescribing information]. Redwood City, CA: Vifor; March 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors – Repatha Drug Quantity Management Policy – Per Days

- Repatha® (evolocumab subcutaneous injection [single-use prefilled syringes, single-dose prefilled SureClick® autoinjector, and Pushtronex® system] – Amgen)

REVIEW DATE: 09/27/2023

OVERVIEW

Repatha, a proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor antibody, is indicated for the following uses:[1]

- **Established cardiovascular (CV) disease**, in adults to reduce the risk of myocardial infarction (MI), stroke, and coronary revascularization.
- **Primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH])**, in adults as an adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies to reduce LDL-C.
- **HeFH, in pediatric patients ≥ 10 years of age**, as an adjunct to diet and other LDL-C lowering therapies.
- **Homozygous familial hypercholesterolemia (HoFH)**, as an adjunct to other LDL-C lowering therapies (e.g., statins, ezetimibe, LDL apheresis) in patients ≥ 10 years of age, to reduce LDL-C.

The safety and effectiveness of Repatha have not been established in pediatric patients with HeFH or HoFH who are < 10 years of age, or in pediatric patients with other types of hyperlipidemia.[1]

Dosing

- **Adults with established CV disease or primary hyperlipidemia:** The recommended dose is either 140 mg every 2 weeks (Q2W) or 420 mg once monthly by subcutaneous (SC) injection.[1] If switching dosage regimens, administer the first dose of the new regimen on the next scheduled date of the prior regimen.
- **Pediatric patients ≥ 10 years of age with HeFH:** The recommended dose is either 140 mg Q2W OR 420 mg once monthly by SC injection. If switching dosage regimens, administer the first dose of the new regimen on the next scheduled date of the prior regimen.
- **Adults and pediatric patients ≥ 10 years of age with HoFH**: The initial recommended dose is 420 mg once monthly by SC injection. The dose can be increased to 420 mg Q2W if a clinically meaningful response is not achieved in 12 weeks. Patients on lipid apheresis may initiate treatment with 420 Q2W to correspond with their apheresis schedule.

The LDL-lowering effect of Repatha may be measured as early as 4 weeks after initiation.

Repatha can be self-administered. For doses of 420 mg, the dose can be administered over 5 minutes by using the single-dose on-body infuser with prefilled cartridge, or by giving three injections consecutively (140 mg each) within a 30 minutes using the single-dose prefilled autoinjector or single-dose prefilled syringe.

Availability

Repatha is available as a single-dose prefilled syringe (1 pack) or single-dose prefilled SureClick® autoinjector (1-pack or 2-pack) containing 140 mg/mL.[1] It is also available as a single-dose Pushtronex® system (on-body infuser with prefilled cartridge) containing 420 mg/3.5 mL (1 pack).

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling and waste, and to address potential order entry error of Repatha. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

*This is enough drug for patients to follow the recommended dosing schedule of 140 mg every two weeks or 420 mg once monthly. For coverage of additional quantities, a coverage review is required.

CRITERIA

Repatha 140 mg/mL autoinjector or syringe

1. If the patient has a diagnosis of Homozygous Familial Hypercholesterolemia (HoFH) and is using a dose of 420 mg per month, approve 3 pens or syringes (6 mL) per 28 days at retail or 9 pens or syringes (18 mL) per 84 days at home delivery.
2. If the patient has a diagnosis of Homozygous Familial Hypercholesterolemia (HoFH) and is using a dose of 420 mg every 2 weeks, approve 6 pens or syringes (12 mL) per 28 days at retail or 18 pens or syringes (36 mL) per 84 days at home delivery.

Repatha Pushtronex 420 mg/3.5 mL

1. If the patient has a diagnosis of Homozygous Familial Hypercholesterolemia (HoFH) and is using a dose of 420 mg every 2 weeks, approve 2 Pushtronex units (7 mL) per 28 days at retail or 6 Pushtronex units (21 mL) per 84 days at home delivery.

REFERENCES

47. Repatha® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen, August 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Proton Pump Inhibitors Drug Quantity Management Policy – Per Rx

REVIEW DATE: 03/22/2023

OVERVIEW

The FDA-approved indications for the proton pump inhibitors (PPIs) are in Table 1.

Table 1. FDA-Approved Indications for the Oral Prescription Proton Pump Inhibitors. [1-11]

Table 1 (continued). FDA-Approved Indications for the Oral Prescription Proton Pump Inhibitors. [1-11]
DR – Delayed-release; ZES – Zollinger-Ellison syndrome.

Dosing and Availability

Refer to Drug Quantity Limit table below for dosing and availability of the PPIs.

GUIDELINES

Gastroesophageal Reflux Disease (GERD) and Erosive/Reflux Esophagitis

The American College of Gastroenterology (ACG) guidelines on the treatment of GERD (2021) note that PPIs eliminate symptoms and heal esophagitis more frequently and more rapidly than the other agents (e.g., histamine$_2$ receptor antagonists [H_2RAs]).[12] All seven of the available (at time of publication) PPIs (omeprazole, lansoprazole, rabeprazole**,** pantoprazole, esomeprazole, omeprazole/sodium bicarbonate, and dexlansoprazole) have been demonstrated to control GERD symptoms and to heal esophagitis when used at prescription strengths. The ACG guidelines also note that chronic PPI therapy is effective and appropriate for maintenance therapy of GERD in patients who continue to have symptoms after an 8-week course of PPI therapy and in patients with complications including erosive esophagitis and Barrett's esophagus. For optimal use, the ACG guidelines note that when giving PPIs once daily (QD), it is best to administer 30 to 60 minutes prior to meals and prior to the morning meal for most patients (with the exception of omeprazole-sodium bicarbonate [administer at bedtime for nighttime acid] and dexlansoprazole [administer at any time of the day]). For patients with partial response to QD therapy, tailored therapy with adjustment of dose timing and/or twice daily (BID) dosing should be considered in patients with night-time symptoms, variable schedules, and/or sleep disturbance. BID dosing has also been shown to improve nighttime acid control.[13]

The American Gastroenterological Association (AGA) published a clinical practice update on the management of GERD in 2022.[14] The AGA position statement is similar to the ACG guidelines, and indicates that PPIs are more effective than H_2RAs. In addition, BID PPI therapy for patients with esophageal syndrome with an inadequate response to QD PPI therapy may improve outcomes.

Laryngopharyngeal Reflux (LPR)

LPR is defined as the backflow of stomach contents (acid) into the throat.[15] Most LPR patients will require BID dosing of PPIs secondary to the need for consistent acid suppression (intragastric pH > 4) for 24 hours. A position statement from the American Academy of Otolaryngology Head and Neck Surgery (AAOHNS) recommends BID PPI dosing for a minimum of 6 months in most LPR patients. Prolonged tapering and/or chronic treatment (life-long) may be needed in some patients.

Helicobacter pylori

The ACG guidelines for the management of *H. pylori* infection were updated in 2017.[16] Despite FDA-approval of various dual drug regimens, the ACG recommends use of triple or quadruple drug regimens for the management of *H. pylori* since these regimens are more effective. PPIs are a component of all of the first-line recommended regimens. Of note, some PPIs are supplied in combination kits with other medications for the treatment of *H. pylori* infections. In the Omeclamox-Pak™ (omeprazole delayed-release capsules, clarithromycin tablets, amoxicillin capsules), it is noted that for patients with an ulcer present at initiation of therapy, an additional 18 days of omeprazole 20 mg QD is recommended following completion of the 10- to 14-day triple therapy regimen.[17]

Additional Information

The intent of the drug quantity management on lower strength PPIs is dose consolidation. The highest strength dosage form for each product does not have a quantity limit. For example, if a drug is available in a 20 mg and 40 mg strength, only the 20 mg strength has a quantity limit and criteria. Patients are

encouraged to take one 40 mg unit instead of two 20 mg units. The highest strengths of the proton pump inhibitors do not have quantity limits since it is clinically appropriate in certain patients, such as for acute healing of ulcers and patients with a hypersecretory condition (e.g., Zollinger-Ellison syndrome, endocrine adenoma, systemic mastocytosis), to take a dose above the highest strength. Over-the-counter PPIs are managed by plan design and are not subject to quantity limits under this program.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation of proton pump inhibitors. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

CRITERIA

Dexlansoprazole Products

Dexlansoprazole 30 mg delayed-release capsules (Dexilant, generic)

1. If according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
   Note: This override provides for 30 mg twice daily dosing.
2. If the patient has laryngopharyngeal reflux, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Esomeprazole Products

Nexium 2.5 mg packets of delayed-release granules for oral suspension

1. If the patient is < 1 year of age and according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.
   Note: This override provides for 2.5 mg twice daily dosing.

Nexium 5 mg packets of delayed-release granules for oral suspension

1. If the patient is ≤ 11 years of age and according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.
   Note: This override provides for 5 mg twice daily dosing.

Esomeprazole magnesium 10 mg packets of delayed-release granules for oral suspension (Nexium, generic)

1. If the patient is ≤ 17 years of age and according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.
   Note: This override provides for 10 mg twice daily dosing.

Esomeprazole magnesium 20 mg packets of delayed-release granules for oral suspension (Nexium, generic)

1. If according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.
   Note: This override provides for 20 mg twice daily dosing.
2. If the patient has laryngopharyngeal reflux, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.

Esomeprazole magnesium 20 mg delayed-release capsules (Nexium, generic)

1. If according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
   Note: This override provides for 20 mg twice daily dosing.
2. If the patient has laryngopharyngeal reflux, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Lansoprazole Products

Lansoprazole 15 mg delayed-release capsules (Prevacid, generic)

1. If according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

2. If the patient has laryngopharyngeal reflux, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Lansoprazole 15 mg delayed-release orally-disintegrating tablets (Prevacid SoluTab, generic)

1. If according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
2. If the patient has laryngopharyngeal reflux, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.

Omeprazole Products

Prilosec 2.5 mg delayed-release oral suspension packets

1. If the patient is ≤ 16 years of age and according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 120 packets per dispensing at retail or 360 packets per dispensing at home delivery.
Note: This override provides for 2.5 mg or 5 mg twice daily dosing.

Prilosec 10 mg delayed-release oral suspension packets

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve the requested quantity per dispensing, not to exceed 90 packets at retail or 270 packets at home delivery.
Note: An example of this situation is a patient receiving 30 mg once daily (three packets per day), a quantity of 90 packets per dispensing at retail or 270 packets per dispensing at home delivery would be approved.
2. If the patient is ≤ 16 years of age and according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.
Note: This override provides for 10 mg twice daily dosing.
3. If the patient has laryngopharyngeal reflux, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.

Omeprazole 10 mg delayed-release capsules

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve the requested quantity per dispensing, not to exceed 90 capsules at retail or 270 capsules at home delivery.
Note: For example, if a patient is receiving 30 mg once daily (three capsules per day), a quantity of 90 capsules per dispensing would be approved at retail or 270 capsules per dispensing at home delivery.
2. If the patient is ≤ 16 years of age and according to the prescriber, the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
Note: This override provides for 10 mg twice daily dosing.
3. If the patient has laryngopharyngeal reflux, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Omeprazole 20 mg delayed-release capsules

1. If the patient has a hypersecretory condition, (e.g., Zollinger-Ellison syndrome, endocrine adenomas, or systemic mastocytosis), approve 90 capsules per dispensing at retail or 270 capsules per dispensing at home delivery.

Note: If a larger dose is required, the patient should be referred to the 40 mg prescription omeprazole capsule.

2. If according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Note: This override provides for 20 mg twice daily dosing.

3. If the patient has laryngopharyngeal reflux, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
4. If the patient has an ulcer caused by *H. pylori*, approve a one-time override of 46 capsules at retail or home delivery.
5. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve the requested quantity per dispensing, not to exceed 90 tablets at retail or 270 tablets at home delivery.

Note: An example of this would be if a patient is receiving 60 mg once daily (three tablets per day), a quantity override for 90 capsules per dispensing would be approved at retail or 270 capsules per dispensing per dispensing at home delivery.

Omeprazole and Sodium Bicarbonate Products

Konvomep 2 mg/84 mg per mL Kits (90 mL, 150 mL, and 300 mL)

No overrides recommended.

Omeprazole and sodium bicarbonate 20 mg/1,100 mg capsules (Zegerid, generic)

1. If the patient has a hypersecretory condition (e.g., Zollinger-Ellison syndrome, endocrine adenomas, systemic mastocytosis), approve 90 capsules per dispensing at retail or 270 capsules per dispensing at home delivery).

   Note: If a larger dose of omeprazole and sodium bicarbonate (Zegerid, generic) is required, the patient should be referred to the 40 mg/1,100 mg capsules.
2. If according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

   Note: This override provide for 20 mg/1,100 mg twice daily dosing.
3. If the patient has laryngopharyngeal reflux, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Omeprazole and sodium bicarbonate 20 mg/1,680 mg oral suspension (Zegerid, generic)

1. If the patient has a hypersecretory condition (e.g., Zollinger-Ellison syndrome, endocrine adenomas, systemic mastocytosis), approve 90 packets per dispensing at retail or 270 packets per dispensing at home delivery.

   Note: If a larger dose of omeprazole and sodium bicarbonate (Zegerid, generic) is required, the patient should be referred to the 40 mg/1,680 mg packets.
2. If according to the prescriber the patient's symptoms are not controlled by once daily, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.

   Note: This override provides for 20 mg/1,680 mg twice daily dosing.
3. If the patient has laryngopharyngeal reflux, approve 60 packets per dispensing at retail or 180 packets per dispensing at home delivery.

Pantoprazole Products

Pantoprazole 20 mg delayed-release tablets (Protonix, generic)

1. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more

strengths to be used), approve the requested quantity per dispensing, not to exceed 90 tablets at retail or 270 tablets at home delivery.
Note: An example of this would be if a patient is receiving 60 mg once daily (three tablets per day), a quantity override for 90 tablets at retail or 270 tablets at home delivery would be approved.

2. If the patient is ≥ 5 years of age and according to the prescriber the patient's symptoms are not controlled with once daily dosing, approve 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
3. If the patient has laryngopharyngeal reflux, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Rabeprazole Products

Aciphex Sprinkle 5 mg delayed-release capsules

1. If the patient is ≤ 11 years of age and according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

Rabeprazole 10 mg delayed release capsules (Aciphex Sprinkle, branded generic)

1. If the patient is ≤ 11 years of age and according to the prescriber the patient's symptoms are not controlled by once daily dosing, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.
2. If the patient is unable to swallow a 20 mg rabeprazole delayed-release tablet (Aciphex, generic), approve the requested quantity per dispensing, not to exceed 180 capsules at retail or 540 capsules at home delivery.

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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Psychiatry – Novel Psychotropics Drug Quantity Management Policy – Per Rx

- Abilify® (aripiprazole tablets – Otsuka, generic)
- Abilify Mycite® (aripiprazole tablets with sensor – Otsuka)
- aripiprazole orally-disintegrating tablets (generic only)
- Caplyta® (lumateperone capsules – Intra-Cellular)
- Fanapt® (iloperidone tablets – Vanda)
- Geodon® (ziprasidone capsules – Pfizer, generic)
- Invega® (paliperidone extended-release tablets – Janssen, generic)
- Latuda® (lurasidone tablets – Sunovion/Sumitomo, generic)
- Lybalvi™ (olanzapine and samidorphan tablets – Alkermes)
- Rexulti® (brexpiprazole tablets – Otsuka)
- Risperdal® (risperidone tablets – Janssen, generic)
- risperidone orally-disintegrating tablets (generic only)
- Saphris® (asenapine sublingual tablets – Allergan, generic)
- Secuado® (asenapine transdermal system – Noven Therapeutics)
- Seroquel® (quetiapine tablets – AstraZeneca, generic)
- Quetiapine 150 mg tablets (authorized generic)
- Seroquel XR® (quetiapine extended-release tablets – AstraZeneca, generic)
- Vraylar® (cariprazine capsules – Allergan)
- Zyprexa® (olanzapine tablets – Eli Lilly, generic)
- Zyprexa Zydis® (olanzapine orally disintegrating tablets – Eli Lilly, generic)

REVIEW DATE: 09/05/2023

OVERVIEW

Indications

All of the novel psychotropics are indicated for use in **schizophrenia**.[1-17] In addition, all of the agents except Caplyta, paliperidone, Fanapt, Rexulti, and Secuado carry a bipolar disorder indication.

- Aripiprazole and risperidone are indicated for the treatment of irritability associated with autistic disorder in pediatric patients (6 to 17 years of age and 5 to 17 years of age, respectively).
- Aripiprazole, Abilify Mycite, olanzapine, Rexulti, quetiapine extended-release, and Vyrlar are indicated as adjunctive treatment for major depressive disorder in patients already taking an antidepressant.
- Aripiprazole is the only agent indicated for the treatment of Tourette's disorder.
- Paliperidone is indicated for the treatment of schizoaffective disorder.
- Aripiprazole, lurasidone, quetiapine, risperidone, and asenapine tablets are approved for use in pediatric patients ≥ 10 years of age with bipolar disorder. Olanzapine is approved for use in patients ≥ 13 years of age with bipolar disorder.
- Aripiprazole, lurasidone, olanzapine, quetiapine, and risperidone are approved for use in patients ≥ 13 years of age with schizophrenia.
- Rexulti has an additional indication for the treatment of agitation associated with dementia due to Alzheimer's disease.

Dosing and Availability

Refer to Table 1 for the recommended dosing and availability of the novel psychotropics.[1-17]

Table 1. Novel Psychotropic Dosing and Availability.[1-17]

Table 1 (continued). Novel Psychotropic Dosing and Availability.[1-17]

[α] This product is also available as an oral solution that is not targeted in this policy; ODT – Orally disintegrating tablets; QD – Once daily; S – Schizophrenia; SA – Schizophrenia in adolescents; BP – Bipolar disorder; BPP – Bipolar disorder in pediatric patients; D – Depression; A – Irritability associated with autism in pediatric patients; TD – Tourette's disorder; [†] Take with food; BID – Twice daily; ER – Extended-release; [+] Do not eat or drink for 10 minutes after administration; [Δ] The 0.25 mg brand Risperdal is no longer available; SP – Schizophrenia in pediatrics; MA – Mania; HS – At bedtime; TID – Three times daily; M – Monotherapy; CT – Combination therapy; AD – Agitation due to dementia associated with Alzheimer's disease; [^] With fluoxetine in the evening; BP-DP – Bipolar disorder with depressive episodes in pediatric patients.

Additional Dosing and Administration Information

Aripiprazole (Abilify, generic; Abilify Mycite)

When using aripiprazole concomitantly with strong cytochrome P450 (CYP)3A4 inhibitors (e.g., ketoconazole) or CYP2D6 inhibitors (e.g., quinidine, fluoxetine, paroxetine), OR if the patient is a known CYP2D6 poor metabolizer, reduce the aripiprazole dose to one-half the usual dose.[1,2] If the patient is receiving BOTH a strong CYP3A4 inhibitor AND a strong CYP2D6 inhibitor, the aripiprazole dose should be reduced to one-quarter the usual dose. When adding a potential CYP3A4 inducer (e.g., carbamazepine), the aripiprazole dose should be doubled. Aripiprazole orally-disintegrating tablets (ODT) should not be split.

Caplyta

When using Caplyta concomitantly with moderate or strong CYP3A4 inhibitors, the recommended dose of Caplyta is 21 mg and 10.5 mg once daily, respectively.[3] For patients with moderate or severe hepatic impairment (Child-Pugh class B or C), the recommended dose of Caplyta is 21 mg once daily.

Fanapt

Fanapt should be started at a low starting dose and titrated slowly to avoid orthostatic hypotension.[4] For the treatment of adults with *schizophrenia*, the recommended starting dose is 1 mg twice daily. Increases to reach the target dose range of 6 to 12 mg twice daily (total dose 12 to 24 mg daily) may be made with daily dosage increases to 2 mg twice daily, 4 mg twice daily, 6 mg twice daily, 8 mg twice daily, 10 mg twice daily and 12 mg twice daily on days 2, 3, 4, 5, 6, and 7, respectively. To accommodate this titration, Fanapt is supplied as a titration pack, containing 2 x 1 mg tablets, 2 x 2 mg tablets, 2 x 4 mg tablets, and 2 x 6 mg tablets. For patients that have had an interval of more than three days off Fanapt, it is recommended that the initiation titration schedule be followed.

Ziprasidone (Geodon, generic)
An increase to a dose greater than 80 mg BID of ziprasidone is not generally recommended and the safety of doses above 100 mg BID has not been evaluated in clinical trials.[5]

Paliperidone (Invega, generic)
Initial dose titration with paliperidone is not required.[6] However, some patients may benefit from lower or higher doses within the dose range of 3 to 12 mg once daily. Dose increases should occur in increments of 3 mg per day at intervals of more than 5 days for schizophrenia and 4 days for schizoaffective disorder. The maximum recommended dose is 12 mg per day.

Lybalvi
Dosage may be adjusted at intervals of 5 mg (based on the olanzapine component of Lybalvi) depending upon clinical response and tolerability, up to the maximum recommended dosage of 20 mg/10 mg once daily.[8] Lybalvi tablets should be swallowed whole. Patients should not split tablets or combine different strength Lybalvi tablets.

Rexulti
When using Rexulti concomitantly with strong CYP3A4 inhibitors (e.g., ketoconazole) or CYP2D6 inhibitors (e.g., quinidine, fluoxetine, paroxetine), OR the patient is a known CYP2D6 poor metabolizer, reduce the Rexulti dose to one-half the usual dose.[9] If the patient is receiving BOTH a strong/moderate CYP3A4 inhibitor AND a strong/moderate CYP2D6 inhibitor, the Rexulti dose should be reduced to one-quarter the usual dose. The dose should also be reduced to one-quarter the usual dose if the patient is a known CYP2D6 poor metabolizer and is also receiving a strong/moderate CYP3A4 inhibitor. When adding a strong CYP3A4 inducer (e.g., carbamazepine), the Rexulti dose should be doubled over the course of one to two weeks.

Risperidone tablets (Risperdal, generic) and risperidone ODT
When using concomitantly with CYP2D6 inhibitors (e.g., fluoxetine, paroxetine) the Risperdal dose should be reduced; the maximum dose of Risperdal is 8 mg per day when co-administered with these drugs.[10] When adding enzyme inducers (e.g., carbamazepine, phenytoin, rifampin, phenobarbital), the patient's Risperdal dose may need to be increased up to double the usual dose.

Quetiapine tablets (Seroquel, generic) and Quetiapine extended-release tablets (Seroquel XR, generic)
When using concomitantly with CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, ritonavir) the quetiapine dose should be reduced to one sixth the original dose.[13,14] When taking quetiapine in combination with potent CYP3A4 inducers (e.g., carbamazepine, phenytoin, rifampin), the patient's Seroquel dose may need to be increased up to five times the usual dose.

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the novel psychotropics. In general, the initial quantity limits allow for a 30-day supply of the medication when administered at the maximum recommended dose. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration unless noted below.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

CRITERIA

Aripiprazole tablets (Abilify, generic) and Abilify Mycite

1. If the patient has been receiving 30 mg per day for at least 4 weeks and the dose is now being increased to > 30 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 30 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the dose is being doubled to a dose > 30 mg per day because the patient is taking a CYP3A4 inducer (e.g., carbamazepine), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and at home delivery.

5. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

   Note: For example, for a patient receiving aripiprazole 25 mg daily (i.e., five of the 5 mg tablets per day), allow 150 tablets for a 30-day supply per dispensing at retail and 450 tablets for a 90-day supply at home delivery.

6. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy, and requires the drug to be administered more frequently (e.g., divided twice-daily or three-times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

   Note: For example, for a patient receiving aripiprazole 10 mg twice daily, approve 60 tablets for a 30-day supply per dispensing at retail and 180 tablets for a 90-day supply per dispensing at home delivery.

Aripiprazole orally-disintegrating tablets (ODT) [generic only]

1. If the patient has been receiving 30 mg per day for at least 4 weeks and the dose is now being increased to > 30 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 30 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the dose is being doubled to a dose > 30 mg per day because the patient is taking a CYP3A4 inducer (e.g., carbamazepine), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy, and requires the drug to be administered more frequently (e.g., divided twice-daily

or three-times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Note: For example, for a patient receiving aripiprazole ODT 10 mg three times daily, approve 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

Caplyta 10.5 mg and 21 mg capsules
No overrides recommended.

Caplyta 42 mg capsules

1. If the patient has been receiving 42 mg per day for at least 4 weeks and the dose is now being increased to > 42 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 42 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Fanapt tablets (NOT the titration pack)

3. If the patient has been receiving 24 mg per day for at least 4 weeks and the dose is now being increased to > 24 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the patient has already been started and stabilized on a dose > 24 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and 90-day supply per dispensing at home delivery.

5. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

6. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used AND would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Note: For example, for a patient receiving Fanapt 4 mg in the morning and 2 mg in the evening (i.e., three of the 2 mg tablets per day), allow 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

7. If the patient has tried twice daily therapy, but cannot tolerate it or the patient refuses to try twice daily therapy and requires the drug to be administered more frequently (e.g., three times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Note: For example, for a patient receiving Fanapt 4 mg three times daily, approve 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-days supply per dispensing at home delivery.

Fanapt Titration Pack
No overrides recommended.

Ziprasidone capsules (Geodon, generic)

1. If the patient has been receiving 160 mg per day for at least 4 weeks and the dose is now being increased to > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home deliver.

2. If the patient has already been started and stabilized on a dose > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

4. If the patient has tried twice daily therapy, but cannot tolerate it or the patient refuses to try twice daily therapy and requires the drug to be administered more frequently (e.g., three times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving ziprasidone 20 mg three times daily, allow 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

Paliperidone 1.5 mg and 3 mg extended-release tablets (Invega, generic)

1. If the patient has been receiving 12 mg per day for at least 4 weeks and the dose is now being increased to a dose > 12 mg per day that cannot be achieved using the 6 mg tablet strength, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 12 mg per day that cannot be achieved using the 6 mg tablet, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

4. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving paliperidone 4.5 mg once daily (i.e., three of the 1.5 mg tablets per day), approve 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

5. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy and requires the drug to be administered more frequently (e.g., twice daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving paliperidone 3 mg twice daily, approve 60 tablets for a 30-day supply per dispensing at retail and 180 tablets for a 90-day supply per dispensing at home delivery.

Paliperidone 6 mg extended-release tablets (Invega, generic)

1. If the patient has been receiving 12 mg per day for at least 4 weeks and the dose is now being increased to a dose > 12 mg per day that cannot be achieved using the 6 mg tablet strength, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 12 mg per day that cannot be achieved using the 6 mg tablet, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Paliperidone 9 mg extended-release tablets (Invega, generic)

1. If the patient has been receiving 12 mg per day for at least 4 weeks and the dose is now being increased to a dose > 12 mg per day that cannot be achieved using the 6 mg tablet strength, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 12 mg per day that cannot be achieved using the 6 mg tablet, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two [or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving paliperidone 4.5 mg once daily (i.e., three of the 1.5 mg tablets per day), approve 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

Lurasidone 20 mg tablets (Latuda, generic)

1. If the patient has been receiving 160 mg per day for at least 4 weeks and the dose is now being increased to a dose > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving Latuda 100 mg once daily (i.e., five of the 20 mg tablets per day), approve 150 tablets for a 30-day supply per dispensing at retail and 450 tablets for a 90-day supply per dispensing at home delivery.

4. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy and requires the drug to be administered more frequently (e.g., twice daily or three times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving Latuda 20 mg twice daily, allow 60 tablets for a 30-day supply per dispensing at retail and 180 tablets as a 90-day supply per dispensing at home delivery.

Lurasidone 40 mg, 60 mg, and 80 mg tablets (Latuda, generic)

1. If the patient has been receiving 160 mg per day for at least 4 weeks and the dose is now being increased to a dose > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy and requires the drug to be administered more frequently (e.g., twice daily or three times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
Note: For example, for a patient receiving Latuda 40 mg twice daily, approve 60 tablets for a 30-day supply per dispensing at retail and 180 tablets as a 90-day supply per dispensing at home delivery.

Lurasidone 120 mg tablets (Latuda, generic)

1. If the patient has been receiving 160 mg per day for at least 4 weeks and the dose is now being increased to a dose > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 160 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Lybalvi

1. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

Rexulti

1. If the patient has been receiving 4 mg per day for at least 4 weeks and the dose is now being increased to > 4 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 4 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the dose of Rexulti is being doubled to a dose > 4 mg per day because the patient is taking a CYP3A4 inducer (e.g., carbamazepine), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

5. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving Rexulti 1.5 mg daily (i.e., three of the 0.5 mg tablets per day), approve 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

6. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy, and requires the drug to be administered more frequently (e.g., divided twice-daily or three-times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving Rexulti 1 mg twice daily, approve 60 tablets for a 30-day supply per dispensing at retail and 180 tablets for a 90-day supply per dispensing at home delivery.

Risperidone tablets (Risperdal, generics) and risperidone orally-disintegrating tablets (generic)

1. If the patient requires a dose > 8 mg per day, approve up to 120 tablets per dispensing for a 30-day supply at retail and 360 tablets per dispensing for a 90-day supply at home delivery.
   Note: This allows for up to a dose of 16 mg per day.

2. If the patient has been receiving 16 mg per day for at least 4 weeks and the dose is now being increased to > 16 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient has already been started and stabilized on a dose > 16 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the dose of risperidone (Risperdal tablets, generic; risperidone orally-disintegrating tablets) is being doubled to a dose > 16 mg per day because the patient is taking an enzyme inducer (e.g., carbamazepine), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

5. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

6. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving risperidone 4 mg in the morning and 2 mg in the evening (i.e., three of the 2 mg tablets per day), approve 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

7. If the patient has tried once daily or twice daily therapy, but cannot tolerate it or the patient refuses to try once daily or twice daily therapy, and requires the drug to be administered more frequently (e.g., three-times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving risperidone 4 mg three times daily, allow 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

Asenapine 2.5 mg tablets (Saphris, generic)

1. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

Asenapine 5 mg tablets (Saphris, generic)

1. If the patient has been receiving 20 mg per day for at least 4 weeks and the dose is now being increased to a dose > 20 mg per day that cannot be achieved using the 10 mg strength, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 20 mg per day that cannot be achieved using the 10 mg strength, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two [or more] strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving asenapine 10 mg in the morning and 5 mg in the evening (i.e., three of the 5 mg tablets per day), approve a total of 90 of the 5 mg tablets for a 30-day supply per dispensing at retail and 270 of the 5 mg tablets for a 90-day supply per dispensing at home delivery.

4. If the patient has tried twice daily therapy, but cannot tolerate it or the patient refuses to try twice daily therapy, and requires the drug to be administered more frequently (e.g., three-times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
   Note: For example, for a patient receiving asenapine 5 mg three times daily, allow 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

Asenapine 10 mg tablets (Saphris, generic)

1. If the patient has been receiving 20 mg per day for at least 4 weeks and the dose is now being increased to a dose > 20 mg per day that cannot be achieved using the 10 mg strength, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 20 mg per day that cannot be achieved using the 10 mg strength, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Secuado 3.8 mg/24 hr, 5.7 mg/24 hr, 7.6 mg/24 hr transdermal systems

No overrides recommended.

Quetiapine tablets 25 mg, 50 mg, 100 mg, and 200 mg (Seroquel, generic) and Quetiapine 150 mg tablets

1. If the patient requires a dose > 600 mg per day that cannot be achieved using the 300 mg or 400 mg tablet strengths, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

3. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
Note: For example, for a patient is receiving quetiapine 75 mg twice daily (i.e., six of the 25 mg tablets per day), approve a total of 180 tablets for a 30-day supply per dispensing at retail and a 540 tablets for a 90-day supply per dispensing at home delivery.

Quetiapine 300 mg and 400 mg tablets (Seroquel, generic)

1. If the patient has been receiving 800 mg per day for at least 4 weeks and the dose is now being increased to a dose > 800 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 800 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the dose of quetiapine is being increased because the patient is taking an enzyme inducer (e.g., carbamazepine), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and a 90-day supply per dispensing at home delivery.

Quetiapine 50 mg extended-release tablets (Seroquel XR, generic)

1. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and at home delivery.

2. If the patient has tried once daily or twice daily therapy, but cannot tolerate it or the patient refuses to try once daily or twice daily therapy, and requires the drug to be administered more frequently (e.g., three-times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply at home delivery.
Note: For example, for a patient receiving quetiapine 50 mg extended-release tablets three times daily, approve 90 tablets for a 30-day supply per dispensing at retail and 270 tablets for a 90-day supply per dispensing at home delivery.

Quetiapine 150 mg and 200 mg extended-release tablets (Seroquel XR, generic)

1. If the patient has been receiving 800 mg per day for at least 4 weeks and the dose is now being increased to a dose > 800 mg per day that cannot be achieved using the 300 mg or 400 mg tablet strengths, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 800 mg per day that cannot be achieved using the 300 mg or 400 mg tablet strengths, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient's dose is being increased to a dose > 800 mg per day because the patient is taking an enzyme inducer (e.g., carbamazepine) and the new dose cannot be achieved using the 300 mg or 400 mg tablet strengths, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

5. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy, and requires the drug to be administered more frequently (e.g., twice daily or three times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
Note: For example, for a patient receiving quetiapine 200 mg extended-release tablets twice daily, approve 60 tablets for a 30-day supply per dispensing at retail and 180 tablets for a 90-day supply per dispensing at home delivery.

Quetiapine 300 mg and 400 mg extended-release tablets (Seroquel XR, generic)

1. If the patient has been receiving 800 mg per day for at least 4 weeks and the dose is now being increased to > 800 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 800 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient's dose is being increased to a dose > 800 mg per day because the patient is taking an enzyme inducer (e.g., carbamazepine), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

4. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

Vraylar 1.5 mg and 3 mg capsules

1. If the patient has been receiving 6 mg per day for at least 4 weeks and the dose is now being increased to > 6 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 6 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

4. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy, and requires the drug to be administered more frequently (e.g., twice daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Note: For example, for a patient receiving Vraylar 1.5 mg BID, approve 60 tablets for a 30-day supply per dispensing at retail and 180 tablets for a 90-day supply per dispensing at home delivery.

Vraylar 4.5 mg and 6 mg capsules

1. If the patient has been receiving 6 mg per day for at least 4 weeks and the dose is now being increased to > 6 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 6 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

Vraylar Blister Pack and Mixed Blister Pack

No overrides recommended.

Olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, and 20 mg tablets (Zyprexa, generic)

5. If the patient has been receiving 20 mg per day for at least 4 weeks and the dose is now being increased to > 20 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

6. If the patient has already been started and stabilized on a dose > 20 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

7. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

8. If the patient is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
Note: For a patient receiving olanzapine 12.5 mg once daily (i.e., five of the 2.5 mg tablets per day, allow a total of 150 tablets for a 30-day supply per dispensing at retail and 450 tablets for a 90-day supply per dispensing at home delivery.

9. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy, and requires the drug to be administered more frequently (e.g., twice daily or three times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.
Note: For example, for a patient receiving olanzapine 5 mg twice daily, allow 60 tablets for a 30-day supply per dispensing at retail and 180 tablets for a 90-day supply per dispensing at home delivery.

Olanzapine 5 mg, 10 mg, 15 mg and 20 mg orally-disintegrating tablets (Zyprexa Zydis, generic)

1. If the patient has been receiving 20 mg per day for at least 4 weeks and the dose is now being increased to > 20 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

2. If the patient has already been started and stabilized on a dose > 20 mg per day, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail and a 90-day supply per dispensing at home delivery.

3. If the patient's dose is being adjusted and a greater quantity is required to achieve either a lower or higher dose, approve a one-time override for a quantity sufficient to allow for dose titration at retail and home delivery.

4. If the patient has tried once daily therapy, but cannot tolerate it or the patient refuses to try once daily therapy, and requires the drug to be administered more frequently (e.g., twice daily or three times daily), approve a quantity sufficient to allow for a 30-day supply per dispensing.
Note: For example, for a patient receiving olanzapine orally-disintegrating tablet 5 mg twice daily, allow 60 orally-disintegrating tablets for a 30-day supply per dispensing at retail and 180 orally-disintegrating tablets for a 90-day supply per dispensing at home delivery.

REFERENCES

167. Abilify® tablets, orally disintegrating tablets, oral solution, and injection for intramuscular use [prescribing information]. Rockville, MD: Otsuka; November 2022.
168. Abilify Mycite® tablets with sensor [prescribing information]. Rockville, MD: Otsuka; November 2022.
169. Caplyta® capsules [prescribing information]. New York, NY: Intra-Cellular; June 2023.
170. Fanapt® tablets [prescribing information]. Washington, DC: Vanda; September 2021.
171. Geodon® capsules and IM injection [prescribing information]. New York, NY: Pfizer; January 2022.
172. Invega® extended-release tablets [prescribing information]. Titusville, NJ: Janssen; March 2022.
~~173.~~ Latuda® tablets [prescribing information]. Marlborough, MA: Sunovion; July 2023.
174. Lybalvi™ tablets [prescribing information]. Waltham, MA: Alkermes; May 2021.
175. Rexulti® tablets [prescribing information]. Rockville, MD: Otsuka; May 2023.
176. Risperdal® (tablets/oral solution) and Risperdal® M-Tab® [prescribing information]. Titusville, NJ: Janssen; December 2022.
177. Saphris® sublingual tablets [prescribing information]. Irvine, CA: Allergan USA; February 2017.

178. Secuado® transdermal system [prescribing information]. Miami, FL: Noven; May 2023.
179. Seroquel® tablets [prescribing information]. Wilmington, DE: AstraZeneca; January 2022.
180. Seroquel XR® extended-release tablets [prescribing information]. Wilmington, DE: AstraZeneca; January 2022.
181. Vraylar® capsules [prescribing information]. Madison, NJ: Allergan USA; December 2022.
182. Zyprexa®, Zyprexa® Zydis® and Zyprexa® intramuscular [prescribing information]. Indianapolis, IN: Eli Lilly and Company; April 2020.
183. Quetiapine tablets [prescribing information]. East Brunswick, NJ: Rising; June 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Pulmonary – Corticosteroid/Long-Acting Beta$_2$-Agonist Combination Inhalers Drug Quantity Management Policy – Per Rx

- Advair Diskus® (fluticasone propionate/salmeterol inhalation powder – GlaxoSmithKline, generic [including Wixela Inhub®])
- Advair® HFA (fluticasone propionate/salmeterol inhalation aerosol – GlaxoSmithKline)
- AirDuo® Digihaler™ (fluticasone propionate/salmeterol inhalation powder – Teva)
- AirDuo® RespiClick® (fluticasone propionate/salmeterol inhalation powder – Teva, generic)
- Breo® Ellipta® (fluticasone furoate/vilanterol inhalation powder – GlaxoSmithKline; generic)
- Dulera® (mometasone furoate/formoterol fumarate inhalation aerosol – Merck)
- Symbicort® (budesonide/formoterol fumarate inhalation aerosol – AstraZeneca, generic)

REVIEW DATE: 01/11/2023

OVERVIEW

All of the inhaled corticosteroid (ICS) and long-acting beta$_2$-agonist (LABA) combination inhalers are indicated for the **treatment of asthma**.[1-7] Breo Ellipta is indicated in patients ≥ 18 years of age; Advair HFA, AirDuo RespiClick, and AirDuo Digihaler are indicated in patients ≥ 12 years of age. Symbicort, Dulera, and Advair Diskus are indicated in patients ≥ 6 years of age, ≥ 5 years of age, and ≥ 4 years of age, respectively.

- Advair Diskus, Symbicort, and Breo Ellipta are also approved for the **maintenance treatment of chronic obstructive pulmonary disease (COPD)** and **to reduce COPD exacerbations**.

Dosing/Availability

Dosing and Availability of the ICS/LABA combination inhalers is in Table 1.

Table 1. Dosing and Availability of the ICS/LABA Combination Products.[1-7]

Table 1 (continued). Dosing and Availability of the ICS/LABA Combination Products.[1-7]

ICS – Inhaled corticosteroid; LABA – Long-acting beta$_2$-agonist; COPD – Chronic obstructive pulmonary disease; DPI – Dry-powder inhaler; * Institutional pack; BID – Twice daily; pMDI – Pressurized metered-dose inhaler; NA – Not applicable; QD – Once daily.

Guidelines

The Global Initiative for Asthma (GINA) Global Strategy for Asthma Management and Prevention (2022) recommends low-dose ICS/formoterol as the preferred initial asthma reliever therapy for the majority of symptomatic patients ≥ 12 years of age.[8] In patients with more severe symptoms, a medium-dose ICS/formoterol is recommended to be used as both reliever and maintenance therapy. Of note, the two ICS/LABA combination inhalers containing and ICS with formoterol that are available in the US are Symbicort and Dulera, neither of which is FDA-approved to be dosed "as needed". However, the vast majority of the data to support this dosing is with Symbicort's active ingredients, budesonide and formoterol. Therefore, an exception is provided below for Symbicort for patients who are using it according to these guideline recommendations.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of the corticosteroid/long-acting beta$_2$-agonist combination inhalers. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* Institutional pack.

CRITERIA

Budesonide/formoterol 80/4.5 mcg and 160/4.5 mcg inhalation aerosol (Symbicort, authorized generic)

1. If the patient has asthma and is using budesonide/formoterol (Symbicort, authorized generic) as a reliever therapy, approve the requested quantity not to exceed 2 inhalers per dispensing at retail or 4 inhalers per dispensing at home delivery.

All other corticosteroid/long-acting beta$_2$-agonist combination inhalers

No overrides recommended.

REFERENCES

1. Advair Diskus® inhalation powder [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; January 2019.
2. Advair® HFA inhalation aerosol [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; August 2021.
3. Symbicort® inhalation aerosol [prescribing information]. Wilmington, DE: AstraZeneca; December 2017.
4. Dulera® inhalation aerosol [prescribing information]. Whitehouse Station, NJ: Merck; August 2019.
5. Breo® Ellipta® inhalation powder [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; January 2019.
6. AirDuo® RespiClick® inhalation powder [prescribing information]. Frazer, PA: Teva Respiratory; July 2021.
7. AirDuo® Digihaler® inhalation powder [prescribing information]. Frazer, PA: Teva Respiratory; July 2021.
8. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2022. Accessed on December 28, 2022. Available at: http://www.ginasthma.org.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Pulmonary Arterial Hypertension – Adempas Drug Quantity Management Policy – Per Rx
- Adempas® (riociguat tablets – Bayer)

REVIEW DATE: 08/14/2023

OVERVIEW

Adempas, a soluble guanylate cyclase (sGC) stimulator, is indicated for the treatment of adults with:[1]

- **Chronic thromboembolic pulmonary hypertension** (CTEPH) [World Health Organization {WHO} Group 4], persistent/recurrent, after surgical treatment, or inoperable CTEPH, to improve exercise capacity and WHO functional class.
- **Pulmonary Arterial Hypertension** (PAH) [WHO Group 1), to improve exercise capacity, WHO functional class, and to delay clinical worsening.

Dosing

The recommended starting dose of Adempas is 1 mg three times daily (TID).[1] If a patient may not tolerate the hypotensive effect of Adempas, consider a starting dose of 0.5 mg TID. If the patient's systolic blood pressure remains > 95 mmHg and the patient has no signs or symptoms of hypotension, up-titrate the dose by 0.5 mg taken TID. Dose increases should occur not more frequently than every 2 weeks. The dose may be increased to the highest tolerated dose, up to a maximum of 2.5 mg TID. If at any time, the patient has symptoms of hypotension, decrease the dose by 0.5 mg TID. Tablets may be crushed and mixed with water or soft foods prior to administration for a patient who is unable to swallow whole tablets.

If a dose is missed, the patient should continue with the next regularly scheduled dose.[1] If Adempas therapy is interrupted for ≥ 3 days, re-titrate with Adempas. In patients who smoke, consider titrating the dose higher than 2.5 mg TID, as plasma concentrations of Adempas are reduced by 50% to 60% compared with non-smokers. A lower starting dose of 0.5 mg TID may be necessary to manage drug interactions.

Availability

Adempas is available as 0.5 mg, 1 mg, 1.5 mg, 2 mg, and 2.5 mg tablets in bottles containing 9 or 90 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Adempas. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Adempas tablets (all strengths)

1. If the patient is a smoker, approve a quantity sufficient for a 30-day supply at retail and a 90-day supply at home delivery.

REFERENCES

1. Adempas® tablets [prescribing information]. Whippany, NJ: Bayer; September 2021.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Pulmonary Arterial Hypertension – Orenitram Drug Quantity Management Policy – Per Rx

- Orenitram® (treprostinil extended-release tablets – United Therapeutics)

REVIEW DATE: 03/22/2023

OVERVIEW

Orenitram, a prostacyclin mimetic, is indicated for the treatment of **pulmonary arterial hypertension** (PAH) World Health Organization (WHO) Group 1 to delay disease progression and to improve exercise capacity.[1]

Dosing

The recommended starting dose of Orenitram is 0.125 mg three times daily (TID) with food, taken approximately 8 hours apart or 0.25 mg twice daily (BID) with food, taken approximately 12 hours apart.[1] The dose should be titrated by 0.125 mg TID or 0.25 mg or 0.5 mg BID not more frequently than every 3 or 4 days. The maximum dose is determined by tolerability. The mean dose in a controlled clinical trial at Week 12 was 3.4 mg BID. In another investigation, at Week 60, the median dose of Orenitram was approximately 5 mg TID. Maximum doses investigated were 12 mg BID in a 12-week blinded trial and up to 21 mg BID in an open-label long-term investigation.

Consider a slower titration if dose increments are not tolerated.[1] If the patient experiences intolerable adverse events (AEs), reduce the dose in increments of 0.125 mg TID or 0.25 BID. Avoid abrupt discontinuation. Orenitram tablets should be swallowed whole; do not crush, split, or chew.

If the patient is transitioning from subcutaneous (SC) or intravenous (IV) treprostinil, decrease the dose of SC or IV Remodulin, while simultaneously increasing the dose of Orenitram up to 6 mg per day (2 mg TID) if tolerated.[1] The Prescribing Information provides an equation to estimate the target total daily dose of Orenitram in mg using a patient's dose of IV or SC treprostinil and weight.

If the patient has mild hepatic impairment, the recommended initial Orenitram dose is 0.125 mg BID with 0.125 mg BID dose increases not more frequently than every 3 to 4 days.[1] The use of Orenitram is not recommended in patients with moderate hepatic impairment and is contraindicated in patients with severe hepatic impairment.

If Orenitram is co-administered with strong cytochrome P450 (CYP) 2C8 inhibitors (e.g., gemfibrozil), the recommended initial dose is 0.125 mg BID with 0.125 mg BID dose increases not more frequently than every 3 to 4 days.[1]

Any missed doses of Orenitram should be taken as soon as possible.[1] If a patient misses two or more doses, restart at a lower dose and re-titrate. In the event of a planned, short-term Orenitram treatment interruption, consider a temporary infusion of SC or IV treprostinil.

Availability

Orenitram is available as 0.125 mg, 0.25 mg, 1 mg, 2.5 mg, and 5 mg extended-release tablets in bottles of 10 and 100 tablets.[1] Three titration kits are also available (Table 1).

Table 1. Orenitram Titration Kits.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Orenitram. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals will be provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Orenitram 0.125 mg extended-release tablets

9. If the patient's dose is being titrated using the requested product, approve the quantity requested, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

10. If the patient requires a dose of more than 0.375 mg per day approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Orenitram 0.25 mg extended-release tablets

1. If the patient's dose is being titrated using the requested product, approve the quantity requested, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

2. If the patient requires a dose of more than 0.75 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Orenitram 1 mg extended-release tablets

1. If the patient's dose is being titrated using the requested product, approve the quantity requested, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

2. If the patient requires a dose of more than 3 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Orenitram 2.5 mg extended-release tablets

1. If the patient's dose is being titrated using the requested product, approve the quantity requested, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

2. If the patient requires a dose of more than 7.5 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Orenitram 5 mg extended-release tablets

1. If the patient's dose is being titrated using the requested product, approve the quantity requested, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.
2. If the patient requires a dose of more than 15 mg per day, approve the requested quantity, not to exceed a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Orenitram Titration Kits (Month 1 kit, Month 2 kit, and Month 3 kit)
No overrides recommended.

REFERENCES

184. Orenitram® extended-release tablets [prescribing information]. Research Triangle Park, NC: United; February 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Pulmonary Arterial Hypertension – Sildenafil Drug Quantity Management Policy – Per Rx
- LiQrev® (sildenafil oral suspension – CMP)
- Revatio® (sildenafil tablets and powder for suspension – Pfizer, generic)

REVIEW DATE: 02/08/2023; selected revision 05/24/2023

OVERVIEW

Sildenafil (Revatio, generic) and LiQrev are phosphodiesterase type 5 (PDE5) inhibitors indicated for the treatment of **pulmonary arterial hypertension** ([PAH] World Health Organization [WHO] Group I) **in adults** to improve exercise ability and delay clinical worsening.[1,10] Sildenafil (Revatio, generic) is also indicated for **PAH** (WHO Group I) in **patients 1 to 17 years of age** to improve exercise ability and, in pediatric patients too young to perform standardized exercise testing, pulmonary hemodynamics thought to underlie improvements in exercise.[1] Due to marketing exclusivity rights, LiQrev is not labeled with information for pediatric use.[10]

Dosing

Adult Dosing

The recommended dose of sildenafil (Revatio, generic) for the treatment of PAH in adults is 20 mg three times daily (TID). The dose may be titrated to a maximum of 80 mg TID, if required, based on symptoms and tolerability. In clinical trials, sildenafil doses of 25 mg twice daily to 100 mg five times daily have been used for PAH.[2-5]

The recommended dose of LiQrev for the treatment of PAH in adults is 20 mg TID.[10]

Pediatric Dosing

The recommended dose of sildenafil (Revatio, generic) for the treatment of PAH in pediatric patients is based on weight (Table 1).[1]

Table 1. Sildenafil (Revatio, generic) Recommended Dosing in Pediatric Patients.[1]

1 to 10 kg	5 mg TID
> 10 to 20 kg	10 mg TID
> 20 to 45 kg	20 mg TID
> 45 kg	40 mg TID[α]

TID – Three times daily; [α] A maximum dose in pediatric patients has not been identified. In patients weighing > 45 kg, the dose may be titrated to a maximum of 40 mg three times daily, if required, based on symptoms and tolerability.

Availability

Sildenafil (Revatio, generic) is available as 20 mg tablets and as 10 mg/mL powder for oral suspension in a 112 mL bottle (after reconstitution).[1] Revatio is also available as a 10 mg/12.5 mL vial which is not targeted in this policy.

LiQrev is available as a 10 mg/mL oral suspension in bottles of 122 mL.[10]

Off-Label Use

Sildenafil (Revatio, generic) has some data in patients with Raynaud's phenomenon at doses provided in strengths used for PAH.[6-9]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of sildenafil products for PAH. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Sildenafil 20 mg tablets (Revatio, generic)

2. If the patient is prescribed greater than 20 mg three times daily for pulmonary arterial hypertension (PAH) or Raynaud's phenomenon, approve a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery.

Sildenafil 10 mg/mL oral suspension (Revatio, generic) and LiQrev 10 mg/mL oral suspension

1. Approve a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery if the patient meets the following criteria (A, B, and C):
Note: Round up to accommodate a whole package size (e.g., if the required dose is 20 mg three times daily [2 mL three times daily or 6 mL per day], 180 mL would be required for 30 days and 540 mL would be required for 90 days. Therefore, for sildenafil 10 mg/mL oral suspension [Revatio, generic], 224 mL [2 bottles] would be approved at retail or 560 mL [5 bottles] would be approved at home delivery. For LiQrev, 244 mL [2 bottles] would be approved at retail or 610 mL [5 bottles] would be approved at home delivery).
   A) Patient meets ONE of the following (i or ii):
      i. Patient has a diagnosis of pulmonary arterial hypertension (PAH); OR
      ii. Patient has a diagnosis of Raynaud's phenomenon; AND
   B) Patient is prescribed greater than 10 mg three times daily; AND
   C) Patient is unable to swallow a 20 mg sildenafil tablet (Revatio, generic).

EXCLUSIONS

Approval of additional quantities of sildenafil (Revatio, generic) or LiQrev is NOT recommended in the following situations:

1. No overrides are recommended for use in erectile dysfunction or sexual dysfunction.

REFERENCES

1. Revatio tablets, oral suspension [prescribing information]. Morgantown, WV: Viatris; January 2023.
2. Vazquez ZGS, Klinger JR. Guidelines for the treatment of pulmonary arterial hypertension. *Lung*. 2020;198:581-596.
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4. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults. Update of the CHEST guideline and Expert Panel Report. *CHEST*. 2019;155(3):565-586.
5. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
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7. Shenoy PD, Kumar S, Jha LK, et al. Efficacy of tadalafil in secondary Raynaud's phenomenon resistant to vasodilatory therapy: a double-blind, randomized, crossover trial. *Rheumatol*. 2010;49:2420-2428.
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9. Hinze AM, Wigley FM. Pharmacotherapy options in the management of Raynaud's phenomenon. *Curr Treat Opt Rheumatol*. 2018;4(3):235-254.
10. LiQrev oral suspension [prescribing information]. Farmville, NC: CMP Pharma; April 2023.

NA – Not applicable.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Sedative Hypnotics Drug Quantity Management Policy – Per Days

- Ambien® (zolpidem tablets – sanofi-aventis, generic)
- Ambien CR® (zolpidem extended-release tablets – sanofi-aventis, generic)
- Belsomra® (suvorexant tablets – Merck)
- Dayvigo® (lemborexant tablets – Eisai)
- Doral® (quazepam tablets – Galt, generic)
- Edluar® (zolpidem sublingual tablets – Meda)
- Estazolam tablets (generic only)
- Flurazepam capsules (generic only)
- Halcion® (triazolam tablets – Pfizer, generic)
- Intermezzo® (zolpidem sublingual tablets – Purdue , generic)
- Lunesta® (eszopiclone tablets – Sunovion, generic)
- Quviviq™ (daridorexant tablets – Idorsia)
- Restoril® (temazepam capsules – Mallinckrodt, generic)
- Rozerem® (ramelteon tablets – Takeda, generic)
- Silenor® (doxepin tablets – Currax, generic)
- zaleplon capsules (generic only)
- zolpidem capsules (Almatica)
- Zolpimist® (zolpidem oral spray – Aytu)

REVIEW DATE: 03/13/2023; selected revision 06/14/2023

OVERVIEW

All of the sedative hypnotics are indicated for the **treatment of insomnia**.[1-17,24] Refer to Table 1 for the specific indications of each of the sedative hypnotics.

Table 1. Sedative Hypnotic Indications.[1-17,24]

Table 1 (continued). Sedative Hypnotic Indications.[1-17,24]
ER – Extended-release.

Of note, doxepin is also available as generic oral capsules (10 mg, 25 mg, 50 mg, 75 mg, 100 mg, and 150 mg) and oral solution (10 mg/mL).[18] These higher dose formulations are recommended for use in patients with depression and/or anxiety of varying etiologies.

Guidelines

The American Academy of Sleep Medicine (AASM) published a clinical guideline for the evaluation and management of chronic insomnia in adults (2008).[19] Insomnia is primarily diagnosed by clinical evaluation through a thorough sleep history and detailed medical, substance, and psychiatric . The evaluation and differential diagnosis of insomnia can be aided by self-administered questionnaires, at-home sleep logs, symptom checklists, psychological screening tests, and bed partner interviews. At a minimum, patients should complete a general medical/psychiatric questionnaire to identify comorbid disorders; a sleepiness assessment (e.g., Epworth Sleepiness Scale) to identify sleepy patients and comorbid disorders of sleepiness; and a 2-week sleep log to identify general patterns of sleep-wake times and day-to-day variability. A sleep diary should be maintained prior to and during the course of active treatment and in the case of relapse or reevaluation in the long-term. The primary treatment goals are to improve sleep quality and quantity and to improve insomnia related daytime impairments. Initial approaches to treatment should include at least one behavioral intervention (e.g., stimulus control therapy or relaxation therapy) or the combination of cognitive therapy, stimulus control therapy, or sleep restriction therapy with or without relaxation therapy. Patients should be instructed to keep a regular schedule; have a healthy diet, regular daytime exercise, and a quiet sleep environment; and avoid napping, caffeine, other stimulants, nicotine, alcohol, excessive fluids, or stimulating activities before bedtime. Short-term hypnotic treatment should be supplemented with behavioral and cognitive therapies when possible. Chronic hypnotic medication may be indicated for long-term use in patients with severe or refractory insomnia or chronic comorbid illness. Whenever possible, patients should receive an adequate trial of cognitive behavioral treatment during long-term pharmacotherapy. Long-term prescribing should be accompanied by regular follow-up, ongoing assessment of effectiveness, monitoring for adverse events, and evaluation for new onset or exacerbation of existing comorbid disorders. The AASM published an updated clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults (2017).[20] The recommendations are intended as a guide for choosing a specific pharmacological agent (vs. no treatment) for treatment of chronic insomnia in adults, when such treatment is indicated. The authors note that cognitive behavioral therapy for insomnia (CBT-I) is a standard of care for this condition; however, the AASM guideline does not address the relative benefits of CBT-I vs. pharmacotherapy. An AASM practice guideline regarding behavioral and psychological treatments for insomnia was also published in 2021.[23] This highlights the importance of these treatments in the management of insomnia.[22]

The American College of Physicians (ACP) developed a guideline on the management of chronic insomnia disorder in adults (2016).[21,22] Chronic insomnia can be managed with psychological therapy, pharmacologic therapy, or a combination of both. Psychological therapy options include CBT-I and other interventions, such as stimulus control, relaxation strategies, and sleep restriction. ACP recommends that all adults receive CBT-I as the initial treatment for chronic insomnia disorder (strong recommendation, moderate-quality evidence). ACP recommends that clinicians use a shared decision-making approach, including a discussion of the benefits, harms, and costs of short-term use of medications, to decide whether to prescribe a medication in adults with chronic insomnia disorder in whom CBT-I alone was unsuccessful (weak recommendation, low-quality evidence). ACP also notes that pharmacotherapies for insomnia may cause cognitive and behavioral changes and may be associated with infrequent but serious harms.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the sedative hypnotics. Quantity limits for each drug are provided below. Of note, for solid oral dosage forms, the quantity limit is specific to these individual drugs or any combination of them (e.g., at retail, 15 tablets of zolpidem 10 mg would be covered in 30 days; 10 tablets of zolpidem 10 mg plus 5 tablets of zolpidem 5 mg would be covered per 30 days; or 10 tablets of zolpidem 10 mg plus 5 tablets of eszopiclone 2 mg would be covered per 30 days). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

SL – Sublingual.

CRITERIA

Zaleplon 10 mg capsules

3. If the patient did not respond adequately to zaleplon 10 mg once daily, approve the requested quantity, not to exceed 60 capsules per 30 days at retail or 180 capsules per 90 days at home delivery when the patient meets ONE of the approval criteria below (A, B, or C):

Zolpidem tablets (Ambien, generic), zolpidem extended-release tablets (Ambien CR, generic), zolpidem capsules, Belsomra, Dayvigo, quazepam tablets (Doral, generic), Edluar, estazolam tablets, flurazepam capsules, triazolam tablets (Halcion, generic), zolpidem sublingual tablets (Intermezzo, generic), eszopiclone tablets (Lunesta, generic), Quviviq, temazepam capsules (Restoril, generic), ramelteon tablets (Rozerem, generic), doxepin tablets (Silenor, generic), zaleplon 5 mg capsules

1. Approve if the patient meets ONE of the approval criteria below (A, B, or C):

A) Acute Insomnia. Approve 30 tablets or capsules for a one-time, 30-day supply (30 tablets or capsules at retail or home delivery) if the patient meets ALL of the following criteria (i, ii, iii, iv, and v):

Note: Acute insomnia may be due to conditions such as stress resulting from bereavement or a traumatic event; an incurable progressive medical condition such as cancer; or chronic pain.

i. Patient has received nightly therapy with the requested drug for < 60 days; AND
Note: Authorization beyond 60 days for acute insomnia is NOT recommended.

ii. Patient's insomnia is expected to persist for greater than 15 of the next 30 days, according to the prescriber; AND

iii. Patient's insomnia will not be amenable to intermittent therapy with a sedative hypnotic (e.g., every other day or 3 or 4 nights per week treatment), according to the prescriber; AND

iv. Patient has tried at least one form of behavioral therapy for insomnia; AND
Note: Examples of behavioral therapy for insomnia include relaxation training, stimulus control therapy, or sleep restriction therapy.

v. Patient has been evaluated for underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia and if necessary, the conditions are currently being addressed, according to the prescriber.

B) Chronic Insomnia. Approve the requested medication for the duration noted if the patient meets ONE of the following conditions (i or ii):

Note: Chronic insomnia is defined as insomnia that occurs greater than 4 nights weekly for greater than 3 months in duration.

i. Initial Therapy. Approve 30 tablets or capsules per 30 days at retail or 90 tablets or capsules per 90 days at home delivery for 6 months if the patient requires nightly (daily) therapy and meets ONE of the following criteria (a or b):

a) Patient is being followed by, or has consulted with, a sleep specialist or a sleep center regarding the management of insomnia; OR

b) Patient meets ALL of the following criteria (1, 2 and 3):

(1) Patient has tried at least one form of behavioral therapy for insomnia; AND
Note: Examples of behavioral therapy for insomnia include relaxation training, stimulus control therapy, or sleep restriction therapy.

(2) Patient is not currently taking non-prescription stimulants (e.g., caffeine) and/or prescription stimulants, if medically appropriate (e.g., methylphenidate, amphetamine products); AND

(3) Patient has been evaluated for underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia and if necessary, the conditions are currently being addressed, according to the prescriber.

ii. Patient is Currently Receiving the Requested Drug. Approve 30 tablets or capsules per 30 days at retail or 90 tablets/capsules per 90 days at home delivery for 1 year if the patient requires nightly (daily) therapy AND meets BOTH of the following (a and b):

a) Patient has already received nightly therapy with the requested drug for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy should be considered under criterion B.i. (Chronic Insomnia, Initial Therapy).

C) The requested drug is still effective, as determined by the prescriber.

Major Depressive Disorder, Bipolar Disorder, or Generalized Anxiety Disorder. Approve the requested medication for the duration noted if the patient meets ONE of the following conditions (i or ii):

i. Initial Therapy. Approve 30 tablets or capsules per 30 days at retail or 90 tablets or capsules per 90 days at home delivery for 3 months, if the patient is receiving drug therapy to treat either major depressive disorder, bipolar disorder, or generalized anxiety disorder.

ii. Patient is Currently Receiving the Requested Drug. Approve 30 tablets or capsules per 30 days at retail or 90 tablets or capsules per 90 days at home delivery for 1 year if the patient meets ALL the criteria below (a, b, c, d, and e):

a) Patient is receiving drug therapy to treat either major depressive disorder, bipolar disorder, or generalized anxiety disorder; AND

b) Patient has already received nightly (daily) therapy with the requested drug for at least 3 months; AND
Note: A patient who has received < 3 months of therapy or who is restarting therapy should be considered under criterion C.i. (Major Depressive Disorder, Bipolar Disorder, or Generalized Anxiety Disorder, Initial Therapy).

c) Patient has a diagnosis of chronic insomnia and requires nightly (daily) therapy for treatment; AND
Note: Chronic insomnia is defined as insomnia that occurs greater than 4 nights weekly for greater than 3 months in duration.

d) Patient has tried at least one form of behavioral therapy for insomnia; AND
Note: Examples of behavioral therapy for insomnia include relaxation training, stimulus control therapy, or sleep restriction therapy.

e) Patient is not currently taking non-prescription stimulants (e.g., caffeine) and/or prescription stimulants, if medically appropriate (e.g., methylphenidate, amphetamine products).

Zolpimist

No overrides recommended.

Note: The maximum recommended daily dose of Zolpimist oral spray is two sprays at bedtime.[6] For patients taking a 5 mg dose (1 spray) each night, the 4.5 mL bottle (30 sprays) provides a sufficient quantity for 30 nights of therapy. For patients taking 10 mg (2 sprays) each night, the patient should use the 7.7 mL bottle (60 sprays) which provides a sufficient quantity for 30 nights of therapy. Hence, the initial quantity limit of one of the 4.5 mL or 7.7 mL bottles is sufficient for 30 nights of therapy.

REFERENCES

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2. Sonata® capsules [prescribing information]. New York, NY: Pfizer; August 2019.
3. Restoril® capsules [prescribing information]. Hazelwood, MO: Mallinckrodt; January 2023.
4. Halcion® tablets [prescribing information]. New York, NY: Pfizer; January 2023.
5. Edluar® sublingual tablets [prescribing information]. Somerset, NJ: Meda; August 2019.
6. Zolpimist® oral spray [prescribing information]. Englewood, CO: Aytu; August 2019.
7. Lunesta® tablets [prescribing information]. Marlborough, MA: Sunovion; August 2019.
8. Ambien CR® extended-release tablets [prescribing information]. Bridgewater, NJ: sanofi-aventis; February 2022.
9. Intermezzo® sublingual tablets [prescribing information]. Stamford, CT: Purdue; August 2019.
10. Rozerem® tablets [prescribing information]. Deerfield, IL: Takeda; November 2021.
11. Silenor® tablets [prescribing information]. Morristown, NJ: Currax; October 2020.
12. Doral® tablets [prescribing information]. Atlanta, GA: Galt; January 2023.
13. flurazepam capsules [prescribing information]. Morgantown, WV: Mylan; February 2021.
14. estazolam tablets [prescribing information]. Parsippany, NJ: Actavis; November 2022.
15. Belsomra® tablets [prescribing information]. Whitehouse Station, NJ: Merck; March 2021.
16. Dayvigo® tablets [prescribing information]. Nutley, NJ: Eisai; January 2023.

17. Quviviq™ tablets [prescribing information]. Radnor, PA: Idorsia; October 2022.
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19. Schutte-Rodin S, Broch L, Buysse D, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. 2008;4(5):487-504.
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21. Qaseem A, Kansagara D, Forciea MA, et al. Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2016;165:125-133.
22. Wilt TJ, MacDonald R, Brasure M, et al. Pharmacologic treatment of insomnia disorder: An evidence report for a clinical practice guideline by the American College of Physicians. *Ann Intern Med*. 2016;165(2):103-112.
23. Edinger JD, Arnedt JT, Bertisch SM, et al. Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(2):255–262.
24. Zolpidem capsules [prescribing information]. Morristownr, NJ: Almatica; May 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Sickle Cell Disease – Oxbryta Drug Quantity Management Policy – Per Rx

- Oxbryta® (voxelotor tablets – Global Blood Therapeutics)

REVIEW DATE: 12/14/2023

OVERVIEW

Oxbryta, a hemoglobin S (or sickle hemoglobin) polymerization inhibitor, is indicated for the **treatment of sickle cell disease** in patients ≥ 4 years of age.[1]

Dosing

- **Patients ≥ 12 years of age:** 1,500 mg once daily (QD) with or without food.[1]
  - Severe hepatic impairment (Child Pugh C): 1,000 mg QD.
    - No dose adjustment is need for patients with mild or moderate hepatic impairment.
  - Drug interactions: Concomitant use of Oxbryta with strong or moderate cytochrome P450 (CYP)3A4 inducers should be avoided. If concomitant use with these agents cannot be avoided, the dose of Oxbryta should be adjusted to 2,500 mg QD in patients receiving strong CYP3A4 inducers and 2,000 mg in patients receiving moderate CYP3A4 inducers.
- **Patients 4 to < 12 years of age:** Select either the Oxbryta tablets or tablets for oral suspension based on the patient's ability to swallow tablets and the patient's weight (Table 1).

Table 1. Recommended Oxbryta Dosing in Patients 4 to < 12 years of age.[1]

* No dose adjustment is required for patients with mild to moderate hepatic impairment; CYP – Cytochrome P450; QD – Once daily.

Availability

Oxbryta is available as 500 mg tablets (bottles of 90), 300 mg tablets (bottles of 60 or 90 tablets each), and 300 mg tablets for oral suspension (bottles of 60 or 90 tablets each).[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Oxbryta. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Automation: None.

Drug Quantity Limits

CRITERIA

Oxbryta 500 mg tablets

1. Approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery, if the patient meets ONE of the following (A or B):

A) Patient is ≥ 12 years of age and is taking Oxbryta with a moderate or strong cytochrome P450 (CYP)3A4 inducer; OR

B) Patient meets all of the following (i, ii, and iii):

i. Patient is 4 to 11 years of age; AND

ii. Patient weighs ≥ 40 kg; AND

iii. Patient is taking Oxbryta with a moderate or strong CYP3A4 inducer.

Note: Examples of moderate or strong CYP3A4 inducers include, but are not limited to, carbamazepine, enzalutamide, apalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirenz, etravirine, phenobarbital, and primidone.

Oxbryta 300 mg tablets and tablets for oral suspension

1. Approve the requested quantity, not to exceed 240 tablets/tablets for oral suspension per dispensing at retail or 720 tablets/tablets for oral suspension per dispensing at home delivery, if the patient meets all of the following (A, B, and C):

A) Patient is 4 to 11 years of age; AND

B) Patient weighs ≥ 40 kg; AND

C) Patient is taking Oxbryta with a moderate or strong cytochrome P450 (CYP)3A4 inducer.

Note: Examples of moderate or strong CYP3A4 inducers include, but are not limited to, carbamazepine, enzalutamide, apalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirenz, etravirine, phenobarbital, and primidone.

REFERENCES

185. Oxbryta® [prescribing information]. San Francisco, CA: Global Blood Therapeutics; August 2023.

CYP – Cytochrome P450.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Somatostatin Analogs – Mycapssa Drug Quantity Management Policy – Per Days
- Mycapssa® (octreotide delayed-release capsules – Chiasma)

REVIEW DATE: 01/18/2023

OVERVIEW

Mycapssa, a somatostatin analog, is indicated for long-term maintenance treatment in **acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide**.[1]

Dosing

The initial recommended dose of Mycapssa is 20 mg administered twice daily (BID).[1] The dose of Mycapssa is then titrated based on insulin-like growth factor 1 (IGF-1) levels and the patient's signs and symptoms of acromegaly. The dose can then be increased in increments of 20 mg daily. For doses of 60 mg daily, Mycapssa should be administered as 40 mg in the morning and 20 mg in the evening. For doses of 80 mg daily, administer Mycapssa as 40 mg BID. The maximum recommended dose of Mycapssa is 80 mg per day.

Availability

Mycapssa is supplied as 20 mg delayed release capsules in wallets containing 28 capsules each.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Mycapssa. If the Drug Quantity Management rule is not met for the requested at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

4. If the patient requires a dose of 60 mg per day, approve the requested quantity, not to exceed 84 capsules per 28 days at retail or 252 capsules per 84 days at home delivery.

5. If the patient requires a dose of 80 mg per day, approve the requested quantity, not to exceed 112 capsules per 28 days at retail or 336 capsules per 84 days at home delivery.

REFERENCES

14. Mycapssa® delayed-release capsules [prescribing information]. Needham, MA: Chiasma; June 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Spinal Muscle Atrophy – Spinraza Drug Quantity Management Policy – Per Days
- Spinraza® (nusinersen intrathecal injection – Biogen)

REVIEW DATE: 04/12/2023

OVERVIEW

Spinraza, a survival motor neuron 2 (SMN2)-directed antisense oligonucleotide, is indicated for the treatment of **spinal muscular atrophy** in pediatric and adult patients.[1]

Dosing

Spinraza is given intrathecally by, or under the direction of, healthcare professionals experienced in performing lumbar punctures.[1] The recommended dosage is 12 mg (5 mL) per administration. Initiate Spinraza treatment with four loading doses. The first three loading doses should be administered at 14-day intervals. The fourth loading dose should be given 30 days after the third dose. A maintenance dose should be given once every 4 months thereafter. The safety and effectiveness of Spinraza in pediatric patients from newborn to 17 years of age have been established. If a loading dose (or any of the four loading doses) is missed, administer the missing load dose as soon as possible. Then, adjust the date for subsequent doses to maintain the recommended interval between doses. Regarding missed maintenance doses, if it is less than 8 months from the last dose, give the missed maintenance dose as soon as possible; administer the next maintenance dose per the originally scheduled date as long as these two doses are given at least 14 days apart. For a missed maintenance dose that is at least 8 months but less than 16 months from the last dose, give the missed maintenance dose as soon as possible, followed by one additional dose 14 days later; administer the next maintenance dose 4 months thereafter. For a missed maintenance dose at least 16 months but less than 40 months from the last dose, give the missed maintenance dose as soon as possible, followed by two additional doses 14 days apart; give the next maintenance dose 4 months thereafter. If it has been at least 40 months from the last missed maintenance dose, restart dosing.

Availability

Spinraza is available as a 12 mg/5 mL (2.4 mg/mL) solution in a single-dose glass vial.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Spinraza in the treatment of spinal muscular atrophy. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration outlined below.

Automation: None.

Drug Quantity Limits

*This is a quantity sufficient for a 120-day supply at a dose of 12 mg every 4 months.

CRITERIA

Spinraza 12 mg/5 mL vials

1. If the patient is initiating treatment, approve a one-time override of 4 vials at retail or home delivery.
2. If the patient misses a maintenance dose at least 8 months but less than 16 months after their last dose, approve a one-time override for 2 vials at retail or home delivery.
3. If the patient misses a maintenance dose at least 16 months but less than 40 months after their last dose, approve a one-time override for 3 vials at retail or home delivery.
4. If the patient misses a maintenance dose at least 40 months after their last dose, approve a one-time override for 4 vials at retail or home delivery.

REFERENCES

186. Spinraza® intrathecal injection [prescribing information]. Cambridge, MA: Biogen; February 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Testosterone Products (Topical) Drug Quantity Management Policy – Per Rx

Transdermal Patch

- Androderm® (testosterone transdermal system [2 mg/day and 4 mg/day] – Allergan)

Transdermal Gels

- AndroGel® (testosterone 1% gel, 1.62% gel – AbbVie, generic)
- Fortesta® (testosterone 2% gel – Endo, generic)
- Testim® (testosterone 1% gel – Endo, generic)
- Vogelxo® (testosterone 1% gel – Upsher-Smith, generic)

Transdermal Solution

- testosterone 2% solution (generic only)

Nasal Gel

- Natesto® (testosterone nasal gel – Acerus)

REVIEW DATE: 06/08/2023

OVERVIEW

The topical testosterone replacement products are all indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.[1-8] The labels for the FDA-approved products define those patients and/or conditions for which use of testosterone replacement products is indicated:

- **Primary hypogonadism (congenital or acquired):** testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, or toxic damage from alcohol or heavy metals. These men usually have low serum testosterone concentrations and gonadotropins (follicle-stimulating hormone [FSH], luteinizing hormone [LH]) above normal.
- **Hypogonadotropic hypogonadism (congenital or acquired):** gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation. These men have low testosterone serum concentrations, but have gonadotropins in the normal or low range.

The diagnosis of male hypogonadism is based on both signs/symptoms and low testosterone levels. By restoring normal levels of testosterone, the replacement regimens correct symptoms of hypogonadism, which can include malaise, loss of muscle strength, depressed mood, and decreased libido.[9]

Guidelines

- **Hypogonadism:** Guidelines from the American Urological Association (2018) note that clinicians should use a total testosterone level below 300 ng/dL as a reasonable cutoff in support of the diagnosis of low testosterone.[10] A clinical diagnosis requires low testosterone levels (two separate levels, both conducted in the early morning) combined with signs and symptoms. The Endocrine Society guidelines on testosterone therapy in men with hypogonadism (2018) recommend diagnosing hypogonadism in men with symptoms and signs of testosterone deficiency and unequivocally and consistently low serum total testosterone and/or free testosterone concentrations (when indicated).[11]

- **Gender-Dysphoric/Gender-Incongruent Persons; Persons Undergoing Female-To-Male (FTM) Gender Reassignment (i.e., Endocrinologic Masculinization):** A clinical practice guideline published by the Endocrine Society (2017) recommends that, prior to initiation of hormonal therapy, the treating endocrinologist should confirm the diagnostic criteria of gender dysphoria/gender incongruence and the criteria for the endocrine phase of gender transition.[12] The clinician should also evaluate and address medical conditions that can be exacerbated by hormone depletion and treatment with sex hormones of the affirmed gender before beginning treatment. Guidelines mention that clinicians can use either parenteral or transdermal preparations to achieve appropriate testosterone values. The recommended dose of a transdermal testosterone patch cited in the guideline is 2.5 mg to 7.5 mg/day; testosterone gel is recommended at a dose of 50 to 100 mg/day.

Dosing

Androderm

The recommended starting dose is one 4 mg/day patch (not two 2 mg/day patches) applied nightly for 24 hours (to deliver 4 mg of testosterone/day).[1] To ensure proper dosing, approximately 2 weeks after starting therapy, the early morning serum testosterone concentration should be measured following system application in the previous evening. Serum testosterone concentrations measured in the early morning outside the range of 400 ng/dL to 930 ng/dL require increasing the daily dose up to 6 mg (as one 4 mg/day and one 2 mg/day patch) or decreasing the daily dose to 2 mg (as one 2 mg/day patch).

AndroGel (generic)

The recommended starting dose of AndroGel 1% is 50 mg of testosterone (two 25 mg packets or one 50 mg packet), applied topically once daily (QD) in the morning to the shoulders and upper arms and/or abdomen area (preferably at the same time every day).[3] To ensure proper dosing, serum testosterone concentrations should be measured. If the serum testosterone concentration is below the normal range, the daily AndroGel 1% dose may be increased from 50 mg to 75 mg and from 75 mg to 100 mg for adult males as instructed by the physician.

The recommended starting dose of AndroGel 1.62% is 40.5 mg of testosterone (two pump actuations or a single 40.5 mg packet) applied topically QD in the morning to the shoulders and upper arms.[4] The dose can be adjusted between a minimum of 20.25 mg of testosterone (one pump actuation or a single 20.25 mg packet) and a maximum of 81 mg of testosterone (four pump actuations or two 40.5 mg packets). To ensure proper dosing, the dose should be titrated based on the pre-dose morning serum testosterone concentration from a single blood draw at approximately 14 days and 28 days after starting treatment or following dose adjustment. Table 1 provides the number of pumps or packets needed to achieve the desired AndroGel 1.62% dose.

Table 1. AndroGel 1.62% Dosing.[4*]

*****The total number of pump actuations or packets are for each dosage form separately, not a combined dose to achieve the total dose of testosterone.

Fortesta (generic)
The recommended starting dose of Fortesta is 40 mg (four pump actuations) of testosterone applied QD to the thighs in the morning.[6] The dose can be adjusted between a minimum of 10 mg of testosterone and a maximum of 70 mg of testosterone (Table 2). To ensure proper dosing, the dose should be titrated based on the serum testosterone concentration from a single blood draw 2 hours after applying Fortesta at approximately Day 14 and Day 35 after starting treatment or following dose adjustment.

Table 2. Fortesta Dosing.[6]

Testim (generic)
The recommended starting dose of Testim is 50 mg of testosterone applied QD to the shoulders and/or upper arms in the morning.[2] To ensure proper dosing, serum testosterone concentrations should be measured. Morning, pre-dose serum testosterone concentrations should be measured approximately 14 days after initiation of therapy to ensure proper serum testosterone concentrations are achieved. The daily Testim dose may be increased from 50 mg testosterone (1 tube) to 100 mg testosterone (2 tubes) QD. The maximum recommended dose is 100 mg QD.

Vogelxo (generic)
The recommended starting dose of Vogelxo is 50 mg of testosterone (one tube, one packet, or four pump actuations) applied QD to the shoulders and/or upper arms in the morning.[7] To ensure proper dosing, serum testosterone concentrations should be measured. Morning, pre-dose serum testosterone concentrations should be measured approximately 14 days after initiation of therapy to ensure proper serum testosterone concentrations are achieved. The daily Vogelxo dose may be increased from 50 mg of testosterone QD to 100 mg testosterone QD (two tubes, two packets, or eight pump actuations). The maximum recommended dose is 100 mg of testosterone QD.

Natesto
The recommended starting dose of Natesto is 11 mg of testosterone (two pump actuations; one actuation per nostril) administered intranasally three times daily for a total daily dose of 33 mg (6 pump actuations/day).[8] To ensure proper dosing, serum testosterone concentrations should be measured.

Testosterone 2% topical solution (generic only)
The recommended starting dose of testosterone 2% topical solution is 60 mg of testosterone (two pump or two twist actuations) applied QD.[5] To ensure proper dosing, serum testosterone concentrations should be measured after initiation of therapy to ensure that the desired concentrations (300 ng/dL to 1,050 ng/dL) are achieved. The daily testosterone dose may be increased from 60 mg to 90 mg (three pump or three twist actuations) or from 90 mg to 120 mg (four pump or four twist actuations).

Availability

Androderm

Androderm is available as a transdermal patch that delivers 2 mg/day or 4 mg/day of testosterone.[1] Androderm 2 mg/day is available in a carton containing 60 patches, Androderm 4 mg/day is available in a carton containing 30 patches. Patches must be stored inside the provided pouch.

AndroGel (generic)

AndroGel is available as a 1% and 1.62% gel.[3,4] AndroGel 1% is supplied in unit-dose aluminum foil packets in cartons of 30. Each packet of 2.5 g or 5 g gel contains 25 mg or 50 mg testosterone (25 mg/2.5 g and 50 mg/5 g), respectively. The generic AndroGel 1% gel is also available as a metered-dose pump. Each pump actuation delivers 12.5 mg of testosterone /1.25 g of gel. AndroGel 1.62% is supplied in non-aerosol, metered-dose pumps that deliver 20.25 mg of testosterone/complete pump actuation. Each 88 g metered-dose pump is capable of dispensing 75 g of gel or 60-metered pump actuations; each pump actuation dispenses 1.25 g of gel. AndroGel 1.62% is also supplied in unit-dose aluminum foil packets in cartons of 30. Each packet of 1.25 g or 2.5 g gel contains 20.25 mg or 40.5 mg testosterone (20.25 mg/1.25 g or 40.5 mg/20.25 g), respectively.

Fortesta (generic)

Fortesta is available as a gel supplied in a 60 g canister with a metered dose pump that delivers 10 mg of testosterone per complete pump actuation.[6] The metered dose pump is capable of dispensing 120 metered pump actuations. One pump actuation dispenses 0.5 g of gel.

Testim (generic)

Testim is available as a gel in a unit-dose tube in cartons of 30 tubes.[2] Each tube contains 50 mg of testosterone in 5 g of gel.

Vogelxo (generic)

Vogelxo is a gel supplied in unit-dose tubes or unit-dose packets each in cartons of 30.[7] Each tube or packet contains 50 mg testosterone/5 g of gel. Vogelxo is also supplied in a metered-dose pump that delivers 12.5 mg of testosterone/complete pump actuation. Each 88 g metered-dose pump is capable of dispensing 75 g of gel or 60-metered pump actuations. Each pump actuation delivers 12.5 mg of testosterone in 1.25 g of gel (four actuations = 50 mg testosterone). The metered-dose pump is supplied in cartons of two.

Table 3. Vogelxo (generic) Availability.[7]

Natesto

Natesto is a nasal gel available as a metered dose pump containing 11 grams of gel dispensed as 60 metered pump actuations.[8] One pump actuation delivers 5.5 mg of testosterone in 0.122 g of gel (one bottle contains a 10-day supply at a dose of 33 mg testosterone/day).

Testosterone 2% solution (generic only)
Testosterone 2% solution (generic only) is available as a topical solution that delivers 30 mg of testosterone in 1.5 mL of solution (one pump or twist actuation).[6] The topical solution is available as a metered-dose pump containing 110 mL of solution and is capable of dispensing 90 mL of solution in 60 metered pump or twist actuations.

POLICY STATEMENT
This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse use of the topical testosterone products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits*

Drug Quantity Limits (continued)[*]

[*] These limits allow for a sufficient quantity for each of the products for a 30-day supply at retail or a 90-day supply at home delivery at maximum recommended doses (rounded up to the nearest package size, if needed). Overrides for additional quantities of AndroGel, Fortesta and Androderm are provided below.

CRITERIA

Androderm 2 mg/day transdermal patch

No overrides recommended.

Androderm 4 mg/day transdermal patch

1. If the request is for Gender-Dysphoric/Gender-Incongruent Persons/Female-to-Male (FTM) Gender Reassignment, approve 60 patches per dispensing at retail or 180 patches per dispensing at home delivery.

AndroGel 1%, 2.5 g gel packet (generic)

1. If the dose is being titrated, approve a one-time override for the requested quantity, not to exceed 225 grams (90 packets) at retail or 675 grams (270 packets) at home delivery.
Note: If the dose is being titrated to > 75 mg/day, the patient should use the 5 g gel packets.

2. If the maintenance dose is 75 mg/day, approve 225 grams (90 packets) per dispensing at retail or 675 grams (270 packets) per dispensing at home delivery.
Note: If the maintenance dose is > 75 mg/day, the patient should use the 5 g gel packets.

AndroGel 1%, 5 g gel packet (generic)
No overrides recommended.

Testosterone gel 1% gel pump (AndroGel, generic only)
No overrides recommended.

AndroGel 1.62%, 1.25 g packet (generic)

1. If the dose is being titrated, approve a one-time override for the requested quantity, not to exceed 90 packets at retail or 270 packets at home delivery.
Note: If the dose is being titrated to > 60.75 mg/day, the patient should use the 2.5 g gel packets.

2. If the maintenance dose is 60.75 mg/day, approve 90 packets per dispensing at retail or 270 packets per dispensing at home delivery.
Note: If the maintenance dose is > 60.75 mg/day, the patient should use the 2.5 g gel packets.

AndroGel 1.62%, 2.5 g gel packets (generic)
No overrides recommended.

AndroGel 1.62%, gel pump (generic)

3. If the request is for Gender-Dysphoric/Gender-Incongruent Persons/Female-to-Male (FTM) Gender Reassignment, approve 225 grams per dispensing at retail or 675 grams per dispensing at home delivery.

Fortesta 2%, gel pump (generic)

1. If the request is for Gender-Dysphoric/Gender-Incongruent Persons/Female-to-Male (FTM) Gender Reassignment, approve 180 grams per dispensing at retail or 540 grams per dispensing at home delivery.

Testim 1% gel, 5 g tube (generic)
No overrides recommended.

Vogelxo 1% gel, 5 g tube, 5 g packet, and gel pump (generic)
No overrides recommended.

Natesto nasal gel pump
No overrides recommended.

Testosterone 2% topical solution metered-dose pump (generic to obsolete Axiron)
No overrides recommended.

REFERENCES

15. Androderm® transdermal [prescribing information]. Madison, NJ: Allergan; May 2020.
16. Testim® gel [prescribing information]. Malvern, PA: Endo; August 2021.
17. AndroGel® 1% gel [prescribing information]. North Chicago, IL: AbbVie; May 2019.
18. AndroGel® 1.62% gel [prescribing information]. North Chicago, IL: AbbVie; May 2019.
19. Testosterone solution [prescribing information]. Parsipanny, NJ: Actavis; February 2019.
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21. Vogelxo® gel [prescribing information]. Maple Grove, MN: Upsher-Smith; April 2020.
22. Natesto® nasal gel [prescribing information]. Mississauga, ON Canada: Acerus; October 2016.
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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Testosterone Undecanoate (Oral) Drug Quantity Management Policy – Per Rx
- Jatenzo® (testosterone undecanoate capsules – Clarus)
- Kyzatrex® (testosterone undecanoate capsules – Marius)
- Tlando® (testosterone undecanoate capsules – Antares)

REVIEW DATE: 11/03/2023

OVERVIEW

Jatenzo, Kyzatrex, and Tlando are oral androgens that are indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.[1-3] The Prescribing Information defines those patients and/or conditions for which use of these agents are indicated:

- **Primary hypogonadism (congenital or acquired):** testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, or toxic damage from alcohol or heavy metals. These men usually have low serum testosterone concentrations and gonadotropins (follicle-stimulating hormone [FSH], luteinizing hormone [LH]) above the normal range.
- **Hypogonadotropic hypogonadism (congenital or acquired):** gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation. These men have low testosterone serum concentrations, but have gonadotropins in the normal or low range.

Dosing

Jatenzo Dosing

The recommended starting dose of Jatenzo is 237 mg twice daily (BID), once in the morning and once in the evening.[1] Jatenzo should be taken with food. The dose of Jatenzo should be individualized based on the patient's serum testosterone concentration response to the drug (Table 1). The minimum recommended dose is 158 mg BID. The maximum recommended dose is 396 mg (two 198 mg capsules) BID.

Table 1. Jatenzo Dose Adjustment Scheme.[1]
BID – Twice daily.

Kyzatrex Dosing

The recommended starting dose of Kyzatrex is 200 mg BID, once in the morning and once in the evening.[2] Kyzatrex should be taken with food. The dose of Kyzatrex should be individualized based on the patient's serum testosterone concentration response to the drug (Table 2). The minimum recommended dose is 100 mg once daily (QD), in the morning. The maximum recommended dose is 400 mg (two 200 mg capsules) BID. Kyzatrex is not substitutable with other oral testosterone undecanoate products.

Table 2. Kyzatrex Dose Adjustment Scheme.[2]
BID – Twice daily.

Tlando Dosing

The recommended dosage of Tlando is 225 mg (taken as two 112.5 mg capsules) BID, once in the morning and once in the evening. Tlando should be taken with food. Tlando is not substitutable with other oral testosterone undecanoate products. Continuation or discontinuation of Tlando is based on serum testosterone measurements:

- Serum testosterone 300 to 1,080 ng/dL: continue Tlando.
- Serum testosterone < 300 ng/dL: discontinue Tlando.
- Serum testosterone > 1,080 ng/dL: discontinue Tlando.

Availability

Jatenzo is available as 158 mg, 198 mg, and 237 mg capsules supplied in bottles of 120 capsules each.[1] Kyzatrex is available as 100 mg, 150 mg, and 200 mg capsules supplied in bottles of 120 capsules each.[2] Tlando is available as 112.5 mg capsules supplied in bottles of 120 capsules each.[3]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of the oral testosterone undecanoate products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Automation: None.

Drug Quantity Limits

CRITERIA

Jatenzo 158 mg capsules

4. If the patient requires a dose of 316 mg twice daily, approve 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

Jatenzo 198 mg capsules

1. *If the patient requires a dose of 396 mg twice daily, approve 120 capsules per dispensing* at retail or 360 capsules per dispensing at home delivery.

Jatenzo 237 mg capsules

No overrides recommended.

Kyzatrex 100 mg, 150 mg capsules

No overrides recommended.

Kyzatrex 200 mg capsules

1. If the patient requires a dose of 400 mg twice daily, approve 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.

Tlando 112.5 mg capsules

No overrides recommended.

REFERENCES

4. Jatenzo® capsules [prescribing information]. Northbrook, IL: Clarus; March 2019.
5. Kyzatrex® capsules [prescribing information]. Raleigh, NC: Marius; July 2022.
6. Tlando® capsules [prescribing information]. Ewing, NJ: Antares; March 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Tolvaptan Products Drug Quantity Management Policy – Per Rx
- Jynarque® (tolvaptan tablets – Otsuka America)
- Samsca® (tolvaptan tablets – Otsuka America, generic)

REVIEW DATE: 05/04/2023

OVERVIEW

Tolvaptan products, Samsca (generic) and Jynarque, are selective vasopressin V2-receptor antagonists.[1,2]

Samsca (generic) is indicated for the treatment of **clinically significant hypervolemic and euvolemic hyponatremia** (serum sodium < 125 mEq/L or less marked hyponatremia that is symptomatic and has resisted correction with fluid restriction), including patients with heart failure, cirrhosis and Syndrome of Inappropriate Antidiuretic Hormone (SIADH).[1]

Jynarque is indicated to slow kidney function decline in adults at risk of rapidly progressing **autosomal dominant polycystic kidney disease** (ADPKD).[2] Jynarque is available through a restricted distribution program under a Risk Evaluation and Mitigation Strategy (REMS) because of the risks of liver injury.

Dosing

Samsca (generic) should be initiated and re-initiated in a hospital to evaluate therapeutic response and because too rapid of a correction of hyponatremia can cause osmotic demyelination resulting in dysarthria, mutism, dysphagia, lethargy, affective changes, spastic quadriparesis, seizures, coma and death.[1] The usual starting dose of Samsca is 15 mg once daily (QD). The dose is increased to 30 mg QD, after at least 24 hours, to a maximum of 60 mg QD, as needed to achieve the desired level of serum sodium. Samsca is not to be administered for > 30 days to minimize the risk of liver injury.

The initial dosage for Jynarque is 60 mg per day, taken as 45 mg upon waking and 15 mg taken 8 hours later ("45 mg + 15 mg").[2] The dose is titrated to 60 mg + 30 mg then to 90 mg + 30 mg per day if tolerated with at least weekly intervals between titrations. Patients may down-titrate based on tolerability. In patients taking concomitant moderate cytochrome P450(CYP)3A inhibitors, the dose of Jynarque is reduced (refer to Table 1). Consider further reductions if the patient cannot tolerate the reduced dose. Interrupt Jynarque therapy temporarily for short-term use with moderate CYP3A inhibitors if the recommended reduced doses are not available.

Table 1. Jynarque Dose Adjustments for Patients Taking Moderate CYP3A Inhibitors.[2]
CYP – Cytochrome P450.

Availability

Tolvaptan (Samsca, generic) is available as 15 mg and 30 mg tablets in blister packs of 10 tablets; additionally, the generic tablets are available in bottles of 10 tablets.[1]

Jynarque is available as 15 mg and 30 mg tablets in bottles of 30 tablets.[2] In addition, Jynarque is available in 7-day blister packs (containing 14 tablets) in 15 mg/15 mg, 30 mg/15 mg, 45 mg/15 mg, 60 mg/30 mg, 90 mg/30 mg tablet strengths.[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of tolvaptan products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year.

Automation: None.

Drug Quantity Limits

CRITERIA

Samsca 15 mg tablets (generic)

5. If the patient is taking a dose that does not correspond to a commercially-available dosage form (e.g., the dose requires multiple same strength tablets be used AND would otherwise require two strengths to be used), approve 90 tablets per dispensing at retail or 270 tablets per dispensing at home delivery.

Samsca 30 mg tablets (generic)
No overrides recommended.

Jynarque 15 mg tablets
No overrides recommended.

Jynarque 30 mg tablets
No overrides recommended.

Jynarque 15 mg/15 mg tablet 7-day blister pack
No overrides recommended.

Jynarque 30 mg/15 mg tablet 7-day blister pack
No overrides recommended.

Jynarque 45 mg/15 mg tablet 7-day blister pack
No overrides recommended.

Jynarque 60 mg/30 mg tablet 7-day blister pack
No overrides recommended**.**

Jynarque 90 mg/30 mg tablet 7-day blister pack
No overrides recommended.

REFERENCES

1. Samsca® tablets [prescribing information]. Rockville, MD: Otsuka America; April 2021.
2. Jynarque® tablets [prescribing information]. Rockville, MD: Otsuka America; October 2020.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Agents for Atopic Dermatitis Drug Quantity Management Policy – Per Days
- Elidel® (pimecrolimus 1% cream – Bausch/Valeant, generic)
- Eucrisa® (crisaborole 2% ointment – Pfizer)
- Protopic® (tacrolimus 0.03% and 0.1% ointment – LEO, generic)

REVIEW DATE: 10/16/2023

OVERVIEW

Eucrisa, pimecrolimus cream, and tacrolimus ointment are all indicated for **atopic dermatitis**.[1-3]

- Eucrisa, a phosphodiesterase 4 inhibitor, is indicated for the topical treatment of **mild to moderate atopic dermatitis in patients ≥ 3 months of age**.
- Pimecrolimus cream is a calcineurin inhibitor indicated as second-line therapy for the short-term and non-continuous chronic treatment of **mild to moderate atopic dermatitis in non-immunocompromised patients ≥ 2 years of age** who have failed to respond adequately to other topical prescription treatments or when those treatments are not advisable.
- Tacrolimus ointment is also a calcineurin inhibitor and is indicated as second-line therapy for the short-term and non-continuous chronic treatment of **moderate to severe atopic dermatitis in non-immunocompromised patients** who have failed to respond adequately to other topical prescription treatments or when those treatments are not advisable.
  - **Both tacrolimus 0.03% and 0.1% ointment** are indicated for use in **adults; tacrolimus 0.03% ointment** is also indicated for use in **patients 2 to 15 years of age.**

Dosing/Availability

Table 1. FDA-Approved Indications and Availability.[1-3]
BID – Twice daily; QD – Once daily.

Application Information

The clinical presentation of atopic dermatitis differs depending on age.[4] In infants, the face, scalp, trunk, and extremities are most often impacted. Older children generally present with patches on flexural surfaces, and adults present with patches on extremities. The SCORIng Atopic Dermatitis (SCORAD) index is the most widely used validated clinical tool to classify atopic dermatitis severity based on affected body surface area (BSA) and intensity of the lesions.[5-7] The head and neck are considered 9% of BSA, each upper limb is 9% of BSA (18% total), each lower limb is 18% BSA (36% total), anterior tuck is 18% of BSA, back is 18% of BSA, and genitals are 1% of BSA. In clinical trials of pimecrolimus and tacrolimus, 75% to 80% of patients had atopic dermatitis affecting the face and/or neck region.[1,2]

For topical product application, a standard measure, the finger-tip unit (FTU), is often used.[5] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). For children, an FTU is still the amount of product that will fit on an adult's index fingertip. The amount of BSA that the application will cover depends on the size of the child.

Based on the FTU method, 120 grams provides enough product to cover approximately 8% of the patient's BSA when applying two times daily for 30 days.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse use of the topical agents for atopic dermatitis. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is a quantity sufficient to apply to approximately 8% of the body surface area when applying twice daily for 30 days; α This is a quantity sufficient to apply to approximately 8% of the body surface area when applying twice daily for 90 days.

CRITERIA

Eucrisa 2% ointment

1. If the patient has mild to moderate atopic dermatitis and needs to treat greater than 8% of their body surface area or administer more frequently than twice daily, approve the requested quantity not to exceed 240 grams per 30 days at retail and 720 grams per 90 days at home delivery.

Tacrolimus 0.03% and 0.1% ointment (Protopic, generic)

2. If the patient has moderate to severe atopic dermatitis and needs to treat greater than 8% of their body surface area or administer more frequently than twice daily, approve the requested quantity not to exceed 240 grams per 30 days at retail and 720 grams per 90 days at home delivery.

Pimecrolimus 1% cream (Elidel, generic)

3. If the patient has mild to moderate atopic dermatitis and needs to treat greater than 8% of their body surface area or administer more frequently than twice daily, approve the requested quantity not to exceed 240 grams per 30 days at retail and 720 grams per 90 days at home delivery.

EXCLUSIONS

3. No overrides are recommended for use in compounded formulations.

REFERENCES

187. Elidel® 1% cream [prescribing information]. Bridgewater, NJ: Bausch; September 2020.
188. Protopic® 0.03% and 0.1% ointment [prescribing information]. Madison, NJ: LEO; June 2022.
189. Eucrisa® 2% ointment [prescribing information]. New York, NY: Pfizer; April 2023.
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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Anesthetics Drug Quantity Management Policy – Per Days
- lidocaine 2% jelly (generic only)
- lidocaine 5% ointment (generic only)
- lidocaine 2.5%/prilocaine 2.5% cream (generic only)
- Pliaglis® (lidocaine 7%/tetracaine 7% cream – Taro, generic)

REVIEW DATE: 12/15/2023

OVERVIEW

Lidocaine 2% jelly is indicated for the following uses:[1]
- **Prevention and control of pain** in procedures involving the male and female urethra.
- **Painful urethritis** as a topical treatment.
- **Anesthetic lubricant for endotracheal intubation** (oral and nasal).

Lidocaine 5% ointment is indicated for the following uses:[2]
- **Production of anesthesia of accessible mucous membranes** of the oropharynx.
- **Anesthetic lubricant for intubation**.
- **Temporary relief of pain** associated with minor burns, including sunburn, abrasions of the skin, and insect bites.

Lidocaine 2.5%/prilocaine 2.5% cream is indicated as a topical anesthetic for use on:[3]
- **Local analgesia** on normal intact skin**.**
- **Genital mucous membranes** for superficial minor surgery and as pretreatment for infiltration anesthesia.

Lidocaine 7%/tetracaine 7% topical cream (Pliaglis, generic) is indicated to provide **topical local analgesia for superficial dermatological procedures** (e.g., dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, laser-assisted tattoo removal), in adults for use on intact skin.[4]

Dosing/Availability

Lidocaine 2% Jelly

The dose of lidocaine 2% jelly varies depending on a variety of factors.[1] Providers should use the lowest dose needed to provide effective anesthesia. No more than 600 mg of lidocaine HCl (30 mL of lidocaine 2% jelly) should be administered in any 12 hour period for any of the listed indications. Recommended dosing of lidocaine 2% jelly is in Table 1. Lidocaine 2% jelly is supplied in 5 mL and 30 mL tubes.[8]

Table 1. Lidocaine 2% Jelly Recommended Dosing.[1]
[*] For patients who have a normal lean body mass and a normal lean body development.

Lidocaine 5% Ointment

For adults, a single application of lidocaine 5% ointment should not exceed 5 g (equivalent to approximately 300 mg of lidocaine HCl).[2] No more than one-half of a tube (approximately 17 g to 20 g of ointment) should be administered per day. In children, the dose of lidocaine 5% should be reduced; however, it is difficult to recommend a specific maximum dose. In patients < 10 years of age who have a normal lean body mass and a normal lean body development, the maximum dose may be determined by the application of one of the standard pediatric drug formulas (e.g., Clark's rule). In any case, the maximum amount of lidocaine administered should not exceed 4.5 mg/kg of body weight. While there is no frequency of administration listed in the lidocaine 5% ointment Prescribing Information, medical literature reports typical administration of two times daily. Lidocaine 5% ointment is supplied in 30 g tubes, 35.44 g tubes, 50 g tubes, and 50 g jars.

Lidocaine 2.5%/Prilocaine 2.5% Cream

Recommended dosing of lidocaine 2.5%/prilocaine 2.5% cream in adults is in Table 2. Maximum dosing in pediatric patients varies based on the patient's age and body weight.[3] Lidocaine 2.5%/prilocaine 2.5% cream is supplied as a 5 g tube and a 30 g tube.

Table 2. Lidocaine 2.5% and Prilocaine 2.5% Cream Adult Dosing.[3]
[*] In adults with intact skin; [α] Minor procedures include intravenous cannulation and venipuncture; [†] Major procedures include split thickness skin graft harvesting; [β] As an adjunct prior to local anesthetic infiltration; [Δ] Minor procedures include the removal of condylomata cuminata.

Lidocaine 7%/Tetracaine 7% Cream (Pliaglis, generic)

For superficial dermatological procedures, lidocaine 7%/tetracaine 7% (Pliaglis, generic) should be applies to intact skin between 20 and 60 minutes prior to the procedure.[4] The amount of product to be applied depends on the size of the area to be treated, with up to 53 grams being a sufficient quantity to treat a 62 in^2 treatment site. Lidocaine 7% and tetracaine 7% cream (Pliaglis, generic) is supplied in 30 g tubes.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of the topical anesthetics. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

[*] This is enough drug to cover approximately 2% of the body surface area when applying two times daily for a 1 month supply at retail or a 3 month supply at home delivery; [†] This is enough drug to allow for six (retail) or 18 (home delivery) separate dermal procedures utilizing 5 g of cream each or 12 (retail) or 36 (home delivery) separate dermal procedures utilizing 2.5 g of cream each; [α] This is enough drug to allow for coverage of 250 square centimeter (38.7 square inch) area.

CRITERIA

Lidocaine 2% jelly

1. If the patient is performing self-catheterization on a routine basis, approve the requested quantity, not to exceed 1,800 mL per 30 days at retail or 5,400 mL per 90 days at home delivery.

Lidocaine 5% ointment

1. If the patient needs anesthesia of accessible mucous membranes of the oropharynx > 2% of body surface area, approve the requested quantity, not to exceed 150 grams per 30 days or 450 grams per 90 days.
2. If the patient needs to administer lidocaine 5% ointment more frequently than twice per day, approve the requested quantity, not to exceed 150 grams per 30 days at retail or 450 grams per 90 days at home delivery.

Lidocaine 2.5% and prilocaine 2.5% cream

1. If the patient needs topical anesthesia for > 12 separate dermal procedures (i.e., intravenous cannulation and venipuncture) utilizing 2.5 grams of cream each, approve 30 grams for each additional 12 minor dermal procedures (i.e., intravenous cannulation and venipuncture) utilizing 2.5 grams of cream per 30 days at retail or per 90 days at home delivery.
2. If the patient needs topical anesthesia for > 6 separate dermal procedures (intravenous cannulation and venipuncture) utilizing 5 grams of cream each, approve 30 grams for each additional 6 minor dermal procedures (intravenous cannulation and venipuncture) utilizing 2.5 grams of cream per 30 days at retail or per 90 days at home delivery.

Lidocaine 7%/Tetracaine 7% cream (Pliaglis, generic)

1. If the patient needs topical anesthesia for greater than a 250 square centimeter (38.7 square inch) area, approve a one-time override of 30 grams for each additional 250 square centimeter (38.7 square inch) area needing topical anesthesia per 30 days at retail or per 90 days at home delivery.
2. If the patient needs topical anesthesia of a 250 square centimeter (38.7 square inch) area greater than once per 30 days, approve a one-time override for 30 grams for each additional dermal procedure of a 250 square centimeter (38.7 square inch) area needing topical anesthesia per 30 days at retail or per 90 days at home delivery.

EXCLUSIONS

Approval of additional quantities of lidocaine 2% jelly, lidocaine 5% ointment, lidocaine 2.5%/prilocaine 2.5% cream, and lidocaine 7%/tetracaine 7% topical cream (Pliaglis, generic) is not recommended in the following situations:

1. No overrides are recommended for use in any compounded formulations.

2. No overrides are recommended for cosmetic uses or indications.
   Note: Examples of cosmetic uses or indications include dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal.

3. No overrides are recommended for the treatment of peripheral or post-herpetic neuralgia, post-traumatic peripheral neuropathy, or peripheral diabetic neuropathy.

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Antibiotics for Acne – Clindamycin DQM Policy – Per Days

- Cleocin T® (clindamycin phosphate 1% topical gel, 1% topical lotion, and 1% topical solution – Pfizer, generic)
- Clindagel® (clindamycin 1% topical gel – Bausch Health, generic)
- Evoclin® (clindamycin phosphate 1% topical foam – Mylan, generic)

REVIEW DATE: 02/01/2023

OVERVIEW

The topical clindamycin products are indicated for the treatment of **acne vulgaris**.[1]

Dosing/Availability

Clindamycin topical gel, lotion, and solution (Cleocin T, generic) may be applied twice daily to the affected area.[1] Clindamycin 1% topical gel (Cleocin T, generic) is supplied as a 30 g and 60 g tube; clindamycin 1% topical lotion (Cleocin T, generic) is supplied as a 60 mL bottle. Clindamycin 1% topical solution (Cleocin T, generic) is supplied as 30 mL and 60 mL (generic only) bottles and a carton of 60 single-use pledget applicators (10 mg/mL) [generic only].

Clindamycin topical gel (Clindagel, generic) may be applied once daily to the affected area.[2] Clindamycin 1% gel (Clindagel, generic) is supplied as a 75 mL bottle.

Clindamycin foam (Evoclin, generic) is applied once daily to affected areas; enough should be applied to cover the entire affected area.[3] Clindamycin 1% foam (Evoclin, generic) is supplied as a 50 g or 100 g aerosol can.

Application Information

For topical product application, a standard measure, the finger-tip unit (FTU), is often used.[4] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Based on the FTU method, 120 grams provides enough product to cover approximately 8% of the patient's BSA when applying two times daily for 30 days.

The most common areas for acne breakouts are the face, chest, shoulders and back.[5] Typically, acne does not cover the entire surface area of the face, chest, shoulders and back, but appears in selected areas of each. A quantity of 120 mL or 120 gram of topical clindamycin would be enough to treat the entire face, shoulders, or upper chest.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse use of topical clindamycin products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is a quantity sufficient to cover 8% of the body surface area when applying twice daily for 30 days; Ω This is a quantity sufficient to cover 8% of the body surface area when applying twice daily for 90 days.

CRITERIA

Clindamycin phosphate 1% lotion (Cleocin T, generic) – twice daily application

4. If the patient needs to treat acne on greater than 8% of their body surface area, approve the requested quantity, not to exceed 240 mL per 30 days at retail or 720 mL per 90 days at home delivery.

Clindamycin phosphate 1% gel (Cleocin T, generic) – twice daily application

1. If the patient needs to treat acne on greater than 8% of their body surface area, approve the requested quantity, not to exceed 240 grams per 30 days at retail or 720 grams per 90 days at home delivery.

Clindamycin phosphate 1% solution (Cleocin T, generic) – twice daily application

1. If the patient needs to treat acne on greater than 8% of their body surface area, approve the requested quantity, not to exceed 240 mL per 30 days at retail or 720 mL per 90 days at home delivery.

Clindamycin phosphate 1% gel (Clindagel, generic) – once daily application

1. If the patient needs to treat acne on greater than 8% of their body surface area, approve the requested quantity, not to exceed 300 mL per 30 days at retail or 900 mL per 90 days at home delivery.

Clindamycin phosphate 1% foam (Evoclin, generic)

1. If the patient needs to treat acne on greater than 8% of their body surface area, approve the requested quantity, not to exceed 200 grams per 30 days at retail or 600 grams per 90 days at home delivery.

EXCLUSIONS

Approval of additional quantities of topical clindamycin is NOT recommended in the following situations:

4. No overrides are recommended for use in compounded formulations.

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Antifungals Drug Quantity Management Policy – Per Days

REVIEW DATE: 08/23/2023

OVERVIEW

Topical antifungal products are used to treat a variety of superficial fungal infections (e.g., tinea, candida) diaper dermatitis, and seborrheic dermatitis.[1-27] For specific indications for the topical antifungals consult the Drug Quantity Limits table.

Dosing/Availability

The approved dosing and availability of each of the topical antifungal products is outlined in the Drug Quantity Limits table. In general, the frequency of administration is typically once daily (QD) to two times daily (BID).[1-27] The duration of treatment varies depending on the fungus and condition being treated, but is most often used for an initial 2 week period. In some cases, 4 weeks of treatment is recommended initially, in others, treatment can last for up to 4 weeks if no clinical improvement is seen after 2 weeks of treatment.

The quantity of topical antifungals is generally not specified in dosing instructions for these products. The SCORIng Atopic Dermatitis (SCORAD) index is the most widely used validated clinical tool to classify atopic dermatitis severity based on affected body surface area (BSA) and intensity of the lesions; this is also helpful to determine body surface area for other skin infecitons.[28-31] The head and neck are considered 9% of BSA, each upper limb is 9% of BSA (18% total), each lower limb is 18% BSA (36% total), anterior tuck is 18% of BSA, back is 18% of BSA, and genitals are 1% of BSA. When determining the amount of a topical product to apply, a standard measure, the fingertip unit (FTU), is often used.[29] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 grams and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total BSA. Therefore, it is assumed that 1 gram of topical antifungal cream would cover 4% of the patient's BSA, approximately 63 grams is a quantity sufficient to apply a topical antifungal product to 9% of the BSA BID for 14 days.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of topical antifungals. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

The Express Scripts initial quantity limit for topical antifungal products is outlined in the table below. The quantity limits allow for a sufficient quantity for each of the topical antifungal products to treat approximately 9% of a patient's BSA when applied up to BID for 14 days. For prescription clotrimazole 1% cream, the quantity limit is sufficient to treat approximately 7% of a patient's BSA when applied up to BID for 14 days (3.2 grams/day). For patients treating a larger surface area or treating for a longer duration than 14 days, additional quantities are available through coverage review.

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)

Drug Quantity Limits (continued)
Drug Quantity Limits (continued)
* The quantity limit is rounded up to accommodate the largest package size; 9% body surface area twice daily for 14 days is 63 units (mL, grams); QD – Once daily; BID – Twice daily.

CRITERIA

Mentax 1% cream

1. If a patient needs to treat greater than 9% body surface area or requires treatment for longer than 14 days, approve a one-time override of 60 grams per 28 days at retail or 180 grams per 84 days at home delivery if the patient has tinea (pityriasis) versicolor.

Ciclopirox olamine 0.77% cream (Loprox, generic) and Loprox cream kit

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 180 grams per 28 days at retail or 540 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, C, D, or E):
   A) Patient has tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis; OR
   D) Patient has candidiasis; OR
   E) Patient has tinea versicolor.

Ciclopirox 0.77% gel

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 200 grams per 28 days at retail or 600 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
   A) Patient has interdigital tinea pedis; OR
   B) Patient has tinea corporis; OR
   C) Patient has seborrheic dermatitis of the scalp.

Ciclopirox 1% shampoo (Loprox, generic)

No overrides recommended.

Ciclopirox 0.77% suspension (Loprox, generic) and Loprox suspension kit

1. If the patient needs to treat than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 mL per 28 days at retail or 360 mL per 84 days at home delivery, if the patient meets ONE of the following (A, B, C, D, or E):
   A) Patient has tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis; OR
   D) Patient has cutaneous candidiasis; OR
   E) Patient has tinea (pityriasis versicolor).

Clotrimazole 1% solution

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 mL per 28 days at retail or 360 mL per 84 days at home delivery, if the patient meets ONE of the following (A or B):
   A) Patient has candidiasis; OR
   B) Patient has tinea versicolor.

Clotrimazole 1% cream

1. If the patient needs to treat greater than 7% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 45 grams per 28 days at retail or 135 grams per 84 days at home delivery, if the patient meets ONE of the following (A or B):
A) Patient has candidiasis; OR
B) Patient has tinea versicolor.

Clotrimazole/betamethasone cream

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 180 grams per 28 days at retail or 540 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
A) Patient has tinea pedis; OR
B) Patient has tinea cruris; OR
C) Patient has tinea corporis.

Clotrimazole/betamethasone lotion

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 mL per 28 days at retail or 360 mL per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
A) Patient has tinea pedis; OR
B) Patient has tinea cruris; OR
C) Patient has tinea corporis.

Econazole nitrate 1% cream

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 170 grams per 28 days at retail or 510 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, C, D, or E):
A) Patient has tinea pedis; OR
B) Patient has tinea cruris; OR
C) Patient has tinea corporis; OR
D) Patient has cutaneous candidiasis; OR
E) Patient has tinea versicolor.

Ecoza 1% foam

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 140 grams per 28 days at retail or 420 grams per 84 days at home delivery, if the patient has interdigital tinea pedis.

Ketoconazole 2% cream

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, C, D, E, or F):
A) Patient has tinea corporis; OR
B) Patient has tinea cruris; OR
C) Patien has tinea pedis; OR
D) Patiet has tinea (pityriasis) versicolor; OR
E) Patint has cutaneous candidiasis; OR
F) Patent has seborrheic dermatitis.

Ketoconazole 2% foam (Extina, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 200 grams per 28 days at retail or 600 grams per 84 days at home delivery, if the patient has seborrheic dermatitis.

Xolegel 2% gel

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 180 grams per 28 days at retail or 540 grams per 84 days at home delivery if the patient has seborrheic dermatitis.

Ketoconazole 2% shampoo

No overrides are recommended.

Luliconazole 1% cream (Luzu, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
   A) Patient has interdigital tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis.

Vusion ointment

No overrides are recommended.

Note: The quantity limit supplies a quantity sufficient to treat for 7 days. Product labeling does not recommend use beyond 7 days.

Naftifine HCl 1% cream

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 180 grams per 28 days at home delivery or 540 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
   A) Patient has tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis.

Naftifine HCl 2% cream, (Naftin, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
   A) Patient has interdigital tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis.

Naftifine HCl 1% gel (Naftin, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 180 grams per 28 days at retail or 540 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
   A) Patient has tina pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis.

Naftifine HCl 2% gel, (Naftin, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient has interdigital tinea pedis.

Nystatin 100,000 units/gram cream

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient is treating a cutaneous or mucocutaneous mycotic infection

Nystatin 100 units/gram ointment

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery if the patient is treating a cutaneous or mucocutaneous mycotic infection.

Nystatin/triamcinolone acetonide 100,000 units per gram/0.1% cream

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient is treating cutaneous candidiasis.

Nystatin/triamcinolone acetonide 100,000 units per gram/0.1% ointment

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient is treating cutaneous candidiasis.

Oxiconazole nitrate 1% cream (Oxistat, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 180 grams per 28 days at retail or 540 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, C, or, D):
   A) Patient has tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis; OR
   D) Patient has tinea (pityriasis) versicolor.

Oxistat 1% lotion

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 mL per 28 days at retail or 360 mL per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
   A) Patient has tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis.

Ertaczo 2% cream

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient has interdigital tinea pedis.

Sulconazole nitrate 1% cream (Exelderm, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 grams per 28 days at retail or 360 grams per 84 days at home delivery, if the patient meets ONE of the following (A, B, C, or D):
   A) Patient has tinea pedis; OR
   B) Patient has tinea cruris; OR
   C) Patient has tinea corporis; OR
   D) Patient has tinea versicolor.

Sulconazole nitrate 1% solution, (Exelderm, generic)

1. If the patient needs to treat greater than 9% of their body surface area or requires treatment for longer than 14 days, approve a one-time override of 120 mL per 28 days at retail or 360 mL per 84 days at home delivery, if the patient meets ONE of the following (A, B, or C):
   A) Patient has tinea cruris; OR
   B) Patient has tinea corporis; OR
   C) Patient has tinea versicolor.

EXCLUSIONS

5. No overrides are recommended for use in compounded formulations.

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Antipruritics – Doxepin Products Drug Quantity Management Policy – Per Days
- Prudoxin® (doxepin hydrochloride cream 5% – Mylan, generic)
- Zonalon (doxepin hydrochloride cream 5% – Mylan, generic)

REVIEW DATE: 08/15/2023

OVERVIEW

Doxepin topical cream, an H_1 and H_2 histamine receptor blocker, is indicated for the short-term (up to 8 days) management of moderate pruritus in adult patients with **atopic dermatitis or lichen simplex chronicus**.[1,4]

Dosing

A thin film of doxepin cream should be applied four times each day with at least a 3 to 4 hour interval between applications.[1,4] There are no data to establish the safety and effectiveness of doxepin cream when used for greater than 8 days. Chronic use beyond 8 days may result in higher systemic levels and should be avoided. Use of doxepin cream for longer than 8 days may result in an increased likelihood of contact sensitization. The risk for sedation may increase with greater body surface area application. Drowsiness is significantly more common in patients applying doxepin cream to over 10% of body surface area; therefore, patients with greater than 10% of body surface area affected should be particularly cautioned concerning possible drowsiness and other systemic adverse effects of doxepin.

Availability

Doxepin 5% cream is available as Prudoxin (generic) and Zonalon (generic).[1,4] Prudoxin (generic) is available in a 45 gram tube and Zonalon (generic) is available in a 30 gram and 45 gram tubes.

Additional Information

Topical antihistamines are not generally recommended for the treatment of atopic dermatitis due to the risk of contact dermatitis.[5] The treatment of lichen simplex chronicus centers on the discontinuation of the itch-scratch cycle.[7] Commonly used therapies include topical corticosteroids under occlusion and intralesional corticosteroids.

The clinical presentation of atopic dermatitis differs depending on age at presentation.[5] In infants, the face, scalp, trunk, and extremities are most often impacted. Older children present with patches on flexural surfaces, and adults present with patches on extremities. The SCORIng Atopic Dermatitis (SCORAD) index is the most widely used validated clinical tool to classify atopic dermatitis severity based on affected body surface area (BSA) and intensity of the lesions.[2,3,6] The head and neck are considered 9% of BSA, each upper limb is 9% of BSA (18% total), each lower limb is 18% BSA (36% total), anterior tuck is 18% of BSA, back is 18% of BSA, and genitals are 1% of BSA. When determining the amount of a topical corticosteroid to apply, a standard measure, the fingertip unit (FTU), is often used.[4] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total BSA. Therefore, although not a corticosteroid, it is assumed that 1 g of topical doxepin would cover 4% of the patient's BSA. Because atopic dermatitis in adults commonly affects the extremities (9% each for arms, and 18% each for leg), 2.25 grams of topical doxepin would cover 9% of the patients BSA.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of the topical doxepin products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

* This is enough drug to cover 9% of the body surface area when applying four times daily for 8 days per month. A quantity of 72 grams per 30 days would supply a quantity sufficient to cover 9% of BSA (e.g., one upper extremity limb) for one 8-day treatment course (2.25 grams applied four times per day [9 grams/day]). A quantity of 216 grams per 90 days would supply a quantity sufficient to cover 9% BSA for three 8-day treatment courses. Due to the package sizing of topical doxepin products, a quantity of 90 grams per 30 days at retail and 225 grams at home delivery will be covered without prior authorization.

CRITERIA

5. If the patient has atopic dermatitis or lichen simplex chronicus and is treating greater than 9% of body surface area, approve a one-time override for the quantity requested not to exceed 180 grams at retail or 450 grams at home delivery.

6. If the patient has atopic dermatitis or lichen simplex chronicus and requires two 8-day treatment periods per 30-days, approve a one-time override for the quantity requested not to exceed 180 grams at retail or 315 grams at home delivery.
Note: For home delivery this quantity will accomodate two 8-day treatment periods per 30 days, and one 8-day treatment period per 30-days for 60 days (total of 90 days).

EXCLUSIONS

6. No overrides are recommended for use in compounded formulations.

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Calcipotriene Products Drug Quantity Management Policy – Per Days

- Dovonex® (calcipotriene 0.005% cream – LEO, generic)
- Sorilux® (calcipotriene 0.005% foam – Mayne, generic)
- calcipotriene 0.005% ointment – generic only
- calcipotriene 0.005% solution – generic only
- Enstilar® (calcipotriene/betamethasone 0.005%/0.064% foam – LEO)
- Taclonex® (calcipotriene/betamethasone 0.005%/0.064% ointment – LEO, generic)
- Taclonex® (calcipotriene/betamethasone 0.005%/0.064% suspension – LEO, generic)
- Wynzora® (calcipotriene/betamethasone 0.005%/0.064% cream – MC2)

REVIEW DATE: 11/03/2023

OVERVIEW

The topical vitamin D analog products are indicated for the treatment of **plaque psoriasis**. The specific indications are as follows:[1-9]

- Calcipotriene cream and ointment are indicated for the treatment of **plaque psoriasis of the body in adults**.
- Calcipotriene solution is indicated for the treatment of **plaque psoriasis of the scalp in adults**.
- Dovonex cream is indicated for the treatment of **plaque psoriasis in adults**.
- Enstilar foam is indicated for the topical treatment of **plaque psoriasis in patients ≥ 12 years** of age.
- Calcipotriene foam 0.005% (authorized generic) and Sorilux foam are indicated for the topical treatment of **plaque psoriasis of the scalp and body in adults and pediatric patients ≥ 4 years** of age.
- Taclonex ointment is indicated for the topical treatment of **plaque psoriasis in patients ≥ 12 years** of age.
- Wynzora cream is indicated for the topical treatment of **plaque psoriasis in patients ≥ 18 years** of age.

Dosing/Availability

The single-entity calcipotriene products are to be applied to the affected area two times daily (BID).[1-4] The calcipotriene/betamethasone combination products are applied to the affected area once daily (QD).[5-8] Refer to the Drug Quantity Limits table for additional dosing and availability information.

Application Information

When determining the amount of a topical product to apply, a standard measure, the fingertip unit (FTU), is often used.[9] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 1 g of a topical product would provide enough product for one application to approximately 4% of the patient's BSA. For children, an FTU is still the amount of product that will fit on an adult's index fingertip. The amount of BSA that the application will cover depends on the size of the child.

In a 2014 article regarding the prevalence of psoriasis among adults in the US defined severity as mild, moderate or severe according to the amount of BSA affected.[10] Psoriasis is considered mild when < 3% of

the body is affected, moderate when 3% to 10% of the body is affected, and severe when > 10% of the body is affected.

Based on the FTU method, the quantity limits below provide enough topical calcipotriene to cover approximately 8% of the patient's BSA when applying two times daily for 30 days at retail or 90 days at home delivery and enough topical calcipotriene/betamethasone to cover approximately 8% of the patient's BSA when applying once daily for 30 days at retail or 90 days at home delivery.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of topical calcipotriene products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

Drug Quantity Limits (continued)

*This is enough drug to cover approximately 8% of the body surface area when applying two times daily for one month (single-entity calcipotriene products) or 8% of the body when applying once daily for one month (calcipotriene/betamethasone combination products); BID – Twice daily; QD – Once daily; BSA – Body surface area.

CRITERIA

Approval of additional quantities of topical calcipotriene products is recommended if the patient is using the product for plaque psoriasis (FDA-approved indication) and meets one of the following criteria:

Dovonex 0.005% cream (generic), Sorilux foam (authorized generic), calcipotriene 0.005% ointment

7. If the patient needs to treat greater than 8% of body surface area, approve the requested quantity not to exceed 240 grams per 30 days at retail and 720 grams per 90 days at home delivery.

Calcipotriene 0.005% solution

1. If the patient needs to treat greater than 8% of body surface area, approve the requested quantity not to exceed 240 mL per 30 days at retail and 720 mL per 90 days at home delivery.

Enstilar foam, Taclonex 0.005%/0.064% ointment (generic), Taclonex 0.005%/0.064% suspension (generic), Wynzora

1. If the patient needs to treat greater than 8% of body surface area, approve the requested quantity not to exceed 120 grams per 30 days at retail and 360 grams per 90 days at home delivery.

EXCLUSIONS

Approval of additional quantities of topical calcipotriene products is NOT recommended in the following situations:

7. No overrides are recommended for use in compounded formulations.

REFERENCES

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57. Sorilux® 0.005% foam [prescribing information]. Greenville, NC: Mayne: May 2019.
58. Calcipotriene 0.005% ointment [prescribing information]. Hawthorne, NY: Taro; December 2019.
59. Calcipotriene 0.005% solution [prescribing information]. Bridgewater, NJ: Amneal; December 2019.
60. Enstilar® foam [prescribing information]. Madison, NJ: LEO, October 2021.
61. Taclonex® ointment [prescribing information]. Madison, NJ: LEO; January 2023.
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63. Wynzora® cream [prescribing information]. Dover, DE: MC2; July 2020.
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DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Topical Collagenase – Santyl Drug Quantity Management Policy – Per Rx
- Santyl® (collagenase santyl ointment 250 units/gram – Smith & Nephew)

REVIEW DATE: 09/27/2023

OVERVIEW

Santyl ointment is a sterile enzymatic debriding ointment indicated for **debriding chronic dermal ulcers and severely burned areas**.[1]

Dosing

Santyl ointment should be applied to the affected area once daily or more frequently if the dressing becomes soiled, such as from incontinence.[1] In clinical trials for diabetic foot ulcers, enrolled patients treated areas ranging from 0.5 cm^2 to 10 cm^2. According to the manufacturer dosing calculator, 128 grams of ointment will cover one 25 cm^2 wound for 30 days.[2]

Availability

Collagenase Santyl ointment contains 250 collagenase units/gram of petrolatum and is available in 15-, 30- and 90-gram tubes.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of Santyl. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

*This is enough drug to treat approximately one 25 cm^2 wound when applying once daily for 30 days rounded to the nearest tube size.

CRITERIA

8. For patients treating a wound area(s) greater than 25 cm^2 or treating more frequently than once daily, approve the requested quantity not to exceed 540 grams per dispensing at retail or 1,620 grams per dispensing at home delivery.

EXCLUSIONS

8. No overrides are recommended for use in compounded formulations.

REFERENCES

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DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Corticosteroids – Clobetasol Drug Quantity Management Policy – Per Days

- clobetasol emollient cream 0.05% (generic only)
- clobetasol gel 0.05% (generic only)
- clobetasol solution 0.05% (generic only)
- Clobex® (clobetasol lotion 0.05%, shampoo 0.05%, and spray 0.05% – Galderma, generic)
- Clodan™ (clobetasol shampoo 0.05% – Medimetriks, generic)
- Clodan™ Kit (clobetasol shampoo 0.05% and Rehyla® Hair & Body Cleanser – Medimetriks)
- Impeklo™ (clobetasol lotion 0.05%, metered dose pump – Mylan)
- Impoyz™ (clobetasol cream 0.025% – Promius)
- Olux® (clobetasol foam 0.05% – Mylan, generic)
- Olux®-E (clobetasol emollient foam 0.05% – Mylan Pharmaceuticals, generic)
- Temovate® (clobetasol cream 0.05% and ointment 0.05% – PharmaDerm, generic)

REVIEW DATE: 04/19/2023

OVERVIEW

Clobetasol propionate is a super-high potency corticosteroid. In general, the topical clobetasol products included in this policy are indicated for the relief of the inflammatory and pruritic manifestations of **corticosteroid-responsive dermatoses**, including moderate-to-severe plaque psoriasis.[1-14]

Clobetasol propionate 0.05% emollient cream, is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients ≥ 12 years of age.[5] It also indicated is indicated for the topical treatment of moderate to severe plaque-type psoriasis in patients ≥ 16 years of age. Clobetasol propionate 0.05% topical solution is indicated for short-term topical treatment of inflammatory and pruritic manifestations of moderate to severe corticosteroid-responsive dermatoses of the scalp in patients ≥ 12 years of age.[4] Clobetasol propionate 0.05% gel is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients ≥ 12 years of age.[3]

Clobetasol 0.05% lotion (Clobex, generic) is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients ≥ 18 years of age.[6] Clobetasol 0.05% shampoo (Clobex, generic) is indicated for the treatment of moderate to severe forms of scalp psoriasis in patients ≥ 18 years of age.[7] Clobetasol 0.05% spray (Clobex, generic) is indicated for the treatment of moderate to severe plaque psoriasis affecting up to 20% body surface area (BSA) in patients ≥ 18 years of age.[8]

Clobetasol 0.05% shampoo (Clodan, generic) is indicated for the treatment of moderate to severe forms of scalp psoriasis in patients ≥ 18 years of age.[11]

Impeklo 0.05% metered dose pump lotion is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, in patients ≥ 18 years of age.[13]

Impoyz 0.025% cream is indicated for the treatment of moderate to severe plaque psoriasis in patients ≥ 18 years of age.[12]

Clobetasol 0.05% foam (Olux, generic) is indicated for the treatment of moderate to severe plaque psoriasis of the scalp and mild to moderate plaque psoriasis of non-scalp regions of the body excluding the face and intertriginous areas in patients ≥ 12 years of age.[9] Clobetasol 0.05% emollient foam (Olux-E, generic), clobetasol 0.05% cream (Temovate, generic), and clobetasol 0.05% ointment (Temovate, generic) are indicated for the treatment of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients ≥ 12 years of age.[1,10]

Dosing/Availability

Most of the topical clobetasol products are applied to the affected area(s) twice daily (BID) and treatment is limited to 2 consecutive weeks. For plaque psoriasis, an additional 2 weeks of treatment may be considered (see below); treatment beyond 4 consecutive weeks is not recommended. For psoriasis of the scalp, clobetasol shampoos are applied once daily (QD), and the total duration of treatment is 4 weeks. For all of the topical clobetasol products, amounts > 50 grams per week should not be used. Coverage will be limited to a quantity sufficient to allow for a 2-week treatment course per 28 days at maximum recommended weekly doses based on available package size. A coverage review is required for additional quantities. Additional dosing details and availability are provided below for completeness.

In moderate to severe plaque-type psoriasis, clobetasol propionate 0.05% emollient cream (generic only) can be applied to 5% to 10% of the BSA for up to 4 weeks.[5] When used for > 2 weeks, any additional benefits of extending treatment should be weighed against the risk of hypothalamic pituitary access (HPA) suppression. If no improvement is seen within 2 weeks, reassessment of diagnosis may be necessary. Clobetasol propionate 0.05% emollient cream is supplied in 15 gram, 30 gram, 45 gram, and 60 gram tubes. Each gram of emollient cream contains 0.5 mg of clobetasol (0.05%).

Clobetasol propionate 0.05% topical solution (generic only) is applied to the affected scalp area(s) BID.[4] Treatment beyond 2 consecutive weeks is not recommended. Clobetasol propionate 0.05% topical solution is supplied as 25 mL and 50 mL squeeze bottles.

Clobetasol propionate 0.05% gel (generic only) is applied to the affected area(s) BID.[3] Treatment beyond 2 consecutive weeks is not recommended. Clobetasol propionate 0.05% gel is available as 15 gram, 30 gram, and 60 gram tubes. Each gram of gel contains 0.5 mg of clobetasol (0.05%).

Clobetasol 0.05% lotion (Clobex, generic) is applied to the affected area(s) BID.[6] Treatment beyond 2 consecutive weeks is not recommended. For moderate to severe plaque psoriasis, treatment may be extended for an additional 2 weeks for localized lesions (< 10% body surface area) that have not sufficiently improved after the initial 2-week treatment. The total dosage should not exceed 50 grams (50 mL or 1.75 fl. oz.) per week. Clobetasol 0.05% lotion (Clobex, generic) is supplied as bottles of 59 mL (2 fluid ounces) and 118 mL (4 fluid ounces). Each gram of 0.05% lotion contains 0.5 mg of clobetasol (0.05%).

Clobetasol 0.05% shampoo (Clobex, generic) is applied once daily (QD) to the affected area.[7] Treatment should be limited to 4 consecutive weeks. Clobetasol shampoo is supplied in 118 mL bottles (4 fluid ounces), each gram of shampoo contains 0.5 mg of clobetasol (0.05%).

Clobetasol 0.05% spray (Clobex, generic) is applied to the affected area(s) BID.[8] Treatment beyond 2 weeks should be limited to localized lesions of moderate to severe plaque psoriasis that have not sufficiently improved after the initial 2 weeks of treatment with clobetasol 0.05% spray. The total dose should not exceed 50 grams (59 mL or 2 fluid ounces) per week. No more than 26 sprays per application or 52 sprays per day should be used. Clobetasol 0.05% spray is supplied in bottles of 59 mL (2 fluid ounces) and 125 mL (4.25 fluid ounces). Each gram of spray contains 0.5 mg of clobetasol (0.05%).

Clobetasol 0.05% shampoo (Clodan, generic) is applied QD to the affected area(s).[11] Treatment should be limited to 4 consecutive weeks. The total dosage should not exceed 50 gram (50 mL or 1.75 fluid ounces) per week. Clobetasol 0.05% shampoo is supplied in 118 mL (4 fluid ounces) bottles. Each gram of shampoo contains 0.5 mg of clobetasol (0.05%). Clobetasol shampoo is also part of the Clodan Kit which contains one, 118 mL (4 fluid ounces) bottle of clobetasol 0.05% shampoo and Rehyla® Hair & Body Cleanser.

Impeklo 0.05% metered-dose pump lotion is applied to the affected skin area(s) BID.[13] No more than 10 pump actuations per application BID or 20 pump actuations per day for > 7 days is recommended. Treatment should be limited to 2 consecutive weeks for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses and up to 2 additional weeks in localized lesions (< 10% body surface area) of moderate to severe plaque psoriasis that have not sufficiently improved after the initial 2 weeks of treatment. Impeklo is supplied as a 0.05% metered dose pump lotion, each pump actuation delivers 0.15 mg of clobetasol propionate in 0.30 grams of lotion. The metered-dose pump is capable of dispensing not less than 138 actuations to deliver not less than 41.4 grams of lotion. One metered dose pump contains 68 grams lotion.

Impoyz 0.025% cream is applied to the affected skin area(s) BID daily for up to 2 consecutive weeks.[12] Treatment beyond 2 consecutive weeks is not recommended. Impoyz is supplied as a 0.025% cream in 60 gram and 100 gram aluminum tubes, each gram of cream contains 0.25 mg of clobetasol (0.25%).

Clobetasol 0.05% foam (Olux, generic) is applied as a thin layer to the affected skin area(s) BID.[9] Treatment beyond 2 consecutive weeks is not recommended. Clobetasol foam is supplied in 50 gram and 100 gram cans. Each gram of foam contains 0.5 mg of clobetasol (0.05%).

Clobetasol 0.05% emollient foam (Olux-E, generic) is applied to the affected area(s) BID, morning and evening, for up to 2 consecutive weeks.[10] Treatment beyond 2 consecutive weeks is not recommended. Clobetasol 0.05% emollient foam is supplied as 50 gram and 100 gram cans. Each gram of foam contains 0.5 mg of clobetasol (0.05%).

Clobetasol 0.05% cream (Temovate, generic) and ointment (Temovate, generic) are applied to the affected area(s) twice daily, treatment should be limited to 2 consecutive weeks.[1,2] The cream is supplied in 30 gram and 60 gram tubes. The ointment is supplied in 15 gram, 30 gram, 45 gram, and 60 gram tubes. Each gram of cream or ointment contains 50 mg of clobetasol (0.05%).

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of topical clobetasol products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Approval of additional quantities of the topical clobetasol products below is recommended if the patient is using the product for steroid-responsive dermatoses and meets one of the following criteria:

Clobetasol cream (Temovate, generic), clobetasol emollient foam (Olux-E, generic), clobetasol foam (Olux, generic), clobetasol gel, clobetasol ointment (Temovate, generic), clobetasol shampoo (Clodan, Clodan Kit, Clobex, generic), clobetasol solution, Impoyz.
No overrides recommended.

Clobetasol emollient cream (generic)

1. If the patient requires an additional 2 weeks of treatment, approve a one-time override for 120 grams at retail or home delivery.

Clobetasol lotion (Clobex, generic)

1. If the patient requires an additional 2 weeks of treatment, approve a one-time override for 118 mL at retail or home delivery.

Clobetasol spray (Clobex, generic)

3. If the patient requires an additional 2 weeks of treatment, approve a one-time override for 125 mL at retail or home delivery.

Impeklo lotion

1. If the patient requires an additional 2 weeks of treatment, approve a one-time override for 138 grams at retail or home delivery.

EXCLUSIONS

Approval of additional quantities of the topical clobetasol products is NOT recommended in the following situations:

9. No overrides are recommended for use in compounded formulations.

REFERENCES

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69. Clobetasol ointment 0.05% [prescribing information]. Baltimore, MD: Lupin; August 2018.
70. Clobetasol gel 0.05% [prescribing information]. Melville, NY: E. Fougera; September 2020.
71. Clobetasol topical solution 0.5% [prescribing information]. Melville, NY: E. Fougera; November 2019.
72. Clobetasol emollient cream 0.05% [prescribing information]. Melville, NY: E. Fougera; July 2021.
73. Clobex® lotion 0.05% [prescribing information]. Fort Worth, TX: Galderma; February 2018.
74. Clobex® shampoo 0.05% [prescribing information]. Fort Worth, TX: Galderma; January 2023.
75. Clobex® spray 0.05% [prescribing information]. Fort Worth, TX: Galderma; December 2018.
76. Olux® foam 0.05% [prescribing information]. Morgantown, WV: Mylan; April 2018.
77. Olux® E foam 0.05% [prescribing information]. Morgantown, WV: Mylan; May 2018.
78. Clodan™ shampoo 0.05% [prescribing information]. Fairfield, NJ: Medimetriks; December 2022.
79. Impoyz™ cream 0.025% [prescribing information]. Princeton, NJ: Promius; November 2017.
80. Impeklo lotion 0.5% [prescribing information]. Morgantown, WV: Mylan; May 2020.
81. Nelson A, Miller A, Fleischer A, Balkrishnan R, Feldman S. How much of a topical agent should be prescribed for children of different sizes? *J Derm Treat*. 2006; 17:224-228.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Corticosteroids – Diflorasone Drug Quantity Management Policy – Per Days
- diflorasone 0.05% cream (generic only)
- diflorasone 0.05% ointment (generic only)

REVIEW DATE: 12/05/2023

OVERVIEW

Diflorasone, a high-potency topical corticosteroid, is indicated for the relief of the inflammatory and pruritic manifestations of **corticosteroid-responsive dermatoses**.[1,2] Psoriasis and atopic dermatitis are examples of two corticosteroid-responsive dermatoses.

Dosing/Availability

Diflorasone 0.05% cream can be applied to the affected area twice daily[1] whereas diflorasone 0.05% ointment can be applied up to three times daily.[2] Diflorasone cream is available in 30 g and 60 g tubes. Diflorasone ointment is available in 15 g, 30 g, 45 g, and 60 g tubes.[1,2]

Application Information

When determining the amount of a topical corticosteroid to apply, a standard measure, the fingertip unit (FTU), is often used.[3] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 1 g of a topical corticosteroid would provide enough product for one application to approximately 4% of the patient's BSA. For children, an FTU is still the amount of product that will fit on an adult's index fingertip. The amount of BSA that the application will cover depends on the size of the child.

Based on the FTU method, the quantity limits below provide enough diflorasone cream or ointment to cover approximately 8% of the patient's BSA when applying two times daily for 30 days (at retail) or 90 days (at home delivery)

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of topical diflorasone. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless noted below.

Automation: None.

Drug Quantity Limits*

CRITERIA

Approval of additional quantities of diflorasone 0.05% cream and diflorasone 0.05% ointment is recommended if the patient is using the product for an FDA-approved indication and meets one of the following criteria:

9. If the patient needs to treat greater than 8% of body surface area, approve the quantity requested, not to exceed 180 grams per 30 days at retail or 540 grams per 90 days at home delivery.

10. If the patient needs to administer topical diflorasone more frequently than two times per day, approve the requested quantity, not to exceed 180 grams per 30 days at retail or 540 grams per 90 days at home delivery.

EXCLUSIONS

Approval of additional quantities of diflorasone 0.05% cream and diflorasone 0.05% ointment is NOT recommended in the following situations:

4. No overrides are recommended for use in any compounded formulations.

REFERENCES

82. Diflorasone 0.05% cream [prescribing information]. Hawthorne, NY: Taro, December 2019.
83. Diflorasone 0.05% ointment [prescribing information]. Hawthorne, NY: Taro, January 2020.
84. Eichenfeld LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis. *J Am Acad Dermatol.* 2014;71:116-132.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Corticosteroids – Fluocinonide Drug Quantity Management Policy – Per Days

- fluocinonide 0.05% cream (generic only)
- fluocinonide 0.05% gel (generic only)
- fluocinonide 0.05% ointment (generic only)
- fluocinonide 0.05% solution (generic only)
- fluocinonide emulsified base 0.05% cream (generic only)
- Vanos® (fluocinonide 0.1% cream – Bausch, generic)

REVIEW DATE: 09/11/2023

OVERVIEW

Fluocinonide cream, cream-emulsified base, ointment, gel, and solution are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, including moderate to severe plaque psoriasis.[1-3] Vanos (generics) is specifically indicated in patients ≥ 12 years of age.

Moderate to severe psoriasis is typically defined as involvement of more than 5% to 10% of the body surface area or involvement of the face, palm or sole, or disease that is otherwise disabling. For reference, the entire palmar surface, including fingers, of one hand is approximately 1% percent of the body surface area. Patients with > 5% to 10% body surface area affected are generally candidates for phototherapy or systemic therapy, since application of topical agents to a large area is not usually practical or acceptable for most patients.

Dosing

Fluocinonide 0.05% cream, cream-emulsified base, ointment, gel, and solution are applied to the affected area as a thin film two to four times daily, depending on the severity of the condition.[1,2]

Dosing of fluocinonide 0.1% cream (Vanos, generic) varies by indication.[3] For plaque psoriasis, it is applied as a thin layer to the affected skin areas once or twice daily. Twice daily application has been shown to be more effective in achieving treatment success during 2 weeks of treatment of plaque psoriasis. For atopic dermatitis, fluocinonide 0.1% cream should be applied once daily to the affected areas. In this patient population, once daily application has been found to be as effective as twice daily administration in achieving treatment success following 2 weeks of therapy. For other corticosteroid-responsive dermatoses, apply a thin layer of cream once or twice daily to the affected areas.

Availability

Fluocinonide 0.05% cream is available as 15 gram, 30 gram, 60 gram, and 120 gram tubes.[1] Fluocinonide 0.05% gel, ointment, and emulsified base cream are available as 15 gram, 30 gram, and 60 gram tubes. Fluocinonide 0.05% solution is available as a 20 mL and a 60 mL bottle.[2] Fluocinonide 0.1% cream (Vanos, generic) is available as 30 gram, 60 gram, and 120 gram tubes.[3]

Application Information

When determining the amount of a topical corticosteroid to apply, a standard measure, the fingertip unit (FTU), is often used.[5] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 1 g of a topical corticosteroid would provide enough product for one application to approximately 4% of the patient's BSA. For children, an FTU is still the amount of product that will fit on an adult's index fingertip. The amount of BSA that the application will cover depends on the size of the child.

Based on the FTU method, the quantity limits below provide enough topical fluocinonide to cover approximately 8% of the patient's BSA when applying two times daily for 30 days at retail or 90 days at home delivery.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of fluocinonide. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is enough drug to cover 8% of the body surface area when applying two times daily for 30 days.

CRITERIA

Approval of additional quantities of topical fluocinonide products is recommended if the patient is using the product for an FDA-approved indication and meets one of the following:

Fluocinonide 0.05% cream, fluocinonide 0.05% gel, fluocinonide 0.05% ointment, fluocinonide emulsified base 0.05% cream, fluocinonide 0.1% cream (Vanos, generic)

1. If a patient needs to treat greater than 8% of body surface area, approve the requested quantity, not to exceed 180 grams per 30 days at retail and 540 grams per 90 days at home delivery.

2. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 180 grams per 30 days at retail and 540 grams per 90 days at home delivery.

Fluocinonide 0.05% solution

1. If a patient needs to treat greater than 8% of body surface area, approve the requested quantity, not to exceed 180 mL per 30 days at retail and 540 mL per 90 days at home delivery.

2. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 180 mL per 30 days at retail and 540 mL per 90 days at home delivery.

EXCLUSIONS

Approval of additional quantities of topical fluocinonide products is NOT recommended in the following situations:

1. No overrides are recommended for use in compounded formulations.

REFERENCES

85. Fluocinonide cream, cream-emulsified base, gel, ointment, 0.05% [prescribing information]. Hawthorne, NY: Taro: February 2018.
86. Fluocinonide solution, 0.05% [prescribing information]. Hawthorne, NY: Taro; April 2021.
87. Vanos® 0.1% cream [prescribing information]. Bridgewater, NJ: Bausch; May 2017.
88. Eichenfeld LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis. *J Am Acad Dermatol.* 2014;71:116-132.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Corticosteroids – Flurandrenolide Drug Quantity Management Policy – Per Days
- Cordran® (flurandrenolide cream 0.025% and 0.05% [generic], ointment 0.05% [generic], lotion 0.05% [generic] – Almirall)
- Nolix™ (flurandrenolide cream 0.05%, lotion 0.05% – Artesa, generic)

REVIEW DATE: 03/24/2023

OVERVIEW

Flurandrenolide cream, lotion and ointment are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, including moderate to severe plaque psoriasis.[1-4]

Moderate to severe psoriasis is typically defined as involvement of more than 5% to 10% of the body surface area or involvement of the face, palm or sole, or disease that is otherwise disabling. For reference, the entire palmar surface, including fingers, of one hand is approximately 1% percent of the body surface area. Patients with > 5% to 10% body surface area affected are generally candidates for phototherapy or systemic therapy, since application of topical agents to a large area is not usually practical or acceptable for most patients.

Dosing/Availability

Flurandrenolide cream, lotion and ointment are applied to the affected area two to three times daily.[1-3]

Cordran 0.025% cream is supplied in 120 gram tubes.[2] Flurandrenolide 0.05 % cream is supplied in 60 gram and 120 gram tubes; Cordran 0.05% cream is supplied in 120 gram tubes and Nolix 0.05% cream is supplied in 60 gram tubes.[2,3] Flurandrenolide 0.05% lotion (Cordran, Nolix, generic) is supplied in 120 gram bottles.[1,4] Flurandrenolide 0.05% ointment (Cordran, generic) is supplied in 60 gram tubes.[2]

Application Information

When determining the amount of a topical corticosteroid to apply, a standard measure, the fingertip unit (FTU), is often used.[5] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 1 g of a topical corticosteroid would provide enough product for one application to approximately 4% of the patient's BSA. For children, an FTU is still the amount of product that will fit on an adult's index fingertip. The amount of BSA that the application will cover depends on the size of the child.

Based on the FTU method, the quantity limits below provide enough flurandrenolide cream, ointment, or lotion to cover approximately 8% of the patient's BSA when applying two times daily for 30 days.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of flurandrenolide. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Approval of additional quantities of topical flurandrenolide products is recommended if the patient is using the product for an FDA-approved indication and meets one of the following criteria:

Cordran 0.025% cream

3. If a patient needs to treat greater than 8% of body surface area, approve the requested quantity, not to exceed 240 grams per 30 days at retail or 720 grams per 90 days at home delivery.
4. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 240 grams per 30 days at retail or 720 grams per 90 days at home delivery.

Flurandrenolide 0.05% cream (Cordran, Nolix, generic), and flurandrenolide 0.05% ointment (Cordran, generic)

1. If a patient needs to treat greater than 8% of body surface area, approve the requested quantity, not to exceed 180 grams per 30 days at retail or 540 grams per 90 days at home delivery.
2. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 180 grams per 30 days at retail or 540 grams per 90 days at home delivery.

Flurandrenolide lotion (Cordran, Nolix, generic)

1. If a patient needs to treat greater than 8% of body surface area or is administering more frequently than two times a day, approve the requested quantity, not to exceed 240 mL per 30 days at retail or 720 mL per 90 days at home delivery.
2. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 240 mL per 30 days at retail or 720 mL per 90 days at home delivery.

EXCLUSIONS

Approval of additional quantities of topical flurandrenolide products is NOT recommended in the following situations:

2. No overrides are recommended for use in compounded formulations.

REFERENCES

89. Cordran lotion, 0.05% [prescribing information]. Malvern. PA: Almirall; August 2021.
90. Cordran cream, 0.025%, 0.05% and ointment, 0.05% [prescribing information]. Malvern. PA: Almirall; January 2023.
91. Nolix cream, 0.05% [prescribing information]. Austin, TX: Artesa; August 2017.
92. Nolix lotion, 0.05% [prescribing information]. Austin, TX: Artesa; October 2017.
93. Eichenfeld LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis. *J Am Acad Dermatol.* 2014; 71:116-132.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Corticosteroids – Hydrocortisone Butyrate Drug Quantity Management Policy – Per Days

- Locoid Lipocream® (hydrocortisone butyrate 0.1% cream – Bausch Health, generic)
- hydrocortisone butyrate 0.1% lotion – Bausch Health, generic)
- hydrocortisone butyrate 0.1% solution – generic only
- hydrocortisone butyrate 0.1% ointment – generic only

REVIEW DATE: 10/06/2023

OVERVIEW

Hydrocortisone butyrate cream/lipocream, lotion, and ointment are indicated for the relief of the inflammatory and pruritic manifestations of **corticosteroid-responsive dermatoses**.[1-4]

Hydrocortisone butyrate solution is indicated for the relief of inflammatory manifestations of **seborrheic dermatitis**.[5]

Dosing

Hydrocortisone butyrate cream/lipocream, ointment, and solution should be applied to the affected area two times daily (BID) to three times daily (TID).[1,2,4,5] Hydrocortisone butyrate lotion should be applied to the affected area BID.[3]

Availability

Hydrocortisone butyrate cream/lipocream are available in 15-, 45-, and 60-gram tubes.[1,2] Hydrocortisone butyrate ointment is available in 15 gram and 45 gram tubes.[4] Hydrocortisone butyrate lotion is available in 59 mL and 118 mL bottles.[3] Hydrocortisone butyrate solution is available in 20 mL and 60 mL bottles.[5]

Application Information

When determining the amount of a topical corticosteroid to apply, a standard measure, the fingertip unit (FTU), is often used.[6] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 1 g of a topical corticosteroid would provide enough product for one application to approximately 4% of the patient's BSA. For children, an FTU is still the amount of product that will fit on an adult's index fingertip. The amount of BSA that the application will cover depends on the size of the child.

Based on the FTU method, the quantity limits below provide enough topical hydrocortisone butyrate to cover approximately 8% of the patient's BSA when applying twice daily for 30 days at retail or 90 days at home delivery.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation, prevent stockpiling and waste, and address potential order entry error of the topical hydrocortisone butyrate products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

* This is enough drug to cover approximately 8% of the body surface area when applying twice daily for 30 days.

CRITERIA

Approval of additional quantities of topical hydrocortisone butyrate is recommended if the patient is using the product for an FDA-approved indication (outlined below) and meets one of the following criteria:

Hydrocortisone butyrate cream (Locoid Lipocream®, generic lipocream and cream)

11. If the patient needs to treat greater than 8% of body surface area OR administer more frequently than twice daily, approve the quantity requested not to exceed 180 grams per 30 days at retail and 540 grams per 90 days at home delivery if the request is for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

Note: This provides a quantity sufficient to treat greater than 8% of body surface area (BSA) twice daily at retail or home delivery or to treat 8% of BSA three times daily.

Hydrocortisone butyrate lotion (Locoid® lotion, generic)

1. If the patient needs to treat greater than 8% of body surface area OR administer more frequently than twice daily, approve the quantity requested not to exceed 177 mL per 30 days a retail and 531 mL per 90 days at home delivery if the request is for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

Note: This provides a quantity sufficient to treat greater than 8% of body surface area (BSA) twice daily at retail or home delivery or to treat 8% of BSA three times daily.

Hydrocortisone butyrate ointment

1. If the patient needs to treat greater than 8% of body surface area OR administer more frequently than twice day, approve the quantity requested not to exceed 180 grams per 30 days at retail or 540 grams per 90 days at home delivery if the request is for the relief of the inflammatory and pruritic manifestations of corticosteroid-response dermatoses.
Note: This provides a quantity sufficient to treat greater than 8% of body surface area (BSA) twice daily at retail or home delivery or to treat 8% of BSA three times daily.

Hydrocortisone butyrate solution

1. If the patient needs to treat greater than 8% of body surface area OR administer more frequently than two times a day, approve the quantity requested not to exceed 180 mL per 30 days at retail or 540 mL per 90 days home delivery if the request is for inflammatory manifestations of seborrheic dermatitis.
Note: This provides a quantity sufficient to treat greater than 8% of body surface area (BSA) twice a day or to treat 8% of BSA three times daily.

EXCLUSIONS

Approval of additional quantities of topical hydrocortisone butyrate products is NOT recommended in the following situations:

10. No overrides are recommended for use in compounded formulations.

REFERENCES

94. Hydrocortisone butyrate cream, 0.1% [prescribing information]. Hawthorne, NY: Taro; April 2021.
95. Locoid Lipocream, 0.1% [prescribing information]. Bridgewater, NJ: Bausch Health; March 2021.
96. Locoid lotion, 0.1% [prescribing information]. Bridgewater, NJ: Bausch Health; March 2021.
97. Hydrocortisone butyrate ointment, 0.1% [prescribing information]. Bridgewater, NJ: Oceanside; December 2020.
98. Hydrocortisone butyrate solution, 0.1% [prescribing information]. Hawthorne, NY: Taro; April 2021.
99. Eichenfeld LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis. *J Am Acad Dermatol.* 2014;71:116-132.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Corticosteroids – Triamcinolone Topical Spray Drug Quantity Management Policy – Per Days

- Kenalog® (triamcinolone acetonide 0.147 mg/g topical aerosol – Sun, generic)

REVIEW DATE: 12/05/2023

OVERVIEW

Triamcinolone spray, a high-potency topical corticosteroid, is indicated for the relief of the inflammatory and pruritic manifestations of **corticosteroid-responsive dermatoses**.[1] Example of corticosteroid-responsive dermatoses include plaque psoriasis and atopic dermatitis.

Dosing

Triamcinolone 0.147 mg/g spray may be applied three or four times daily.[1] Triamcinolone spray is a high-potency topical corticosteroid; therefore, treatment should be limited to 2 consecutive weeks of initial treatment. Treatment beyond two consecutive weeks may be indicated if there is no observed improvement.

Availability

Triamcinolone spray is available in 63 g and 100 g aerosol cans.[1] Each gram of spray contains 0.147 mg of triamcinolone acetonide. A 2-second application will cover an area approximately the size of the hand and delivers up to 0.2 mg triamcinolone acetonide.

Coverage is limited to an initial quantity sufficient to allow for a 2-week treatment course per 28 days at retail or a 6-week treatment course per 84 days at home delivery, if the patient is applying triamcinolone spray to an area approximately the size of two hands at maximum recommended weekly doses based on available package size.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of topical triamcinolone spray. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Approval of additional quantities of triamcinolone 0.147 mg/g spray (Kenalog, generic) is recommended if the patient is using the product for an FDA-approved indication and meets one of the following criteria:

Triamcinolone 0.147 mg/g spray (Kenalog, generic) 63 gram container

4. If the patient's condition has not sufficiently improved after the initial 2 weeks of treatment with triamcinolone spray, approve a one-time override for an additional quantity, not to exceed 126 grams at retail or 378 grams at home delivery, to allow for a total of 4 consecutive weeks of therapy at retail or 12 consecutive weeks of therapy at home delivery.

Triamcinolone 0.147 mg/g spray (Kenalog, generic) 100 gram container

1. If the patient's condition has not sufficiently improved after the initial 2 weeks of treatment with triamcinolone spray, approve a one-time override for an additional quantity, not to exceed 100 grams at retail or 300 grams at home delivery, to allow for a total of 4 consecutive weeks of therapy at retail or 12 consecutive weeks of therapy at home delivery.

EXCLUSIONS

Approval of additional quantities of triamcinolone 0.147 mg/g spray (Kenalog, generic) is NOT recommended in the following situations:

5. No overrides are recommended for use in any compounded formulations.

REFERENCES

100. Kenalog® topical aerosol, 0.147 mg/g [prescribing information]. Cranbury, NJ: Sun; November 2018.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Nonsteroidal Anti-Inflammatory Drugs – Diclofenac Drug Quantity Management Policy – Per Days

- Diclofenac sodium 1.5% topical solution (generic only)
- Pennsaid® (diclofenac sodium 2% topical solution – Horizon, generic)
- Solaraze® (diclofenac sodium 3% topical gel – Fougera, generic)
- Voltaren® (diclofenac sodium 1% topical gel – Endo, generic)

REVIEW DATE: 09/05/2023

OVERVIEW

Diclofenac sodium 1% topical gel (Voltaren, generic) is indicated for the relief of pain of osteoarthritis of joints amenable to topical treatment, such as the knees and those of the hands.[1] It has not been evaluated for use on the spine, hip, or shoulder.

Diclofenac sodium 1.5% topical solution is indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s).[2]

Diclofenac sodium 2% topical solution (Pennsaid, generic) is indicated for the treatment of the pain of osteoarthritis of the knee(s).[3]

Diclofenac sodium 3% topical gel (Solaraze, generic) is indicated for the topical treatment of actinic keratoses.[4] Sun avoidance is indicated during therapy.

Dosing

Diclofenac sodium 1% topical gel (Voltaren, generic)

For the treatment of the lower extremities, apply 4 grams of gel to the affected foot, ankle, or knee four times daily.[1] Do not apply more than 16 grams daily to any single joint of the lower extremities. For the treatment of the upper extremities, apply 2 grams of gel to the affected hand, wrist, or elbow four times daily. Do not apply more than 8 grams daily to any single joint of the upper extremities. The total dose should not exceed 32 grams per day, over all affected joints. A total of 448 grams of gel would be needed for an application of 16 grams per day for 28 days and 896 grams of gel would be needed for the maximum dose of 32 grams per day.

For each use, the proper amount of diclofenac sodium 1% topical gel should be measured using a dosing card that is supplied in the drug product carton.[1] The gel should be applied within the rectangular area of the dosing card up to the 2 gram or 4 gram line (2 grams for each elbow, wrist, or hand, and 4 grams for each knee, ankle, or foot). The 2 gram line is 2.25 inches long and the 4 gram line is 4.5 inches long. The dosing card can then be used to apply the gel.

Diclofenac sodium 1.5% topical solution
The recommended dose is 40 drops (approximately 1.2 mL) per knee applied to clean, dry skin four times daily for the relief of the signs and symptoms of osteoarthritis of the knee(s).[2] Application of diclofenac sodium topical solution in an amount that is more or less than the recommended dose has not been studied and is therefore not recommended. A total of approximately 135 mL of solution is needed to treat one knee for 28 days, while approximately 270 mL would be needed to treat two knees.

Diclofenac sodium 2% topical solution (Pennsaid, generic)
The recommended dose is 40 mg (2 pump actuations), applied to each painful knee, twice daily for the relief of the pain of osteoarthritis of the knee(s).[3] Use the lowest effective dosage for the shortest duration consistent with individual patient treatment goals. Each gram of solution contains 20 mg of diclofenac. Therefore, 112 grams of the 2% topical solution would be needed to treat one knee for 28 days, while approximately 224 grams would be needed to treat two knees.

Diclofenac sodium 3% topical gel (Solaraze, generic)
Diclofenac sodium 3% topical gel should be applied to lesion areas twice daily.[4] The amount needed varies based on the size of the lesion site. Normally, 0.5 grams of gel is used on each 5 cm x 5 cm lesion site and the recommended duration of therapy is from 60 days to 90 days. Complete healing of the lesion(s) or optimal therapeutic effect may not be evident for up to 30 days following cessation of therapy. Approximately 84 grams of gel would be needed to treat three 5 cm x 5 cm lesion sites twice daily for 28 days.

Availability
Diclofenac sodium 1% topical gel (Voltaren, generic) is supplied in 100 gram tubes.[1] Diclofenac sodium 1.5% topical solution is available as 150 mL bottles.[2] Diclofenac sodium 2% topical solution (Pennsaid, generic) is available as 112 gram bottles.[3] Diclofenac sodium 3% topical gel (Solaraze, generic) is available as 100 gram tubes.[4]

POLICY STATEMENT
This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of the topical diclofenac products. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

CRITERIA

Diclofenac sodium 1% topical gel (Voltaren, generic)

1. If the patient is treating the pain of osteoarthritis in multiple joints and requires more than 16 grams per day, approve the requested quantity not to exceed 9 tubes (900 grams) per 28 days at retail and 27 tubes (2,700 grams) per 84 days at home delivery.

Diclofenac sodium 1.5% topical solution (generic only)

17. If the patient is treating signs and symptoms of osteoarthritis in both knees, approve the requested quantity not to exceed 2 bottles (300 mL) per 28 days at retail and 6 bottles (900 mL) per 84 days at home delivery.

Diclofenac sodium 2% topical solution (Pennsaid, generic)

1. If the patient is treating the pain of osteoarthritis in both knees, approve the requested quantity, not to exceed 2 bottles (224 grams) per 28 days at retail and 6 bottles (672 grams) per 84 days at home delivery.

Diclofenac sodium 3% topical gel (Solaraze, generic)

1. If the patient is treating more than three 5 cm x 5 cm actinic keratosis lesions, approve 1 tube (100 grams) per 28 days at retail and 3 tubes (300 grams) per 84 days at home delivery for every three 5 cm x 5 cm actinic keratosis lesions being treated.

Note: Round up to the nearest multiple of three to determine the override quantity. For example, if the patient is treating a total of eight 5 cm x 5 cm actinic keratosis lesions, round up to nine lesions, and approve 3 tubes (300 grams) per 28 days at retail and 9 tubes (900 grams) per 84 days at home delivery.

EXCLUSIONS

11. No overrides are recommended for use in compounded formulations.

REFERENCES

27. Diclofenac sodium 1% topical gel [prescribing information]. Durham, NC: Encube; February 2020.
28. Diclofenac sodium 1.5% topical solution [prescribing information]. Baton Rouge, LA: Sola; July 2022.
29. Pennsaid® 2% topical solution [prescribing information]. Deerfield, IL: Horizon; January 2022.
30. Solaraze® 3% topical gel [prescribing information]. Melville, NY: Fougera; November 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Vesicular Monoamine Transporter Type 2 Inhibitors Drug Quantity Management Policy – Per Rx

- Austedo® (deutetrabenazine tablets – Teva)
- Austedo® XR (deutetrabenazine extended-release tablets – Teva)
- Ingrezza® (valbenazine capsules – Neurocrine)
- Xenazine® (tetrabenazine tablets – Lundbeck, generic)

REVIEW DATE: 10/16/2023

OVERVIEW

Austedo, Austedo XR, Ingrezza, and tetrabenazine tablets are vesicular monoamine transporter type 2 inhibitors.[1-4]

Austedo and Austedo XR are indicated in adults with:[1]

- **Chorea associated with Huntington's disease**.
- **Tardive dyskinesia**.

Ingrezza is indicated in adults with:[2]

- **Chorea associated with Huntington's disease**.
- **Tardive dyskinesia**.

Tetrabenazine (Xenazine, generic), is indicated for the treatment of **chorea associated with Huntington's disease** in adults.[3]

Dosing

Austedo/Austedo XR

The recommended starting dose of Austedo is 12 mg/day (6 mg twice daily [BID] for Austedo or 12 mg once daily [QD] for Austedo XR).[1] The dose may be increased at weekly intervals in increments of 6 mg/day, based on reduction of chorea or tardive dyskinesia and tolerability, up to a maximum 48 mg/day (Table 1). Total daily dosages of ≥ 12 mg should be administered in two divided doses. In patients switching from tetrabenazine to Austedo or Austedo XR, the starting dose is based on the patient's prior tetrabenazine dose. Doses are adjusted on a weekly basis.[1] When switching between Austedo tablets and Austedo XR extended-release tablets, use the same total daily dosage.

In patients who are poor cytochrome P450 (CYP)2D6 metabolizers or receiving strong CYP2D6 inhibitors (e.g., paroxetine, fluoxetine), the total daily dosage of Austedo should not exceed 36 mg (maximum 18 mg BID).[1]

Table 1. Tablet requirements for Dosing of Austedo/Austedo XR.

Ingrezza

Tardive Dyskinesia

The recommended starting dose of Ingrezza is 40 mg QD and may be increased to 80 mg QD after 1 week.[3] A dose of 40 mg or 60 mg QD may be considered depending on response and tolerability.

Chorea Associated with Huntington's Disease

The recommended starting dose of Ingrezza is 40 mg QD.[3] Increase the dose by 20 mg every 2 weeks up to the recommended dose of 80 mg QD. Depending on response and tolerability, a dose of 40 mg or 60 mg QD may be considered.

Regardless of indication, the recommended dose for patients with moderate or severe hepatic impairment (Child-Pugh score 7 to 15) is 40 mg QD.[3] The dose of Ingrezza should be reduced to 40 mg QD in the following patient populations: CYP2D6 poor metabolizers, patients receiving CYP3A4 inhibitors, or patients receiving strong CYP2D6 inhibitors.

Tetrabenazine tablets (Xenazine, generic)

The starting dose is 12.5 mg QD in the morning.[2] After 1 week, the dose can be increased to 25 mg/day (given as 12.5 mg BID) and up-titrated at weekly intervals by 12.5 mg daily, to allow the identification of a tolerated dose that reduces chorea. If a dose of 37.5 mg/day to 50 mg/day is needed, it should be given in a three times a day (TID) regimen. The maximum recommended single dose is 25 mg.

Patients who require a dose > 50 mg/day should first be tested and genotyped to determine if they are poor metabolizers or extensive metabolizers by their ability to express the drug metabolizing enzyme, CYP2D6.[2] Patients who are identified as extensive or intermediate metabolizers of CYP2D6, who need doses > 50 mg/day, should be up-titrated at weekly intervals by 12.5 mg/day, to allow the identification of a tolerated dose that reduces chorea. Doses > 50 mg/day should be given in a TID regimen. The maximum recommended daily dose is 100 mg and the maximum recommended single dose is 37.5 mg. In poor metabolizers, the initial dose and titration is similar to extensive metabolizers except that the recommended maximum single dose is 25 mg, and the recommended daily dose should not exceed a maximum of 50 mg/day. The total dose of tetrabenazine should not exceed 50 mg/day (and single dose should not exceed 25 mg) when used with strong CYP2D6 inhibitors such as quinidine or antidepressants (e.g., fluoxetine, paroxetine).

Availability

Austedo is available as 6 mg, 9 mg, and 12 mg tablets in bottles containing 60 tablets.[1] Tablets should not be chewed, crushed or split.

Austedo XR is available as 6 mg, 12 mg, and 24 mg extended-release tablets in bottles containing 30 tablets.[4] It is also available as a titration pack containing 2 blister packs with the following configurations:

- Week 1 and 2 blister packs:
  - Week 1: 7 x 12 mg tablets
  - Week 2: 7 x 6 mg tablets and 7 x 12 mg tablets
- Weeks 3 and 4 blister packs:
  - Week 3: 7 x 24 mg tablets
  - Week 4: 7 x 6 mg tablets and 7 x 24 mg tablets

Ingrezza is available as 40 mg, 60 mg and 80 mg capsules in bottles containing 30 capsules.[2] Ingrezza is also available as a an initiation blister pack containing 28 capsules (7 x 40 mg capsules and 21 x 80 mg capsules).

Tetrabenazine (Xenazine, generic), is available as 12.5 mg and 25 mg tablets in bottles containing 112 tablets.[3]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation, prevent stockpiling and waste, and address the potential order entry error of the vesicular monoamine transporter type 2 inhibitors. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

* This is a quantity sufficient for a 30-day supply at the recommended dosing; ‡ This quantity will supply enough medication for a 30-day supply for the 40 mg, 60 mg or 80 mg capsules. For the titration pack, it will supply a quantity sufficient to initiate therapy according to the recommended titration schedule for 28 days; † This is a quantity sufficient to supply enough medication for a 30-day supply for daily doses of ≤ 50 mg. Exceptions are made for patients receiving doses between > 50 mg and ≤ 100 mg.

CRITERIA

Austedo

No overrides recommended.

Austedo XR (including titration pack)

No overrides recommended.

Tetrabenazine (Xenazine, generic) 12.5 mg tablets

25. If the patient is an extensive or intermediate metabolizer of cytochrome P450 (CYP)2D6 AND needs a dose greater than 50 mg/day, approve the quantity requested not to exceed 240 tablets per dispensing at retail and not to exceed 720 tablets per dispensing at home delivery.

Tetrabenazine (Xenazine, generic) 25 mg tablets

1. If the patient is an extensive or intermediate metabolizer of cytochrome P450 (CYP)2D6 AND needs a dose greater than 50 mg/day, approve the quantity requested not to exceed 120 tablets per dispensing at retail and not to exceed 360 tablets per dispensing at home delivery.

Ingrezza 40 mg capsules

1. If the patient is initiating therapy and is increasing the daily dose from 40 mg to 80 mg daily. Approve a one-time override for the requested quantity not to exceed 60 capsules at retail and home delivery.

Ingrezza 60 mg, 80 mg capsules

No overrides recommended.

Ingrezza Initiation Pack (7 x 40 mg – 7 capsules, 21 x 80 mg – 21 capsules)

No overrides recommended.

REFERENCES

194. Austedo® tablets [prescribing information]. North Wales, PA: Teva; May 2022.
195. Ingrezza® capsules [prescribing information]. San Diego, CA: Neurocrine; August 2023.
196. Xenazine® tablets [prescribing information]. Deerfield, IL: Lundbeck; November 2019.
197. Austedo® XR tablets [prescribing information]. Parsippany, NJ: Teva; February 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Wakefulness-Promoting Agents – Sunosi Drug Quantity Management Policy – Per Rx
- Sunosi® (solriamfetol tablets – Axome)

REVIEW DATE: 09/05/2023

OVERVIEW

Sunosi, a dopamine and norepinephrine reuptake inhibitor, is indicated **to improve wakefulness in adults with excessive daytime sleepiness** associated with the following conditions:[1]
- **Narcolepsy**.
- **Obstructive sleep apnea** (OSA).

Dosing

The initial recommended dose of Sunosi in adults with narcolepsy is 75 mg once daily (QD).[1] The dose range for Sunosi for the treatment of narcolepsy is 75 mg to 150 mg QD. Based on efficacy and tolerability, the dosage of Sunosi may be increased to 150 mg after at least 3 days. The maximum recommended dose is 150 mg QD. Doses > 150 mg QD do not confer increased effectiveness sufficient to outweigh dose-related adverse reactions.

The initial recommended dose of Sunosi in adults with OSA is 37.5 mg QD.[1] The dosage range for Sunosi for the treatment of OSA is 37.5 mg to 150 mg QD. Based on efficacy and tolerability, the dosage of Sunosi may be doubled at intervals of at least 3 days. The maximum recommended dosage is 150 mg QD. Doses > 150 mg QD do not confer increased effectiveness sufficient to outweigh dose-related adverse reactions.

For patients with moderate renal impairment (estimated glomerular filtration rate [eGFR] 30 to 59 mL/min/1.73m^2), the maximum recommended daily dose is 75 mg.[1] For patients with severe renal impairment (eGFR 15 to 29 mL/min/1.73m^2) the maximum recommended daily dose is 37.5 mg. Sunosi is not recommended for use in patients with end stage renal disease (eGFR < 15 mL/min/1.73m^2).

Availability

Sunosi is available as 75 mg and 150 mg tablets in bottles of 30 tablets.[1] The 75 mg tablets are scored and can be split.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote dose consolidation, prevent stockpiling/waste and to address potential order entry error of Sunosi. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Sunosi 75 mg tablets

18. If the patient is titrating their dose from 75 mg daily to 150 mg daily, approve a one-time override of 60 tablets at retail or 120 tablets at home delivery.
Note: This home delivery quantity is sufficient for 60 days of 75 mg once daily dosing and up to 30 days of 150 mg once daily dosing. The 150 mg tablets should be used for continued dosing at 150 mg once daily.

Sunosi 150 mg tablets

No overrides recommended.

REFERENCES

198. Sunosi® tablets [prescribing information]. New York, NY: Axome; June 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Wakefulness-Promoting Agents – Wakix Drug Quantity Management Policy – Per Rx
- Wakix® (pitolisant tablets – Harmony)

REVIEW DATE: 08/23/2023

OVERVIEW

Indication

Wakix, an antagonist/inverse agonist of the histamine-3 (H_3) receptor, is indicated for the following:[1]
- **Excessive daytime sleepiness in adults with narcolepsy**.
- **Cataplexy in adults with narcolepsy**.

Dosing

The recommended dosage range for Wakix is 17.8 mg to 35.6 mg administered orally once daily (QD) in the morning upon wakening.[1] Titrate dosage as follows:
- Week 1: Initiate with a dosage of 8.9 mg (two 4.45 mg tablets) QD;
- Week 2: Increase dosage to 17.8 mg (one 17.8 mg tablet) QD;
- Week 3: May increase to the maximum recommended dose of 35.6 mg (two 17.8 mg tablets) QD.

Dose may be adjusted based on tolerability. If a dose is missed, patients should take the next dose the following day in the morning upon wakening. It may take up to 8 weeks for some patients to achieve a clinical response. For patients with moderate hepatic impairment or with moderate-to-severe renal impairment, the maximum daily dose should not exceed 17.8 mg daily. Wakix is contraindicated in patients with severe hepatic disease and is not recommended in patients with end stage renal disease.

Availability

Wakix is available as 4.45 mg and 17.8 mg tablets supplied in bottles containing 30 tablets.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Wakix. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Automation: None.

Drug Quantity Limit

CRITERIA

Wakix 4.45 mg tablets

19. If the patient requires a daily dose of 8.9 mg, approve 60 tablets per dispensing at retail and 180 tablets per dispensing at home delivery.

Wakix 17.8 mg tablets

No overrides recommended.

REFERENCES

199. Wakix® tablets [prescribing information]. Plymouth Meeting, PA: Harmony Biosciences; December 2022.

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Weight Loss – Qsymia Drug Management Policy – Per Rx
- Qsymia® (phentermine and topiramate extended-release capsules – Vivus)

REVIEW DATE: 08/23/2023

OVERVIEW

Qsymia, an appetite suppressant, is indicated as an adjunct to reduced-calorie diet and increased physical activity for **chronic weight management** in:[1]

- Adults with an initial body mass index (BMI) of ≥ 30 kg/m^2 (obese), or ≥ 27 kg/m^2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes).
- Pediatric patients ≥ 12 years of age with BMI in the 95th percentile or greater standardized for age and sex.

Dosing

Qsymia should be taken orally once daily (QD) in the morning with or without food.[1] The recommended starting dose is 3.75 mg/23 mg QD for 14 days, then increase to 7.5 mg/46 mg QD.

After 12 weeks of treatment with a dose of 7.5 mg/46 mg QD, weight loss/BMI reduction should be evaluated.[1] If an adult has not lost ≥ 3% of their baseline body weight or a pediatric patient has not experienced a ≥ 3% reduction of their baseline BMI, increase the dose of Qsymia to 11.25 mg/69 mg QD for 14 days, followed by 15 mg/92 mg QD.

After 12 weeks of treatment with a dose of 15 mg/92 mg QD, weight loss/BMI reduction should be evaluated.[1] If an adult has not lost ≥ 5% of their baseline body eight or a pediatric patient has not experienced a ≥ 5% reduction of their baseline BMI, discontinue Qsymia, as it is unlikely that the patient will achieve and sustained clinically meaningful weight loss with continued treatment. Discontinuation of Qsymia 15 mg/92 mg should occur gradually by taking Qsymia 15 mg/92 mg once every other day for at least 1 week prior to stopping altogether, due to the possibility of precipitating a seizure.

The rate of weight loss should continue to be monitored in pediatric patients. If the weight loss exceeds 2 pounds (0.9 g) per week, a dose reduction should be considered.[1]

Use of Qsymia should be avoided in patients with end-stage renal disease on dialysis.[1] The maximum dose of Qsymia is 7.5 mg/46 mg QD in patients with severe or moderate renal impairment. Use of Qsymia should also be avoided in patients with severe hepatic impairment. The maximum dose of Qsymia is 7.5 mg/46 mg QD in patients with moderate hepatic impairment. The dose in patients with mild renal impairment or mild hepatic impairment is the same as for patients with normal renal/hepatic function.

Availability

Qsymia extended-release capsules are available in four strengths of phentermine/topiramate: 3.75 mg/23 mg, 7.5 mg/46 mg, 11.25 mg/69 mg, and 15 mg/92 mg.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Qsymia. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Qsymia 3.75 mg/23 mg capsules

20. If the patient is initiating or restarting therapy, approve a one-time override for 46 capsules at retail and home delivery.

Qsymia 7.5 mg/46 mg, 11.25 mg/69 mg, 15 mg/92 mg capsules

No overrides recommended.

REFERENCES

1. Qsymia® capsules [prescribing information]. Mountain View, CA: Vivus; June 2023.

DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Weight Loss – Wegovy Drug Quantity Management Policy – Per Days

- Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)

REVIEW DATE: 01/11/2023; selected revision 07/26/2023

OVERVIEW

Wegovy is indicated as an adjunct to a reduced-calorie diet and increased physical activity for **chronic weight management** in:[1]

- Adults with an initial body mass index (BMI) ≥ 30 kg/m² (obese), or ≥ 27 kg/m² (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes),
- Pediatric patients ≥ 12 years of age with an initial BMI at the 95th percentile or greater standardized for age and sex (obesity).

Dosing

Regardless of age, the initial dose of Wegovy is 0.25 mg injected subcutaneously (SC) once weekly. The dose should then be titrated as outlined in Table 1. If a patient does not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks. The maintenance dose of Wegovy is 2.4 mg (recommended) or 1.7 mg SC once weekly. Weekly doses of 0.25 mg, 0.5 mg, or 1 mg are not approved as maintenance for chronic weight management. For pediatric patients ≥ 12 years of age, the same dose titration schedule is used, but the maintenance dose is 2.4 mg SC once weekly. However, if a patient does not tolerate the maintenance 2.4 mg once weekly dose, the maintenance dose may be reduced to 1.7 mg once weekly. Discontinue Wegovy if the patient cannot tolerate the 1.7 mg dose.

Table 1. Wegovy Dose Escalation Schedule (Adults).[1]

* Dose not approved as maintenance for chronic weight management.

Availability

Wegovy is supplied in prefilled, disposable, single-dose pen-injectors.[1] Available strengths are listed in the Drug Quantity Limits table below. A quantity of four 0.25 mg, 0.5 mg, 1 mg, and 1.7 mg prefilled pen-injectors will be covered per 365 days. This is enough drug for dose escalation to the maintenance dose. A quantity of four 2.4 mg prefilled pen-injectors will be covered per 28 days. This is enough drug to allow for once weekly maintenance dosing. One-time exceptions for missed doses, re-initiation of treatment, or temporary dose reduction are provided through coverage review.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Wegovy. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Automation: None.

Drug Quantity Limits

CRITERIA

Wegovy 0.25 mg/0.5mL prefilled pen-injector

1. If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time override for 8 additional pens at retail or home delivery.

Wegovy 0.5 mg/0.5 mL prefilled pen-injector

1. If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time override for 8 additional pens at retail or home delivery.

Wegovy 1 mg/0.5 mL prefilled pen-injector

1. If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time override for 8 additional pens at retail or home delivery.

Wegovy 1.7 mg/0.75 mL prefilled pen-injector

No overrides recommended.

Wegovy 2.4 mg/0.75 mL prefilled pen-injector

No overrides recommended.

REFERENCES

1. Wegovy® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; July 2023.