



**GEORGIA MEDICAID FEE-FOR-SERVICE
ONCOLOGY, ORAL - HEMATOLOGIC PA SUMMARY**

Preferred	Non-Preferred
Bosulif (bosutinib) Brukinsa (zanubrutinib) Calquence (acalabrutinib) Copiktra (duvelisib) Daurismo (glasdegib) Farydak (panobinostat) Iclusig (ponatinib) Idhifa (enasidenib) Imbruvica (ibrutinib) Inqovi (decitabine/cedazuridine) Inrebic (fedratinib) Mercaptopurine tablets generic* Ninlaro (ixazomib) Onureg (azacitidine) Pomalyst (pomalidomide) Revlimid (lenalidomide)* Rydapt (midostaurin) Sprycel (dasatinib) Tasisna (nilotinib) Thalomid (thalidomide)* Tibsovo (ivosidenib) Ukoniq (umbralisib) Venclexta (venetoclax) Xpovio (selinexor) Zolinza (vorinosta) Zydelig (idelalisib)	Purixan (mercaptopurine suspension)

*PA not required

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Mercaptopurine generic, Revlimid and Thalomid do not require prior authorization.
- Special consideration taken for members with stage IV advanced metastatic cancer.

PA CRITERIA:

Bosulif

- ❖ Approvable for members with a newly diagnosis of chronic-phase or diagnosis of accelerated-phase Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML).



- ❖ Approvable for members with a previous diagnosis of chronic-phase Ph+ CML or with a diagnosis of blast-phase Ph+ CML who are resistant, refractory, relapsed or intolerant to imatinib (Gleevec), dasatinib (Sprycel) or nilotinib (Tasigna).
- ❖ Approvable for members with a diagnosis of Ph+ acute lymphoblastic leukemia (ALL) who are resistant, refractory, relapsed or intolerant to imatinib (Gleevec), dasatinib (Sprycel) or nilotinib (Tasigna).

Brkinsa

- ❖ Approvable for members with a diagnosis of mantle cell lymphoma (MCL) who have received at least one prior therapy.

Calquence

- ❖ Approvable for members with a diagnosis of mantle cell lymphoma (MCL) who have received at least one prior therapy.
- ❖ Approvable for members with a diagnosis of chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL).

Copiktra

- ❖ Approvable for members with a diagnosis of chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who have relapsed after or are refractory to at least two prior therapies.
- ❖ Approvable for members with a diagnosis of follicular lymphoma (FL) or marginal zone lymphoma (MZL) (B-cell non-Hodgkin lymphomas) who have relapsed after or are refractory to at least two prior therapies.

Daurismo

- ❖ Approvable for members 74 years of age or younger with newly diagnosed acute myeloid (myelogenous) leukemia (AML) when used in combination with low-dose cytarabine who have a comorbidity that precludes use of intensive induction chemotherapy.
- ❖ Approvable for members 75 years of age or older with newly diagnosed AML when used in combination with low-dose cytarabine.

Farydak

- ❖ Approvable for members with a diagnosis of multiple myeloma who have been previously treated with at least 2 prior therapies, including bortezomib (Velcade) and an immunomodulatory agent (lenalidomide [Revlimid], thalidomide [Thalomid], pomalidomide [Pomalyst]), when given in combination with bortezomib (Velcade) and dexamethasone, with lenalidomide (Revlimid) and dexamethasone or with carfilzomib [Kyprolis].

Iclusig

- ❖ Approvable for members with a diagnosis of chronic-phase CML who are resistant, refractory, relapsed or intolerant to at least 2 prior kinase inhibitors: imatinib (Gleevec), bosutinib (Bosulif), dasatinib (Sprycel) and nilotinib (Tasigna).
- ❖ Approvable for members with a diagnosis of accelerated- or blast-phase CML who are resistant, refractory, relapsed or intolerant to imatinib (Gleevec), bosutinib (Bosulif), dasatinib (Sprycel) and nilotinib (Tasigna).



- ❖ Approvable for members with a diagnosis of Ph+ ALL who have the T3151-positive BCR-ABL mutation or who are resistant, refractory, resistant or intolerant to imatinib (Gleevec), dasatinib (Sprycel) and nilotinib (Tasigna).

Idhifa

- ❖ Approvable for members with a diagnosis of relapsed or refractory acute myeloid (myelogenous) leukemia (AML) who have an isocitrate dehydrogenase-2 (IDH2) mutation.

Imbruvica

- ❖ Approvable for members with a diagnosis of mantle cell lymphoma (MCL) who have received at least one prior therapy.
- ❖ Approvable for members with a diagnosis of chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL).
- ❖ Approvable for members with a diagnosis of Waldenstrom's macroglobulinemia.
- ❖ Approvable for members with a diagnosis of marginal zone lymphoma (MZL) who require systemic therapy and have received at least one prior anti-CD20-based.
- ❖ Approvable for members with a diagnosis of chronic graft versus host disease (cGVHD) who are a previous recipient of an allogeneic hematopoietic stem cell transplant and have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with corticosteroid therapy.
- ❖ Approvable for members with a diagnosis of diffuse large B-cell lymphoma who have progressed on first-line therapy and are not a candidate for high-dose therapy.

Inqovi

- ❖ Approvable for members with a diagnosis of myelodysplastic syndrome (MDS) who have an absolute neutrophil count (ANC) $\geq 500/\mu\text{L}$ and a platelet count $\geq 50,000/\mu\text{L}$.

Inrebic

- ❖ Approvable for members with a diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF) who are not a transplant candidate and have a platelet count $\geq 50 \times 10^9/\text{L}$.

Ninlaro

- ❖ Approvable for members with a diagnosis of multiple myeloma who have been previously treated with at least 1 prior therapy
- ❖ Ninlaro must be given in combination with lenalidomide (Revlimid) and dexamethasone.

Onureg

- ❖ Approvable for members with a diagnosis of acute myeloid (myelogenous) leukemia (AML) who have achieved first complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following intensive induction chemotherapy and is not able to complete intensive curative therapy and who have an ANC $\geq 500/\mu\text{L}$.

Pomalyst

- ❖ Approvable for members with a diagnosis of multiple myeloma who have been previously treated with at least 2 prior therapies, including lenalidomide (Revlimid) and a proteasome inhibitor (bortezomib [Velcade], ixazomib [Ninlaro] or carfilzomib [Kyprolis]), and have



experienced disease progression on or within 60 days of completion of the last therapy and when given in combination with dexamethasone.

- ❖ Approvable for members with HIV-negative Kaposi sarcoma (KS).
- ❖ Approvable for members with AIDS-related Kaposi sarcoma who are taking highly active antiretroviral therapy (HAART).
- ❖ Prescriber, pharmacy and member must be enrolled in the Pomalyst REMS program.

Purixan

- ❖ Approvable for members with a diagnosis of acute lymphoblastic leukemia (ALL), acute myelogenous leukemia (AML) or chronic myelogenous leukemia (CML) who are unable to swallow solid oral dosage forms or require a dose that is not obtainable with mercaptopurine tablets.

Rydapt

- ❖ Approvable for members with a diagnosis of newly-diagnosed acute myeloid leukemia (AML) who have an FLT3 mutation when used in combination with cytarabine and daunorubicin induction as well as cytarabine consolidation chemotherapy.
- ❖ Approvable for members with a diagnosis of advanced or aggressive systemic mastocytosis (ASM), systemic mastocytosis with associated hematological neoplasm (SM-AHN) or mast cell leukemia (MCL).

Sprycel

- ❖ Approvable for members with a diagnosis of chronic-phase Ph+ CML.
- ❖ Approvable for members with a diagnosis of accelerated- or blast-phase Ph+ CML who are resistant or intolerant to imatinib (Gleevec), bosutinib (Bosulif) or nilotinib (Tasigna).
- ❖ Approvable for members with a diagnosis of Ph+ acute ALL.
- ❖ Approvable for members with a diagnosis of gastrointestinal stromal tumor (GIST) who are resistant or intolerant to imatinib (Gleevec), sunitinib (Sutent) or regorafenib (Stivarga).

Tasigna

- ❖ Approvable for members with a diagnosis of chronic-phase Ph+ CML.
- ❖ Approvable for members with a diagnosis of accelerated-or blast-phase Ph+ CML who are resistant, refractory, relapsed or intolerant to imatinib (Gleevec), bosutinib (Bosulif) or dasatinib (Sprycel).
- ❖ Approvable for members with a diagnosis of Ph+ acute ALL.
- ❖ Approvable for members with a diagnosis of GIST who are resistant, refractory, relapsed or intolerant to imatinib (Gleevec), sunitinib (Sutent) or regorafenib (Stivarga).

Tibsovo

- ❖ Approvable for members with a diagnosis of relapsed or refractory acute myeloid (myelogenous) leukemia (AML) who have an isocitrate dehydrogenase-1 (IDH1) mutation.
- ❖ Approvable for members with newly diagnosed AML who have an IDH1 mutation and are 75 years of age or older or are less than 75 years of age with a comorbidity that precludes use of intensive induction chemotherapy.



Ukoniq

- ❖ Approvable for members with a diagnosis of marginal zone lymphoma (MZL) (B-cell non-Hodgkin lymphomas) who are relapsed or refractory to at least one prior anti-CD20-based regimen.
- ❖ Approvable for members with a diagnosis of follicular lymphoma (FL) who are refractory or relapsed to at least three prior lines of systemic therapies.

Venclexta

- ❖ Approvable for members with a diagnosis of chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) when the member has disease progression after at least one prior therapy.
- ❖ Approvable for members 74 years of age or younger with newly diagnosed acute myeloid (myelogenous) leukemia (AML) when used in combination with azacitidine, decitabine or low-dose cytarabine who have a comorbidity that precludes use of intensive induction chemotherapy.
- ❖ Approvable for members 75 years of age or older with newly diagnosed AML when used in combination with azacitidine, decitabine or low-dose cytarabine.

Xpovio

- ❖ Approvable for members with a diagnosis of relapsed or refractory multiple myeloma who have been previously treated with at least 4 prior therapies, including at least 2 proteasome inhibitors, at least 2 immunomodulatory agents and an anti-CD38 monoclonal antibody and when given in combination with dexamethasone.
- ❖ Approvable for members with a diagnosis of multiple myeloma who have been previously treated with at least one prior therapy and when given in combination with bortezomib (Velcade) and dexamethasone.
- ❖ Approvable for members with a diagnosis of diffuse large B-cell lymphoma (DLBCL) or transformed DLBCL arising from follicular lymphoma who been treated with at least two prior systemic therapies.

Zolinza

- ❖ Approvable for members with a diagnosis of progressive, persistent or recurrent cutaneous manifestations of cutaneous T-cell lymphoma (CTCL) in members who have received at least two previous systemic therapies.

Zydelig

- ❖ Approvable for members with a diagnosis of chronic lymphocytic leukemia (CLL) who are relapsed or refractory to at least one prior therapy when used in combination with Rituxan (rituximab).
- ❖ Approvable for members with a diagnosis of follicular lymphoma (FL) or marginal zone lymphoma (MZL) (B-cell non-Hodgkin lymphomas) who are relapsed or refractory to at least two prior therapies.
- ❖ Approvable for members with a diagnosis of small lymphocytic lymphoma (SLL) who are relapsed or refractory to at least two prior therapies.



EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.