Supplemental Materials

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A. Research Methods

A1.1. Background

ICER has developed a set of design and implementation criteria for drug prior authorization protocols in the September 28, 2020 white paper, *Cornerstones of "Fair" Drug Coverage: Appropriate Cost-Sharing and Utilization Management Policies for Pharmaceuticals*. These criteria are intended to represent requirements that must be met in order for the prior authorization protocol to be appropriate, or, in other words, to ensure fair access. The criteria are based on analysis of prior policy and ethical research, and have undergone active deliberation and revision following a December 2019 ICER Policy Summit with representatives from patient groups, clinical specialty societies, private payers, and the life science industry.

A1.2. Objectives

The ICER Barriers to Fair Access Assessment applied the fair access criteria set to evaluate the coverage policies of 15 of the largest private payers in the US. In this first iteration of the assessment, we focused the evaluation on coverage policies for 28 drugs that have been the subject of ICER evidence reviews and have been determined to be priced within a reasonable cost-effectiveness range. The short-term goal of this assessment was to produce a report that evaluates the extent to which the prior authorization protocols for these fairly priced drugs meet the fair access criteria. We envision this report as being repeated annually, with additional drugs and payers added to the evaluation. The overall objective of the assessment was to test whether the fair access criteria can help bring greater transparency to the public debates about fair insurance coverage for drugs and, in addition, promote the positive linkage of fair pricing with fair access that will advance the best interests of patients and the health system.

A1.3. Research Questions

The overarching research question this project addressed is whether the prior authorization policies for drugs priced within reasonable cost-effectiveness ranges meet the criteria for fair access. Within this broad research question, weperformed analyses to assess the rate of concordance of prior authorization policies with the fair access criteria. Separate analyses were done to analyze rates of concordance by:

- Individual fair access criterion
- Drug
- Condition
- Across payers in scope
- Individual payers

A2. Role of the Working Group

To help provide important guidance on this project, the Barriers to Fair Access Assessment has benefited from ongoing input from a multi-stakeholder Working Group consisting of representatives from leading patient advocacy groups, clinical societies, private payers, pharmacy benefit managers, and life sciences companies. The Working Group has advised ICER on the application of the fair access criteria to coverage policies; provided insight into the patient experience with prescription drug coverage and access, including real-world examples; and advised on important nuances in the interpretation of payer coverage policies. The Working Group members are listed below. None of them should be assumed to agree with any of the specific methods, findings, or perspectives presented in this report:

- **Cat Davis Ahmed,** MBA, Vice President of Policy and Outreach, Familial Hypercholesterolemia Foundation
- **Alan Balch,** PhD, Chief Executive Officer, Patient Advocate Foundation
- **Robert W. Dubois**, MD, PhD, Interim President and Chief Executive Officer, Chief Science Officer, National Pharmaceutical Council
- **Patrick Gleason,** PharmD, Assistant Vice President of Health Outcomes, Prime Therapeutics
- **Barbara Henry**, Former Manager, Clinical Pharmacy Services, Harvard Pilgrim Health Care
- **Leah Howard**, JD, Chief Operating Officer, National Psoriasis Foundation
- **Cliff Hudis,** MD, FACP, FASCO, Chief Executive Officer. American Society of Clinical Oncology
- **Anna Hyde,** Vice President of Advocacy and Access, Arthritis Foundation
- **Rebecca Kirch**, JD, Executive Vice President, National Patient Advocate Foundation
- **Eleanor Perfetto,** PhD, MS, Executive Vice President, National Health Council
- **Carl Schmid,** Executive Director, HIV+Hepatitis Policy Institute
- **Saira Sultan,** President, Connect4Strategies (representing The Haystack Project)
- **Bari Talente,** Executive Vice President, Advocacy, National Multiple Sclerosis Society
- **Douglas White,** MD, PhD, Treasurer, American College of Rheumatology

A3. List of Included "Fairly Priced" Drugs

As described in greater detail below, the process for the analysis started by identifying drugs within ICER reviews that were priced in accordance with reasonable cost-effectiveness thresholds. These drugs were be termed the list of "cost-effective" drugs.

A3.1. Initial list of drugs

Drugs eligible for consideration were those subject to a cost-effectiveness analysis in an ICER report from 2015 to 2020 and which were determined at the time of their original report to have an incremental cost-effectiveness ratio based on the WAC or net price at or below the price needed to reach $150,000 per equal value of life years gained (evLYG) or quality-adjusted life year (QALY), whichever price was higher. For these drugs we updated the ceiling price needed to meet the cost-effectiveness threshold to 2020 prices using the medical care component of the Consumer Price Index.

A3.2. Updating drug prices

To determine whether drugs were currently priced at or below this cost-effectiveness threshold we updated estimated net prices by using data from SSR Health, LLC, an independent investment research firm. To derive a net price, SSR Health combines data on unit sales with publicly disclosed US sales figures. Discounts, rebates, concessions to wholesalers and distributors, and patient assistance programs are subtracted from gross sales to derive a net price.

To estimate the most recent average net price in the US market, we calculated the average net price data across the four most recently available quarters for which SSR data was available at the time of publishing the research protocol (October 2019-September 2020), to account for seasonal or other sources of annual price fluctuations. To confirm the validity of the SSR net prices, we compared them to the Wholesale Acquisition Cost (WAC) and the Federal Supply Schedule Service (FSS). In cases where we deemed the SSR net prices to be unreliable (such as the net prices being higher than the WAC), or where SSR prices are not available, we used price estimates from FSS. If no data was available in either SSR or FSS, we used list prices reported in Redbook. For physician administered drugs we used the same price data that was used in the report, which consists of the WAC price plus a markup.

SSR reports net prices on a per unit basis. We converted the unit prices as listed in SSR to annual prices using the dosing assumptions used in the economic evaluation of our reports. For drugs with loading doses or dose-escalation regimens, we used the maintenance dose to calculate annual costs (i.e., second year costs) for consistency. Drugs that require weight-based dosing used the same weight assumptions as described in the economic evaluation section of our reports. The remainder

of partially used vials were counted as medical waste. Pricing calculations and assumptions were independently validated by another member of the research team and discrepancies were resolved via a consensus process.

A3.3. Final list

A final list of cost-effective drugs was generated using the methodology described above. Information on the cost-effective drugs were abstracted according to the table shell below.

Table A3.1. Fairly Priced Drugs Identified for Review

Generic Drug Name	Brand Drug Name	Condition	Annual Net Price Estimate*	Maximum Cost-effective Price
Afatinib	Gilotrif	Non-small cell lung cancer	$64,240[†]	$110,600
Alemtuzumab	Lemtrada	Multiple Sclerosis	$165,777[†]	$328,600
Alirocumab	Praluent	High cholesterol	$2,984	$4,300
Apremilast	Otezla	Plaque Psoriasis	$26,762	$38,700
Axicabtagene ciloleucel	Yescarta	B-Cell Lymphoma	$373,000[†]	$564,000
Brodalumab	Siliq	Plaque Psoriasis	$26,530	$43,900
Dupilumab	Dupixent	Atopic dermatitis	$29,432	$46,100
Elagolix	Orilissa	Endometriosis	$7,731	$13,500
Emicizumab	Hemlibra	Hemophilia A	$558,870	Cost saving
Erenumab	Aimovig	Migraine	$2,167	$5,600
Fremanezumab	Ajovy	Migraine	$1,839	$5,500
Gefitinib	Iressa	Non-small cell lung cancer	$93,440[†]	$110,600
Guselkumab	Tremfya	Plaque Psoriasis	$36,176	$43,200
Icosapent ethyl	Vascepa	Cardiovascular Disease Prevention	$3,241	$9,500
Infliximab	Remicade	Plaque Psoriasis	$12,285	$37,000
Infliximab	Remicade	Rheumatoid Arthritis	$7,371	$12,800
Insulin degludec	Tresiba	Diabetes Mellitus	$4,723	$8,000
Ixekizumab	Taltz	Plaque Psoriasis	$29,257	$54,400
Olaparib	Lynparza	Ovarian Cancer	$13,250[†]	$13,600
Onasemnogene abeparvovec	Zolgensma	Spinal Muscular Atrophy	$1,613,126[†]	$2,100,000
Plasma-derived C1-INH	Haegarda	Hereditary Angioedema	$362,283[†]	$389,500
Rimegepant	Nurtec	Migraine	$4,542[†‡]	$4,600
Rivaroxoban	Xarelto	Cardiovascular Disease Prevention	$1,650	$7,800

Generic Drug Name	Brand Drug Name	Condition	Annual Net Price Estimate*	Maximum Cost-effective Price
Sacubitril/valsartan	Entresto	Congestive Heart Failure	$3,847	$16,600
Secukinumab	Cosentyx	Plaque Psoriasis	$32,278	$41,700
Tisagenlecleucel	Kymriah	Acute Lymphoblastic Leukemia	$474,387†	$1,782,700
Ubrogepant	Ubrelvy	Migraine	$4,523†§	$4,600
Ustekinumab	Stelara	Plaque Psoriasis	$35,952	$40,000

* Average prices net of all discounts and rebates, October 2019 – September 2020, obtained from SSR Health, LLC. For prices not available or deemed unreliable, prices were taken from the Federal Supply Schedule (FSS).

† FSS prices, October 2019 – September 2020.

‡ Prices were only available for July – September 2020.

§ Prices were only available for March – September 2020.

A4. List of Payers and Identification of Relevant Coverage Policies

We reviewed and abstracted data from the largest formularies and coverage policies among 15 of the largest commercial payers (by covered lives) in the US as identified in the MMIT Analytics Market Access Database. In the MMIT database, the entity (payer or PBM) that controls the formulary benefit design and coverage decision is assigned the covered life. Covered lives estimates are based on industry sources and a proprietary MMIT algorithm and are consolidated across employers without double counting lives. Optum, one of the largest PBMs,was not included in the analysis because the details of its prior authorization policies were not available to us in this database. Medicare Private Drug Plans and Managed Care Plans and individual state Medicaid policies were not evaluated in this review. The final list of payer formularies is listed in Table A4.1.

Table A4.1. Largest single formulary offered by each of the 15 largest commercial payers with coverage policies available in the MMIT Analytics dataset*

Payer	Formulary Name	Tiers Available	Individuals Covered*
CVS Health (Aetna)	CVS Caremark Performance Standard Control w/ Advanced Specialty Control	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	13,438,437
Express Scripts	Express Scripts National Preferred with Advantage Plus	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	10,865,105
UnitedHealthcare	UnitedHealthcare Advantage Three Tier	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	6,108,784
CIGNA Health Plans, Inc.	Cigna Standard Three Tier	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	3,691,452
Kaiser Foundation Health Plans, Inc.	Kaiser Permanente Southern California	Tier 1: Generic Tier 2: Brand	3,605,754
Anthem, Inc.	Anthem Essential Four Tier	Tier 1: Preferred Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Generic or Non-Preferred Brand Tier 4: Specialty	2,459,382
MC-RX	MC-RX Formulary	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	1,291,711
Blue Cross Blue Shield of Massachusetts	BCBS Massachusetts Three Tier	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	1,135,006

Payer	Formulary Name	Tiers Available	Individuals Covered*
Elixir PBM	Elixir Standard Formulary	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand Tier 4: Specialty	1,062,407
Blue Shield of California	Blue Shield of California Plus Formulary	Tier 1: Preferred Generic or Low-Cost Preferred Brand Tier 2: Preferred Brand or Non- Preferred Generics Tier 3: Non- Preferred Brand Tier 4: Biologics or Specialty	1,006,214
Health Care Service Corporation	BCBS of Illinois Basic 6 Tier	Tier 1: Preferred Generic Tier 2: Non-Preferred Generic Tier 3: Preferred Brand Tier 4: Non- Preferred Brand Tier 5: Preferred Specialty Tier 6: Non-Preferred Specialty	915,220
Florida Blue	Florida Blue Three Tier	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	863,657
Highmark, Inc.	Highmark Blue Cross Blue Shield 3 Tier	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	833,673
MedImpact Healthcare Systems, Inc.	MedImpact Portfolio High Formulary	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	655,756
Blue Cross Blue Shield of Minnesota	BCBS of Minnesota FlexRx Three Tier	Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand	647,652

*Covered lives as of 05/21/2021 according to MMIT Analytics Market Access Database

A5. Determination of Concordance of Coverage Policies with Fair Access Criteria

As mentioned earlier, the available coverage policies on cost-effective drugs were evaluated to determine whether they meet a set of fair access criteria. Of course, there are many things that have to happen appropriately for patients to receive "fair access," and not all of these factors, including documentation burdens, and payer responsiveness to patients and clinicians, can be evaluated simply by reading written coverage policies. This project therefore focused on several narrow elements that were judged through available policies: cost sharing, clinical eligibility, restrictions on prescriber qualifications, and step therapy. For the cost-sharing criteria, "class" was be defined as drugs with the same mechanism of action or that are established as clinically equivalent options in clinical guidelines. The fair design criteria for these elements are described in further detail below. All criteria are listed below, however not all were evaluable at this stage of the project.

Table A5.1. Cost Sharing Fair Design Criteria

Cost Sharing	
Fair Design Criteria	**In Scope for this Review?**
Patient cost sharing should be based on the net price to the plan sponsor, not the unnegotiated list price.	No
All medications identified by the Internal Revenue Service as high-value therapies should receive pre-deductible coverage within high deductible health plans.	No
At least one drug in every class should be covered at the *lowest relevant* cost-sharing level unless all drugs are priced higher than an established fair value threshold.	Yes
If all drugs in a class are priced so that there is not a single drug that represents a fair value as determined through value assessment, it is reasonable for payers to have all drugs on a higher cost-sharing level.	No
If all drugs in a class are priced so that they represent a fair value, it remains reasonable for payers to use preferential formulary placement with tiered cost sharing to help achieve lower overall costs.	Yes
As part of step therapy, when patients try a lower cost option with a lower cost sharing level but do not achieve an adequate clinical response, cost sharing for further therapies should also be at the lower cost sharing level as long as those further therapies are priced fairly according to transparent criteria	No

See also Figure A5.1 for a visual representation of the cost sharing criteria algorithm.

Table A5.2. Clinical Eligibility Fair Design Criteria

Clinical Eligibility	
Fair Design Criteria	**In Scope for this Review?**
Payers should offer alternatives to prior authorization protocols such as programs that give feedback on prescribing patterns to clinicians or exempt them from prior authorization requirements ("gold carding") if they demonstrate high fidelity to evidence-based prescribing.	No
Payers should document at least once annually that clinical eligibility criteria are based on high quality, up-to date evidence, with input from clinicians with experience in the same or similar clinical specialty.	No
Clinical eligibility criteria should be developed with explicit mechanisms that require payer staff to document that they have: • Considered limitations of evidence due to systemic under-representation of minority populations; and • Sought input from clinical experts on whether there are distinctive benefits and harms of treatment that may arise for biological, cultural, or social reasons across different communities; and • Confirmed that clinical eligibility criteria have not gone beyond reasonable use of clinical trial inclusion/exclusion criteria to interpret or narrow the FDA label language in a way that disadvantages patients with underlying disabilities unrelated to the condition being treated.	No
For all drugs: Clinical eligibility criteria that complement the FDA label language may be used to: • Set standards for diagnosis; and/or • Define indeterminate clinical terms in the FDA label (e.g., "moderate-to-severe") with explicit reference to clinical guidelines or other standards; and/or • Triage patients by clinical acuity when the payer explicitly documents that triage is both reasonable and necessary because: ○ The size of the population included within the FDA label is extremely large, and there is a reasonable likelihood that many patients would seek treatment in the short term; AND ○ The clinical infrastructure is not adequate to treat all patients seeking care and/or broad coverage would create such substantial increases in short-term insurance premiums or other financial strain that patients would be harmed through loss of affordable insurance; AND ○ Acuity can be determined on objective clinical grounds and waiting for treatment will not cause significant irremediable harm.	Yes
For drugs with prices or price increases that have not been formally deemed unreasonable: Except for the three purposes outlined above, clinical eligibility criteria should not deviate from the FDA label language in a manner than would narrow coverage.	Yes
For drugs with prices or price increases that have not been formally deemed unreasonable: Documentation that patients meet clinical eligibility criteria should represent a light administrative burden, including acceptance of clinician attestation in lieu of more formal medical record documentation unless documentation is critical to ensure patient safety.	No
For drugs with prices or price increases that have been formally deemed unreasonable: Clinical eligibility criteria may narrow coverage by applying specific eligibility criteria from the pivotal trials used to generate evidence for FDA approval if implemented with reasonable flexibility and supported by robust appeals procedures as described in the implementation criteria.	No
For drugs with prices or price increases that have been formally deemed unreasonable: Documentation requirements to demonstrate that patients meet clinical eligibility criteria may represent a modest administrative burden, including requirements for medical record confirmation of key criteria instead of simple clinician attestation. In all cases, however, administrative burden should not result in major barriers to care for patients who meet criteria, and payers should perform and post publicly annual evaluations for each drug of rates of ultimate coverage approval following initial coverage denial due to documentation failures.	No

FDA: U.S. Food and Drug Administration

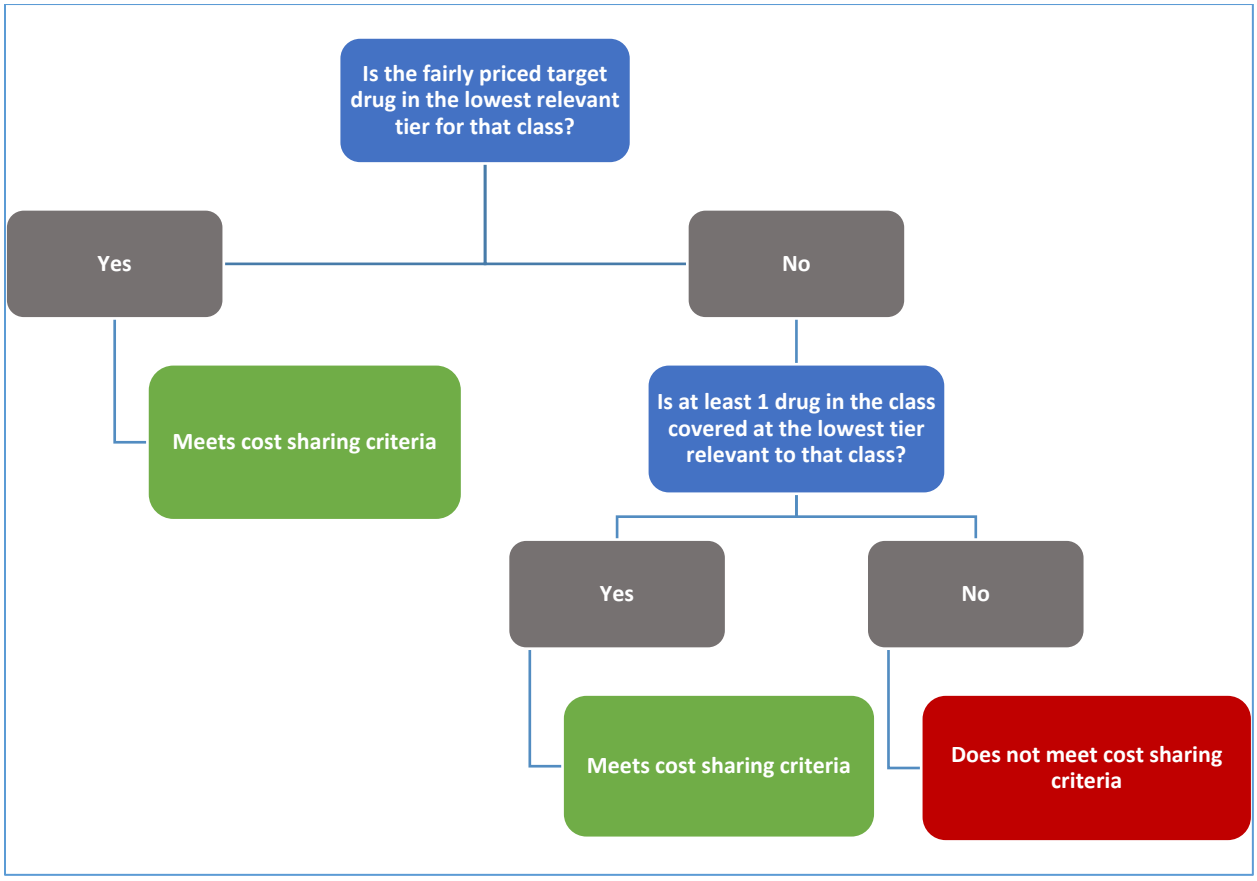
Table A5.3. Step Therapy and Required Switching Fair Design Criteria

Step Therapy and Required Switching	
Fair Design Criteria	**In Scope for this Review?**
In order to justify step therapy policies extending beyond FDA labeling as appropriate, payers should explicitly affirm or present evidence to document all of the following: • Use of the first-step therapy reduces overall health care spending, not just drug spending	No
• The first-step therapy is clinically appropriate for all or nearly all patients and does not pose a greater risk of any significant side effect or harm. • Patients will have a reasonable chance to meet their clinical goals with first-step therapy. • Failure of the first-step drug and the resulting delay in beginning the second-step agent will not lead to long-term harm for patients. • Patients are not required to retry a first-line drug with which they have previously had adverse side effects or an inadequate response at a reasonable dose and duration.	Yes
In order to justify required switching policies as appropriate, payers should explicitly affirm or present evidence to document all of the following: • Use of the required drug reduces overall health care spending.	No
• The required switch therapy is based on the same mechanism of action or presents a comparable risk and side effect profile to the index therapy. • The required switch therapy has the same route of administration or the difference in route of administration will create no significant negative impact on patients due to clinical or socio-economic factors. • Patients are not required to switch to a drug that they have used before at a reasonable dose and duration with inadequate response and/or significant side effects, including earlier use under a different payer.	No

Table A5.4. Provider Qualifications Fair Design Criteria

Provider Qualifications	
Fair Design Criteria	**In Scope for this Review?**
Restrictions of coverage to specialty prescribers are reasonable with one or more of the following justifications: • Accurate diagnosis and prescription require specialist training, with the risk that non-specialist clinicians would prescribe the medication for patients who may suffer harm or be unlikely to benefit. • Determination of the risks and benefits of treatment for individual patients requires specialist training due to potential for serious side effects of therapy. • Dosing, monitoring for side effects, and overall care coordination require specialist training to ensure safe and effective use of the medication.	Yes
Requiring that non-specialist clinicians attest they are caring for the patient in consultation with a relevant specialist is a reasonable option when the condition is frequently treated in primary care settings but some elements of dosing, monitoring for side effects, and/or overall coordination of care would benefit from specialist input for many patients.	Yes

Figure A5.1. Cost-Sharing Fairness Criteria Algorithm



A5.1. Process for comparing coverage policies to fair access criteria

Because the drugs included in our analysis could be covered under pharmacy benefits, medical benefits, or both, we had to decide how to report the findings in a way that conveys fair "apples to apples" comparisons across formularies. For drugs for which both a pharmacy benefit policy and a medical benefit policy were available for an individual payer, we selected the benefit plan type that was used by the greatest number of payers overall (i.e., the "predominant benefit plan type") to represent the prior authorization information for that payer. These results are featured in the main assessment report. In the individual drug briefs provided below, we provide ratings of coverage through both pharmacy and medical benefits.

MMIT pulls data from a variety of sources known as the MMIT Network, a repository of open-source data including e-prescribing and similar point-of-care solutions, physician educational channels, long-term care and other pharmacies, pharmaceutical manufacturers, and most notably health plans and PBMs. When a policy is not referenced in the MMIT database, it is because MMIT has obtained this information either through a proprietary source, intelligence provided by their network of panelists, and/or other non-publishable digital data assets.

When the MMIT database indicated “No PA,” “PA unspecified, “PA appropriate, “PA restrictive,” “No Step Therapy” or “Step Therapy unspecified,” we sought supporting documents to confirm these policies. If there were no supporting documents available to us, we rated the policy as “not available” for our determination. This approach was taken in order to minimize the risk of mischaracterization – either positive or negative – of payer policies. Payers were encouraged to submit documentation on these policies to inform our final rating.

For each drug, ICER research staff summarized results of the policy abstraction data in Tables A5.1-A5.4 into a policy brief, which included details of the FDA label (including clinical trial eligibility criteria), clinical guidelines, and policy recommendations from ICER reports to provide relevant context. Research staff made preliminary judgments regarding whether the coverage policy does or does not meet each fair design criterion, and then this judgment was reviewed by an internist on the ICER staff (SP). When the ICER clinician felt that clinical expert input was needed to determine whether a coverage policy met the fair design criterion, he discussed the question with an expert involved in the original ICER report on that drug.

B. Results

B1. Policy Brief: Afatinib (Gilotrif), tyrosine kinase inhibitor [TKI] (oral)

B1.1. Condition: Non-small cell lung cancer (NSCLC)

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: dacomitinib (Vizimpro), erlotinib (Tarceva), gefitinib (Iressa), osimertinib (Tagrisso)

B1.2. Clinical Guidelines

National Comprehensive Cancer Network (NCCN) 2021 Non-small Cell Lung Cancer (NSCLC) Guidelines

B1.3. Background

FDA Label

Indication: 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

Dosing: The recommended dose of GILOTRIF is 40 mg orally once daily until disease progression or no longer tolerated by the patient.

Warning: Bullous & Exfoliative Skin Disorders, Interstitial Lung Disease (ILD), Hepatic Toxicity, Keratitis, Diarrhea

Contraindications: None

Interactions: Drug interaction (Pgp substrate)

Clinical Trial Eligibility: The efficacy of GILOTRIF for the first-line treatment of patients with EGFR mutation-positive, metastatic [Stage IV and Stage IIIb with pleural and/or pericardial effusion as classified by the American Joint Commission on Cancer (AJCC, 6th edition)] NSCLC was established in a randomized, multicenter, open-label trial (LUX-Lung 3 [NCT00949650]). Patients were randomized (2:1) to receive GILOTRIF 40 mg orally once daily (n=230) or intravenous pemetrexed (500 mg/m2) plus cisplatin (75 mg/m2) once every 21 days for up to 6 cycles (n=115). Clinical trials of GILOTRIF excluded patients with an abnormal left ventricular ejection fraction (LVEF), i.e., below the institutional lower limit of normal.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/201292s015lbl.pdf

ICER Policy Recommendations

Purchasers and Insurers – In conjunction with a movement toward a more value-based pricing system, purchasers and insurers should design insurance plans that protect patients from significant financial toxicity. – Similar mechanisms of action and the lack of evidence to distinguish whether TKI drugs differ in their risks and benefits suggests that these drugs might be considered for step therapy in insurance coverage, but justification of step therapy for these and other cancer drugs faces a high burden given that even minor differences among treatments may have important clinical consequences for individual patients. – Incentives for clinicians that encourage the use of high-value care options are reasonable if applied to clinically equivalent options. Efforts should be taken to share the benefits of more cost-effective care options with patients by reducing their financial burden. – Genetic testing of lung cancer tumors is standard practice, and CMS should revisit its current payment criteria for tumor testing to avoid delaying the receipt of actionable information.
Insurers and Manufacturers – PD-1 immunotherapy may be an appropriate area for considering innovative outcomes-based payment mechanisms, particularly in the treatment of patients who are not tested for PD-L1 levels
Insurers and Clinicians – First-line PD-L1 testing may be needed to guide appropriate care for all patients
Clinicians – Caution should be exercised in using PD-1 immunotherapy in patients with EGFR+ advanced NSCLC

Link to report: http://icerorg.wpengine.com/wp-content/uploads/2020/10/MWCEPAC_NSCLC_Final_Evidence_Report_Meeting_Summary_110116.pdf

B1.4. Findings: Coverage Policies

Afatinib was covered by all 15 payers under the pharmacy benefit. No payers covered afatinib under the medical benefit. All coverage data outlined below relate to policies under the payers' pharmacy benefit.

Cost Sharing

Twelve of the 15 payers covered afatinib on the lowest relevant tier or covered other options considered equivalent on the lowest relevant tier; these payers meet our cost sharing criteria.

The three payers with 4-tier formularly plans with a specialty tier (Anthem, Inc., Elixir PBM and Blue Shield of California) did not not cover afatinib on the lowest relevant tier, nor did they cover any alternatives at the lowest relevant tier. These payers do not meet our cost-sharing criteria.

Table B1.1. Afatinib Cost Sharing By Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Gefitinib	Y
Express Scripts	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Gefitinib, osimertinib, dacomitinib	Y
UnitedHealthcare	3 (Non-Preferred Brand)	N	2 (Preferred Brand) Erlotinib	Y
CIGNA Health Plans, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Erlotinib	Y
Kaiser Foundation Health Plans, Inc.	2 (Preferred Brand)	N	2 (Preferred Brand): Gefitinib, osimertinib	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	4 (Zero Copay/Preventative Drug)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	6 (Non-Preferred Specialty)	N	5 (Preferred Specialty): Erlotinib	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Osimertinib	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N/A: not applicable, N: no, Y: yes

Clinical Eligibility

Clinical eligibility criteria were available for eleven payers. All eleven payers met our clinical eligibility criteria because their clinical eligibility criteria were consistent with the label, guidelines, or clinical trial eligibility criteria. Kaiser Foundation Health Plans, Inc. did not require any clinical eligibility criteria.

Clinical eligibility criteria were not available for CIGNA Health Plans, Inc., MC-RX, Elixir PBM, or MedImpact Healthcare Systems, Inc.

Step Therapy

For patients with EGFR+ NSCLC, afatinib is a first-line therapy option, and does not require step therapy per FDA label and clinical guidelines. All payers were considered concordant with our fair access criteria.

Table B1.2. Afatanib Step Therapy by Payer

Payer an Benefit Plan Type	Steps	Details	Meets ST Criteria?
CVS Health (Aetna) (Pharmacy)	0	N/A	Y
Express Scripts (Pharmacy)	0	N/A	Y
UnitedHealthcare (Pharmacy)	0	N/A	Y
CIGNA Health Plans, Inc. (Pharmacy)	Not available	N/A	N/A
Kaiser Foundation Health Plans, Inc. (Pharmacy)	0	N/A	Y
Anthem, Inc. (Pharmacy)	0	N/A	Y
MC- RX (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Pharmacy)	0	N/A	Y
Elixir PBM (Pharmacy)	Not available	N/A	N/A
Blue Shield of California (Pharmacy)	0	N/A	Y
Health Care Service Corporation (Pharmacy)	0	N/A	Y
Florida Blue (Pharmacy)	0	N/A	Y
Highmark, Inc. (Pharmacy)	0	N/A	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy)	0	N/A	Y

N/A: not applicable, N: no, ST: step therapy, Y: yes

Provider Qualifications

Eleven payers did not require prescriber qualifications. For the remaining four payers, provider qualification information was not available, so a judgment could not be made.

B1.5 Summary of Findings

Payer	Cost Sharing	Clinical Eligibility	Step Therapy	Provider Qual.
CVS Health (Aetna) Pharmacy	Y	Y	Y	Y
Express Scripts Pharmacy	Y	Y	Y	Y
UnitedHealthcare Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Anthem, Inc. Pharmacy	N	Y	Y	Y
MC- RX Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	Y	Y	Y
Elixir PBM Pharmacy	N	N/A	N/A	N/A
Blue Shield of California Pharmacy	N	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	Y	Y	Y
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N/A: not applicable, N: no, Y: yes

B2. Policy Brief: Alemtuzumab (Lemtrada™, Sanofi Genzyme), CD52-directed cytolytic monoclonal antibody (IV)

B2.1. Condition: Multiple Sclerosis

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: cladribine (Mavenclad), diroximel fumarate (Vumerity), fingolimod (Gilenya), interferon beta, mitoxantrone, natalizumab (Tysabri), ocrelizumab (Ocrevus), ofatumumab (Arzerra), siponimod (Mayzent), teriflunomide (Aubagio)

B2.2. Clinical Guidelines

Practice guideline: Disease-modifying therapies for adults with multiple sclerosis

B2.3. Background

FDA Label

Indication: for the treatment of patients with relapsing forms of multiple sclerosis (MS). Because of its safety profile, the use of LEMTRADA should generally be reserved for **patients who have had an inadequate response to two or more drugs indicated for the treatment of MS**.

Dosing: The recommended dosage is 12 mg/day administered by intravenous 12 infusion for 2 treatment courses: (1) 12 mg/day on 5 consecutive days (60 mg total dose), (2) 12 mg/day on 3 consecutive days (36 mg total dose) administered 12 months after the first treatment course.

Warning: Only available through a restricted program under a REMS called the LEMTRADA REMS Program, because of the risks of autoimmunity, infusion reactions, and malignancies.

Contraindications: Human Immunodeficiency Virus (HIV)

Interactions: do not administer live viral vaccines following a course of lemtrada; consider delaying treatment in patient with active infection; avoid concomitant use with antineoplastic or immunosuppressive therapies

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/103948s5139lbl.pdf

ICER Policy Recommendations

Implement policies to allow patients to remain on a treatment that works regardless of coverage or formulary changes, and without onerous prior authorization documentation required of providers each year.
If drug prices come into alignment with the value they bring to patients, reduce step therapy barriers to these therapies.

Link to report: http://icerorg.wpengine.com/wp-content/uploads/2020/10/CTAF_MS_Final_Report_030617.pdf

B2.4. Findings: Coverage Policies

All (15/15) payers covered alemtuzumab for the treatment of relapsing forms of multiple sclerosis. Seven payers covered alemtuzumab under the medical benefit, four payers covered it under the pharmacy benefit, and four covered alemtuzumab under both the pharmacy and medical benefits. Eleven coverage policies (two pharmacy and nine medical policies) were publicly available.

Cost Sharing

Six out of the eight payers that covered alemtuzumab under their pharmacy benefit covered alemtuzumab on the lowest relevant tier, or covered other options (such as fingolimod ocrelizumab, and natalizumab) on the lowest relevant tier. These payers meet our cost sharing criteria.

Anthem, Inc. and Elixir PBM did not cover alemtuzumab on the lowest relevant tier and also did not cover any alternative treatment options on the lowest relevant tier, which would be the preferred brand tier (Tier 2). Anthem, Inc. and Elixir PBM do not meet our cost sharing criteria.

Table B2.1. Alemtuzumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	3 (Non-preferred Brand)	N	Tier 2 (Preferred brand): Teriflunomide, interferon beta-1b, glatiramer acetate, fingolimod, siponimod, ocrelizumab, interferon beta-1a, natalizumab, diroximel fumarate	Y
Express Scripts	3 (Non-preferred Brand)	N	Tier 2 (Preferred brand): Teriflunomide, interferon beta-1a, monomethyl fumarate, interferon beta-1b, fingolimod, siponimod, ocrelizumab, peginterferon beta-1a, dimethyl fumarate, natalizumab, diroximel fumarate	Y
UnitedHealthcare	N/A (Covered under medical)	N/A	N/A	N/A

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CIGNA Health Plans, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	"Covered"	Y	N/A	Y
Anthem, Inc.	3 (Non-preferred Brand)	N	Tier 2 (Preferred brand): None	N
MC- RX	3 (Non-preferred Brand)	N	Tier 2 (Preferred brand): Fingolimod, siponimod	Y
Blue Cross Blue Shield of Massachusetts	N/A (Covered under medical)	N/A	N/A	N/A
Elixir PBM	4 (Specialty)	N	Tier 2 (Preferred Brand): None	N
Blue Shield of California	N/A (Covered under medical)	N/A	N/A	N/A
Health Care Service Corporation	N/A (Covered under medical)	N/A	N/A	N/A
Florida Blue	N/A (Covered under medical)	N/A	N/A	N/A
Highmark, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc.	3 (Non-preferred Brand)	N	Tier 2 (Preferred brand): Interferon beta-1a, fingolimod, cladribine, siponimod, peginterferon beta-1a, diroximel fumarate	Y
Blue Cross Blue Shield of Minnesota	3 (Non-preferred Brand)	N	Tier 2 (Preferred brand): Teriflunomide, Interferon beta-1a, fingolimod, cladribine, siponimod, peginterferon beta-1a, rituximab	Y

N/A: not applicable, N: no, Y: yes

Clinical Eligibility

Pharmacy Benefit

Clinical eligibility information was available for three out of the eight payers and included the reuirement of diagnosis of a relapsing form of MS. All three payers passed our clinical eligibility criteria, as all requirements were consistent with the FDA label. Kaiser Foundation Health Plans, Inc., did not require any prior authorization as per MMIT.

Clinical eligibility criteria in the pharmacy benefit were not available for Elixir PBM, Express Scripts , MC- RX, MedImpact Healthcare Systems, Inc, and Blue Cross Blue Shield of Minnesota.

Medical Benefit

Clinical eligibility criteria were available for 10 out of the 11 payers that covered alemtuzumab under medical benefit and generally included a diagnosis of a relapsing forms of MS. Kaiser Foundation Health Plans, Inc. did not require any clinical eligibility criteria as per MMIT. All eleven payers passed our clinical eligibility criteria, as all requirements were consistent with the FDA label.

Step Therapy

Pharmacy Benefit

Coverage policies were only available for Anthem, Inc. and CVS Health (Aetna), who both required patients to step through two prior treatments indicated for multiple sclerosis. According to MMIT, all other payers that covered alemtuzumab under the pharmacy benefit did not require any prior treatments, however no supporting documents were available.

Step therapy information was not available for MC- RX (step therapy was unspecified as per MMIT) and thus no judgment could be made.

Medical Benefit

Most payers required patients to have tried two prior disease modifying therapies. CVS Health (Aetna) required patients to step through three prior treatments before receiving alemtuzumab. While this requirement is more restrictive than other payers, it still meets our criteria. All payers for which we have information on step therapy passed our criteria.

Table B2.2. Alemtuzumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria?
CVS Health (Aetna) (Pharmacy and Medical)	P: 2 M: 3	P: Drugs indicated for MS treatment M: Tysabri and 2 other drugs indicated for MS	P: Y M: Y
Express Scripts (Pharmacy)	Not available	N/A	N/A
UnitedHealthcare (Medical)	2	Drugs indicated for MS	Y
CIGNA Health Plans, Inc. (Medical)	2	Disease-modifying therapies	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy and Medical)	2	Drugs indicated for MS treatment	Y
MC- RX (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Medical)	2	Disease modifying agents	Y
Elixir PBM (Pharmacy)	1	Drugs indicated for MS treatment	Y
Blue Shield of California	2	Prior MS therapies	Y

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria?
(Medical)			
Health Care Service Corporation (Medical)	2	Drugs indicated for MS treatment	Y
Florida Blue (Medical)	2	Drugs indicated for MS treatment	Y
Highmark, Inc. (Medical)	2	Drugs indicated for MS treatment	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy* and Medical)	M: 1-2	Natalizumab or ocrelizumab; OR ≥ 2 preferred, self-administered, disease-modifying therapies for MS	Y

M: medical, MS: multiple sclerosis, N/A: not applicable, P: pharmacy, ST: step therapy, Y: yes

*not available

Provider Qualifications

Because alemtuzumab has a black box warning and is only available through a REMS program, all payers meet our provider qualifications criteria.

B2.5. Summary of Findings

Table B2.3. Alemtuzumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Express Scripts				
Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare				
Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.				
Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
MC- RX				
Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts				
Medical	N/A	Y	Y	Y
Elixir PBM				
Pharmacy	N	N/A	Y	Y
Blue Shield of California				
Medical	N/A	Y	Y	Y
Health Care Service Corporation				
Medical	N/A	Y	Y	Y
Florida Blue				
Medical	N/A	Y	Y	Y
Highmark, Inc.				
Medical	N/A	Y	Y	Y
MedImpact Healthcare Systems, Inc				
Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota				
Pharmacy	Y	N/A	N/A	N/A
Medical	N/A	Y	Y	Y

N/A: not applicable, Y: yes

B3. Policy Brief: Alirocumab (Praluent), PCSK9i Ab (SC)

B3.1. Condition: ASCVD

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: evolocumab (Repatha)

B3.2. Clinical Guidelines

American Heart Association/American College of Cardiology

These guidelines reduced the LDL target to 70mg/dL for high-risk individuals (with known CVD), opening up an opportunity for PCSK9 inhibitors to play a role in patients for whom this target can't be achieved with statins alone. "In patients at very high risk whose LDL-C level remains ≥70 mg/dL (≥1.8 mmol/L) on maximally tolerated statin and ezetimibe therapy, adding a PCSK9 inhibitor is reasonable, although the long-term safety (>3 years) is uncertain and cost effectiveness is low at mid-2018 list prices."

B3.3. Background

FDA Label

Indication: **Prevention of CV events:** reduce the risk of myocardial infarction, stroke, and unstable angina requiring hospitalization in adults with established CVD; **Primarily hyperlipidemia (including HeFH):** as an adjunct to diet, alone or in combination with other lipid-lowering therapies to reduce LDL-C in adults with primarily hyperlipidemia

Dosing: Recommended starting dose is 75 mg once every 2 weeks; If LDL-C response is inadequate, the dosage may be adjusted to a maximum of 150 mg every 2 weeks. In patients with HeFH undergoing LDL apheresis, the recommended dose is 150 mg once every 2 weeks.

Clinical Trial Eligibility: Study 1 (ODYSSEY OUTCOMES, NTC01663402) was a multicenter, double-blind, placebo controlled trial in 18,924 adult patients (9462 PRALUENT; 9462 placebo) followed for up to 5 years. Patients had an acute coronary syndrome (ACS) event 4 to 52 weeks prior to randomization and were treated with a lipid-modifying–therapy (LMT) regimen that was statin-intensive (defined as atorvastatin 40 or 80 mg, or rosuvastatin 20 or 40 mg) or at maximally tolerated dose of a statin, with or without other LMT.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/125559s024lbl.pdf

ICER Policy Recommendations (2015, updated 2019)

1. Prior authorization should limit treatment to patients for whom extended trials of high-dose statins combined with ezetimibe have been unsuccessful. Note that these criteria may need to be relaxed for patients with clearly identified unmet need (e.g., HoFH or very high LDLs on treatment)
2. Require most patients who believe they are statin intolerant to be re-tried on statins
3. Restrict prescribing of PCSK9 inhibitors to lipid management specialists
4. The proposed prior authorization criteria may be lifted if the price falls 50-85%

Link to 2015 report: https://icer.org/wp-content/uploads/2020/10/Final-Report-for-Posting-11-24-15-1.pdf

Link to 2019 Evidence update: https://icer.org/wp-content/uploads/2020/10/ICER_Alirocumab_Final_NEU_021519.pdf

B3.4. Findings: Coverage Policies

Alirocumab is variably covered under pharmacy or both pharmacy and medical plans. Two payers (Express Scripts and CIGNA Health Plans, Inc.) do not cover alirocumab under either pharmacy or medical plans, however they do cover another PCSK-9 inhibitor, Repatha. All policies that are summarized in this brief relate to the pharmacy benefit, unless otherwise specified.

Cost Sharing

Seven payers (CVS Health (Aetna), UnitedHealthcare, Kaiser Foundation Health Plans, Inc., MC- RX, Blue Cross Blue Shield of Massachusetts, Elixir PBM, and Health Care Service Corporation) placed alirocumab on the lowest relevant tier (Preferred Brand). Two payers (Blue Cross Blue Shield of Minnesota and Florida Blue) did not place alirocumab on the lowest relevant tier but offered another PCSK-9 inhibitor (Repatha) at the lowest relevant tier. Two payers (Anthem, Inc. and Blue Shield of California) did not place alirocumab on the lowest relevant tier and did not place another PCSK-9 inhibitor at the lowest relevant tier. This fails our cost-sharing criteria.

Table B3.2. Alirocumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	N/A (Not Covered)	N/A	Tier 2 (Preferred Brand): Evolocumab	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	N/A (Not Covered)	N/A	Tier 2 (Preferred Brand): Evolocumab	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand): None	N
MC- RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	2 (Preferred Brand)	Y	N/A	Y
Blue Shield of California	3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand): None	N
Health Care Service Corporation	4 (Non-Preferred Brand)	N	Tier 3 (Preferred Brand): Evolocumab	Y
Florida Blue	3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand), Evolocumab	Y
Highmark, Inc.	Not available	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand): Evolocumab	Y

N/A: not applicable, N: no, Y: yes

Clinical Eligibility

All payers required that patients have a history of ASCVD (variably defined) and LDL-C ≥70 mg/dL despite optimal therapy. This meets our criteria because it is in line with the FDA label and clinical guidelines.

Provider Qualifications

Three payers (CVS Health (Aetna), Anthem, Inc. and Highmark, Inc. had no prescriber requirements). Seven payers (UnitedHealthcare, MC- RX, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, Elixir PBM, Blue Shield of California, Health Care Service Corporation) required prescribing by or in consultation with a cardiologist, endocrinologist, or lipid specialist. Blue Cross Blue Shield of Massachusetts required that the patient be evaluated by a lipid

program staffed by a board-certified cardiologist or endocrinologist. This meets our criteria as specialist management and monitoring of this condition is appropriate.

Step Therapy

Kaiser Foundation Health Plans, Inc. had no step therapy noted. All other payers required stepping through at least one high-potency statin with Blue Cross Blue Shield of Massachusetts requiring three statins. Five payers (Anthem, Inc., MC-RX, Blue Cross Blue Shield of Massachusetts, Elixir PBM, and Blue Shield of California) also require Zetia/ezetimibe in addition to statins. Three payers (Blue Cross Blue Shield of Minnesota, Health Care Service Corporation and Highmark, Inc.) also require step through evolocumab in addition to statins. This meets our step therapy criteria.

Table B3.1. Alicrocumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria?
CVS Health (Aetna) (Pharmacy and Medical)	P: 1 M: 3	P: Maximally tolerated statin M: Two high intensity statins and ezetimibe	P: Y M: Y
Express Scripts (Pharmacy)	N/A	N/A	N/A
UnitedHealthcare (Pharmacy)	1	High intensity statin	Y
MedImpact Healthcare Systems, Inc (Pharmacy)	1	Prior statin	Y
CIGNA Health Plans, Inc.	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. (Pharmacy)	0	N/A	Y
Anthem, Inc. (Pharmacy)	2	High intensity statin and ezetimibe	Y
MC- RX (Pharmacy)	2	High intensity statin and Zetia	Y
Blue Cross Blue Shield of Massachusetts (Pharmacy)	4	3 statins and ezetimibe	Y
Elixir PBM (Pharmacy)	2	1 high intensity statin and ezetimibe	Y
Blue Shield of California (Pharmacy)	2	1 high intensity statin and ezetimibe	Y
Health Care Service Corporation (Pharmacy)	2	1 high intensity statin and Repatha	Y
Florida Blue (Pharmacy)	N/A	N/A	N/A
Highmark, Inc. (Pharmacy and Medical)	P: 2 M: 1	P: 1 high intensity statin and Repatha M: Maximally tolerated statin	P: Y M: Y
Blue Cross Blue Shield of Minnesota (Pharmacy)	2	1 high intensity statin and Repatha	Y

M: medical benefit, N/A: not applicable, Y: yes, P: pharmacy benefit

B3.5. Summary of Findings

Table B3.3. Alirocumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy Medical	 Y N/A	 Y Y	 Y Y	 Y Y
Express Scripts Pharmacy	 Y	 N/A	 N/A	 N/A
UnitedHealthcare Pharmacy	 Y	 Y	 Y	 Y
MedImpact Healthcare Systems, Inc. Pharmacy	 Y	 N/A	 Y	 N/A
CIGNA Health Plans, Inc. Pharmacy	 Y	 N/A	 N/A	 N/A
Kaiser Foundation Health Plans, Inc. Pharmacy	 Y	 N/A	 Y	 N/A
Anthem, Inc. Pharmacy	 N	 Y	 Y	 Y
MC- RX Pharmacy	 Y	 Y	 Y	 Y
Blue Cross Blue Shield of Massachusetts Pharmacy	 Y	 Y	 Y	 Y
Blue Cross Blue Shield of Minnesota Pharmacy	 Y	 Y	 Y	 Y
Elixir PBM Pharmacy	 Y	 Y	 Y	 Y
Blue Shield of California Pharmacy	 N	 Y	 Y	 Y
Health Care Service Corporation Pharmacy	 Y	 Y	 Y	 Y
Florida Blue Pharmacy	 Y	 Y	 Y	 N/A
Highmark, Inc. Pharmacy Medical	 N/A N/A	 N/A Y	 N/A Y	 N/A N/A

N: no, N/A: not applicable, Y: yes

B4. Policy Brief: Apremilast (Otezla), PDE4 inhibitor (oral)

B4.1. Condition: Plaque psoriasis, moderate-to-severe

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Approved Drugs in Class: adalimumab, brodalumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, rizankizumab-rzaa, secukinumab, tildrakizumab-asmn, ustekinumab

B4.2. Clinical Guidelines

American Academy of Dermatology (2020)

B4.3. Background

FDA Label

Indication: Patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy

Dosing: Following a 5-day titration, the recommended maintenance dosage is 30 mg twice daily taken orally starting on Day 6. Dose should be reduced in patients with severe renal impairment.

Warning: *Depression:* Carefully weight the risks and benefits of treatment with OTEZLA in patients with a history of depression and/or suicidal thoughts or behavior.

Interactions: Use with strong cytochrome P450 enzyme inducers is not recommended

Clinical Trial Eligibility: Two multicenter, randomized, double-blind, placebo-controlled trials (Studies PSOR-1 and PSOR-2) enrolled a total of 1257 subjects 18 years of age and older with moderate to severe plaque psoriasis [body surface area (BSA) involvement of 10%, static Physician Global Assessment (sPGA) of 3 (moderate or severe disease), Psoriasis Area and Severity Index (PASI) score 12, candidates for phototherapy or systemic therapy]. Subjects were allowed to use low-potency topical corticosteroids on the face, axilla and groin. Subjects with scalp psoriasis were allowed to use coal tar shampoo and/or salicylic acid scalp preparations on scalp lesions.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/206088s000lbl.pdf

ICER Policy Recommendations

1. Consider eliminating step therapy for patients with moderate-to-severe psoriasis, especially for those patients who demonstrate the need for intensive, ongoing regimens.
2. If step therapy will be used, allow patients who are stable on effective treatment to remain on therapy when they change insurers.
3. In place of step therapy, consider developing indication-specific formulary designs and outcomes-based payment contracts, in which rebates or refunds are linked to outcomes; explore whether refunds to patients can also be included.
4. Co-pays should be based on prices net of discounts and rebates instead of list price

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Psoriasis_Update_Final_Evidence_Report_10042018.pdf

B4.4. Findings: Coverage Policies

All payers covered apremilast under the pharmacy benefit, and four payers covered it under the medical benefit in addition to the pharmacy benefit. All policies that are summarized in this brief relate to the pharmacy benefit, unless otherwise specified.

Cost Sharing

Of the 15 payers, 11 placed apremilast on the best relevant tier for the drug class, and therefore meet our criteria for cost sharing.

MC- RX placed apremilast on the non-preferred brand tier, but because there were drugs in the class that were placed on the preferred brand tier (the lowest relevant tier for the class), this also meets our criteria.

Three payers with four-tier formulary plans with specialty tiers (Anthem, Inc., Elixir PBM, and Blue Shield of California) all place apremilast on their specialty tier, but the lowest relevant tier for the class would be the preferred brand tier (Tier 2). These payers do not place any other drugs in the class on their preferred brand tier, so they do not meet our criteria for cost sharing.

Table B4.1. Apremilast Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand Drugs)	Y	N/A	Y

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, adalimumab, risankizumab-rzaa	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	5 (Preferred Specialty)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Most policies specified that patients must have a diagnosis of some variation of moderate-to-severe plaque psoriasis, with no specific definition.

Three payers (CVS Health (Aetna) [pharmacy and medical policies], Anthem, Inc., and Blue Shield of California [pharmacy policy]) required that patients have 3% BSA affected, two policies (CIGNA Health Plans, Inc. and Elixir PBM) required that patients have 5% BSA affected, and one policy (MedImpact Healthcare Systems, Inc.) required that patients have 10% BSA affected to access apremilast. All of these policies except for MedImpact Healthcare Systems, Inc. also included a percent override, in which patients who have sensitive areas affected are not required to meet the BSA threshold. Because apremilast is indicated for patients with "moderate-to-severe" plaque psoriasis, our criteria allow payers to define "moderate-to-severe" using percent BSA requirements from the clinical trials or clinical guidelines. Therefore, all of these payers meet our criteria for clinical eligibility.

Kaiser Foundation Health Plans, Inc. (pharmacy and medical policies) does not require a prior authorization, and therefore meets our criteria for clinical eligibility. There was no information available for MC- RX, Blue Cross Blue Shield of Minnesota, or the medical policy from Blue Shield of California, so we were unable to judge whether they meet our criteria for clinical eligibility.

Step Therapy

Five payers (CVS Health (Aetna) (pharmacy and medical policies), Express Scripts , Anthem, Inc., Blue Cross Blue Shield of Massachusetts (pharmacy and medical policies), and Highmark, Inc.) required step therapy with either one conventional systemic therapy or phototherapy, and five payers (CIGNA Health Plans, Inc., Elixir PBM, Health Care Service Corporation, Florida Blue, and MedImpact Healthcare Systems, Inc.) required step therapy with either a topical therapy, a conventional systemic therapy, or phototherapy. The pharmacy policy from Blue Shield of California required patients to step through both phototherapy and a conventional systemic agent. We judged that step therapy through topical therapy, phototherapy, or conventional systemic agents meets our criteria because they are effective and would not lead to irremediable harm should they not be effective.

Blue Cross Blue Shield of Minnesota requires patients to step through one generic psoriasis agent, though the type of generic agent was not specified. This meets our criteria because the generic agents are likely to be effective as first line treatments.

The medical policy from Blue Shield of California requires patients to step through a preferred biologic. This policy meets our criteria because the preferred agents have favorable efficacy and safety profiles.

Table B4.2. Apremilast Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria?
CVS Health (Aetna)	1	Phototherapy, methotrexate, cyclosporine, or acitretin	Y
Express Scripts	1	Phototherapy or conventional systemic therapy (e.g., methotrexate, cyclosporine, acitretin)	Y
UnitedHealthcare	0	N/A	Y
CIGNA Health Plans, Inc.	1	Phototherapy, conventional systemic therapy (e.g., methotrexate, cyclosporine, acitretin), or topical therapy	Y
Kaiser Foundation Health Plans, Inc.	0	N/A	Y
Anthem, Inc.	1	Phototherapy or conventional systemic therapy (e.g., acitretin, cyclosporine, or methotrexate)	Y
MC- RX	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts	1	Phototherapy or conventional systemic therapy (e.g., methotrexate, acitretin, cyclosporine)	Y
Elixir PBM	1	Phototherapy, conventional systemic therapy (acitretin, cyclosporine, methotrexate), or topical therapy	Y
Blue Shield of California	P: 2 M: 2	P: Phototherapy AND methotrexate, cyclosporine, or acitretin M: Preferred psoriasis product AND secukinumab, etanercept, or adalimumab	Y

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria?
Health Care Service Corporation	1	Phototherapy, conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate), or topical therapy	Y
Florida Blue	1	Phototherapy, conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate), or topical therapy	Y
Highmark, Inc.	1	Phototherapy or conventional systemic therapy (methotrexate, cyclosporine)	Y
MedImpact Healthcare Systems, Inc.	1	Phototherapy, acitretin, calcipotriene, corticosteroids, cyclosporine, or methotrexate	Y
Blue Cross Blue Shield of Minnesota	1	Generic psoriasis agent*	Y

M: medical; N/A: not applicable; P: pharmacy ST: step therapy, Y: yes

*Type of agent not specified

Provider Qualifications

Most policies required apremilast to be prescribed by or in consultation with a dermatologist or other specialist. This meets our criteria because specialist clinician diagnosis is appropriate for this condition.

B4.5. Summary of Findings

Table B4.3. Apremilast Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Provider Qualifications Criteria?	Meets Step Therapy Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	N/A	N/A	Y	Y
Express Scripts				
Pharmacy	Y	Y	Y	Y
UnitedHealthcare				
Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
MC- RX				
Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Elixir PBM				
Pharmacy	N	Y	Y	Y
Blue Shield of California				
Pharmacy	N	Y	Y	Y
Medical	N/A	N/A	Y	Y
Health Care Service Corporation				
Pharmacy	Y	Y	Y	Y
Florida Blue				
Pharmacy	Y	Y	Y	Y
Highmark, Inc.				
Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.				
Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota				
Pharmacy	Y	N/A	N/A	Y

N: no, N/A: not applicable, Y: yes

B5. Policy Brief: Axicabtagene ciloleucel (Yescarta), CD19-directed genetically modified autologous T cell immunotherapy (IV)

B5.1. Condition: Adult Aggressive B-Cell Lymphoma

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: None

B5.2. Clinical Guidelines

National Comprehensive Cancer Network (NCCN) 2021 B-Cell Lymphomas Guidelines

B5.3. Background

FDA Label

Indication: Yescarta is indicated for the treatment of adult patients with relapsed or hy refractory large B-cell lymphoma after two or more lines of systemic therapy

Dosing: The target YESCARTA dose is 2 × 106 CAR-positive viable T cells per kg body weight, with a maximum of 2 × 108 CAR-positive viable T cells.

Warning: **Blackbox warning for cytokine release syndrome (CRS) and neurotoxicity**. Do not administer YESCARTA to patients with active infection or inflammatory disorders. Monitor for neurologic toxicities after treatment with YESCARTA. Yescarta is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (**REMS**). Hypersensitivity reactions and/or infections may occur after treatment with Yescarta. YESCARTA should not be administered to patients with clinically significant active systemic infections. Monitor patients for signs and symptoms of infection before and after YESCARTA infusion and treat appropriately. Administer prophylactic antimicrobials according to local guidelines. Perform screening for HBV, HCV, and HIV in accordance with clinical guidelines before collection of cells for manufacturing.

Contraindications: None

Interactions: N/A

Clinical Trial Eligibility: One single-arm, open-label, multicenter trial evaluated the efficacy of a single infusion of YESCARTA in adult patients with relapsed or refractory aggressive B-cell non-Hodgkin lymphoma. Eligible patients had refractory disease to the most recent therapy or relapse within 1 year after autologous hematopoietic stem cell transplantation (HSCT). The study excluded patients with prior allogeneic HSCT, any history of central nervous system lymphoma, ECOG performance status of 2 or

greater, absolute lymphocyte count less than 100/µL, creatinine clearance less than 60 mL/min, hepatic transaminases more than 2.5 times the upper limit of normal, cardiac ejection fraction less than 50%, or active serious infection Link to label: https://www.fda.gov/media/108377/download

ICER Policy Recommendations

1. Manufacturers and insurers should ensure that outcomes-based pricing arrangements are linked to meaningful clinical outcomes assessed with sufficient follow up. The specific outcomes need to be defined in a way that allows for consistent, accurate assessment across centers to ensure confidence in the outcomes for both manufacturers and insurers. These arrangements should not be constrained by the language in the FDA label for the therapy.
2. Hospital mark-up for CAR-T therapies should reflect the expected additional cost for care delivered in the hospital, rather than a percentage of the drug cost to avoid perverse incentives in choosing the treatment location.
3. Studies are needed to determine the optimal positioning of CAR-T therapy in the sequencing of treatments for both B-ALL and B-cell lymphomas.
4. CAR-T should initially be delivered in manufacturer-accredited centers to ensure the quality and appropriateness of care. Once providers gain sufficient expertise to address the serious side effects that can accompany CAR-T therapy, it would be preferable to limit therapy to centers of excellence accredited by specialty societies.

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_CAR_T_Final_Evidence_Report_032318.pdf

B5.4. Findings: Coverage Policies

Eleven the 15 payers covered axicabtagene ciloleucel for adult aggressive B-Cell lymphoma; nine covered axicabtagene ciloleucel under the medical benefit, one covered axicabtagene ciloleucel under both medical and pharmacy benefits, and one payer covered axicabtagene ciloleucel under their pharmacy benefit.

Of the eleven payers that covered axicabtagene ciloleucel, coverage policies were available for seven.

Coverage status of axicabtagene ciloleucel was unknown for pharmacy and medical benefit for two payers (MC-RX and MedImpact Healthcare Systems, Inc.). Thus, coverage status could not be determined.

Cost Sharing

Pharmacy Benefit Only

Of the two payers that covered axicabtagene ciloleucel under their pharmacy benefits, Express Scripts covered axicabtagene ciloleucel on the lowest relevant tier, and thus meets our cost sharing criteria.

Blue Cross Blue Shield of Minnesota did not cover axicabtagene ciloleucel on the lowest relevant tier and did not cover another drug in class on the lowest relevant tier. Therefore, Blue Cross Blue Shield of Minnesota does not meet our cost sharing criteria.

Table B5.1. Axicabtagene Ciloleucel Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	N/A (Covered under medical)	N/A	N/A	N/A
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	N/A (Covered under medical)	N/A	N/A	N/A
CIGNA Health Plans, Inc.	N/A (Not covered under pharmacy; medical coverage unknown)	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
Anthem, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
MC-RX	N/A (Coverage unknown)	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	N/A (Covered under medical)	N/A	N/A	N/A
Elixir PBM	N/A (Covered under medical)	N/A	N/A	N/A
Blue Shield of California	N/A (Covered under medical)	N/A	N/A	N/A
Health Care Service Corporation	N/A (Covered under medical)	N/A	N/A	N/A
Florida Blue	N/A (Covered under medical)	N/A	N/A	N/A
Highmark, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc.	N/A (Coverage unknown)	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota	3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand): None	N

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Pharmacy

Clinical eligibility information was not available for both payers that covered axicabtagene ciloleucel under their pharmacy benefits, and therefore we were not able to make a judgment.

Medical

Seven out of the ten payers that covered axicabtagene ciloleucel under medical benefits met our clinical eligibility criteria. Clinical eligibility criteria generally included adults with relapsed or refractory B-cell lymphoma with CD19-positive B-cells.

Anthem, Inc. and Highmark, Inc. required the patient to have an ECOG status of <2. While functional status was a trial eligibility criteria, neither the FDA label nor the clinical guidelines mention ECOG status as a requirement for patient access. Therefore, these payers do not meet our clinical eligibility criteria.

Clinical eligibility information were not available for Blue Cross Blue Shield of Massachusetts and thus a judgment could not be made.

Step Therapy

Pharmacy Benefit

Step therapy information was not available for both payers that covered under their pharmacy benefits, and thus we are unable to make a judgment.

Medical Benefit

Payers for which PA documents were available generally required patients to have failed two prior chemoimmunotherapy regimens, which is consistent with the FDA label. Thus these payers pass our step therapy criteria.

For the following payers, information on step therapy was not available: Kaiser Foundation Health Plans, Inc. and Blue Cross Blue Shield of Massachusetts.

Table B5.2. Axicabtagene Ciloleucel Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Medical)	2	Chemoimmunotherapy regimens	Y
Express Scripts (Pharmacy)	Not available	N/A	N/A
UnitedHealthcare (Medical)	2	Chemoimmunotherapy regimens	Y
CIGNA Health Plans, Inc.	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. (Medical)	0	N/A	Y
Anthem, Inc. (Medical)	2	Systemic therapy (which may or may not include therapy supported by autologous stem cell transplant)	Y
MC- RX	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Medical)	0	N/A	N/A
Elixir PBM	N/A	N/A	N/A

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
Blue Shield of California (Medical)	2	Two prior lines of systemic therapy (with or without prior hematopoietic stem cell transplantation)	Y
Health Care Service Corporation (Medical)	2	Therapy for relapsed or refractory disease (two relapses)	Y
Florida Blue (Medical)	2	Systemic chemotherapy	Y
Highmark, Inc. (Medical)	1-2	Chemotherapy, including rituximab and anthracycline; or relapsed following autologous HSCT	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy and Medical)	2	Two or more lines of systemic therapy	Y

M: medical, N: no, N/A: not available, P: pharmacy, ST: step therapy

Provider Qualifications

Considering that axicabtagene ciloleucel is administered under a REMS program, all payers meet our provider qualifications criteria.

B5.5. Summary of Findings

Table B5.3. Axicabtagene Ciloleucel Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Medical	N/A	Y	Y	Y
Express Scripts Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.*	N/A	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. Medical	N/A	Y	Y	Y
Anthem, Inc. Medical	N/A	N	Y	Y
MC-RX†	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Medical	N/A	N/A	N/A	N/A
Elixir PBM*	N/A	N/A	N/A	N/A
Blue Shield of California Medical	N/A	Y	Y	Y
Health Care Service Corporation Medical	N/A	Y	Y	Y

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
Florida Blue Medical	 N/A	 Y	Y	Y
Highmark, Inc. Medical	 N/A	 N	 Y	 Y
MedImpact Healthcare Systems, Inc.†	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy Medical	 N N/A	 N/A Y	 N/A Y	 N/A Y

N/A: not applicable

*Not covered under pharmacy; medical coverage unknown

†Pharmacy and medical benefits unknown

B6. Policy Brief: Brodalumab (Siliq), IL-17 receptor antagonist (SC)

B6.1. Condition: Plaque psoriasis (moderate-to-severe)

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Approved Drugs in Class: adalimumab, apremilast, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, rizankizumab-rzaa, secukinumab, tildrakizumab-asmn, ustekinumab

B6.2. Clinical Guidelines

American Academy of Dermatology (2019)

B6.3. Background

FDA Label

Indication: SILIQ is a human interleukin-17 receptor A (IL-17RA) antagonist indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies.

Dosing: Administer 210 mg of SILIQ by subcutaneous injection at Weeks 0, 1, and 2 followed by 210 mg every 2 weeks

Warning: **Black box warning for suicidal ideation and behavior**: weigh potential risks and benefits in patients with a history of depression and/or suicidal ideation or behavior. Siliq is only available through the restricted SILIQ REMS program. Evaluate patients for TB prior to initiating treatment.

Contraindications: SILIQ is contraindicated in patients with Crohn's disease because SILIQ may cause worsening of disease.

Clinical Trial Eligibility: Three multicenter, randomized, double-blind, controlled trials (Trials 1, 2, and 3) enrolled a total of 4373 subjects 18 years of age and older with at least a 6-month history of moderate to severe plaque psoriasis, defined as having a minimum affected body surface area (BSA) of 10%, a Psoriasis Area and Severity Index (PASI) score ≥ 12, a static Physician's Global Assessment (sPGA) score ≥3 in the overall assessment (plaque thickness/induration, erythema, and scaling) of psoriasis on a severity scale of 0 to 5, and who were candidates for systemic therapy or phototherapy.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761032lbl.pdf

ICER Policy Recommendations

1. Consider eliminating step therapy for patients with moderate-to-severe psoriasis, especially for those patients who demonstrate the need for intensive, ongoing regimens.
2. If step therapy will be used, allow patients who are stable on effective treatment to remain on therapy when they change insurers.
3. In place of step therapy, consider developing indication-specific formulary designs and outcomes-based payment contracts, in which rebates or refunds are linked to outcomes; explore whether refunds to patients can also be included.
4. Co-pays should be based on prices net of discounts and rebates instead of list price

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Psoriasis_Update_Final_Evidence_Report_10042018.pdf

B6.4. Findings: Coverage Policies

Most payers covered brodalumab under the pharmacy benefit. CVS Health (Aetna) and Blue Cross Blue Shield of Massachusetts only cover brodalumab under the medical benefit, and Anthem, Inc. and Blue Shield of California cover brodalumab under both the pharmacy and the medical benefits.

Brodalumab is not covered on the formularies for UnitedHealthcare or CIGNA Health Plans, Inc., but these two plans cover other targeted immune modulators.

Cost Sharing

Of the 11 payers that had pharmacy policies for brodalumab, only one (Kaiser Foundation Health Plans, Inc.) placed brodalumab on the lowest relevant tier for its drug class. These meet our criteria for cost sharing.

UnitedHealthcare and CIGNA Health Plans, Inc. do not cover brodalumab, but they place other drugs in the class on the lowest relevant tier, so they also meet our criteria for cost sharing.

Three payers with 4-tier formularly plans with specialty tiers (Anthem, Inc., Elixir PBM, and Blue Shield of California) all place brodalumab on their specialty tier, but the lowest relevant tier for the class would be the preferred brand tier (Tier 2). These payers do not place any other drugs in the class on tier 2, so they do not meet our criteria for cost sharing.

All of the remaining payers did not place brodalumab on the lowest relevant tier for the class but have other drugs in the class on the lowest relevant tiers, so these meet our criteria for cost sharing.

Table B6.1. Brodalumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	N/A (Covered under medical)	N/A	N/A	N/A
Express Scripts	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Certolizumab pegol, etanercept, adalimumab, apremilast, infliximab, ustekinumab, ixekizumab, guselkumab	Y
UnitedHealthcare	N/A (Not covered)	N	2 (Preferred Brand): Adalimumab, apremilast, risankizumab-rzaa, ustekinumab, guselkumab	Y
CIGNA Health Plans, Inc.	N/A (Not covered)	N	2 (Preferred Brand): Etanercept, adalimumab, apremilast, infliximab, risankizumab-rzaa, ustekinumab, ixekizumab, guselkumab	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, adalimumab	Y
Blue Cross Blue Shield of Massachusetts	N/A (Covered under medical)	N/A	N/A	N/A
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	6 (Non-Preferred Specialty)	N	5 (Preferred Specialty): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
Florida Blue	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
Highmark, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
MedImpact Healthcare Systems, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
Blue Cross Blue Shield of Minnesota	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y

N: no, N/A: Not applicable, Y: yes

Clinical Eligibility

Most payers specified that patients are required to have a diagnosis of moderate-to-severe plaque psoriasis to access brodalumab. These step therapy patterns meet our criteria because brodalumab is indicated for moderate-to-severe plaque psoriasis.

In addition, six payers gave more specific definitions regarding percent BSA involvement: Anthem, Inc. (pharmacy and medical policies) and Blue Shield of California (pharmacy policy) require 3% BSA or sensitive area involvement, Elixir PBM requires 5% BSA or sensitive area involvement, and Health Care Service Corporation, Florida Blue, and Blue Cross Blue Shield of Minnesota require 10% BSA involvement, sensitive areas to be affected, or step therapy with a conventional psoriasis agent. Because brodalumab is indicated for patients with "moderate-to-severe" plaque psoriasis, our criteria allow payers to define "moderate-to-severe" using percent BSA requirements from the clinical trials or clinical guidelines. Therefore, all of these payers meet our criteria for clinical eligibility.

One payer, Blue Cross Blue Shield of Massachusetts, required a diagnosis of severe plaque psoriasis. This does not meet our criteria for clinical eligibility because it is more restrictive than the FDA label, which states that brodalumab is indicated for moderate-to-severe plaque psoriasis.

There was no information available regarding clinical eligibility for MC-RX, MedImpact Healthcare Systems, Inc., or Blue Shield of California's medical benefit policy, so we were unable to judge whether they meet our criteria.

Step Therapy

Most payers required step therapy with one or more preferred targeted immune modulators to access brodalumab. This meets our criteria because the preferred agents have favorable efficacy and safety profiles and are likely to help patients meet their treatment goals. Of note, CVS Health (Aetna) requires treatment with seven preferred agents in additional to conventional therapy, and Elixir PBM requires treatment with six preferred agents in addition to one conventional systemic therapy and three of phototherapy and topical agents.

Brodalumab is indicated for patients who are "candidates for systemic therapy or phototherapy" and the clinical guidelines suggest that patients who have failed topical therapy are candidates for systemic therapy. The AAD/NPF clinical guidelines do not specify that conventional therapies such as methotrexate should be tried before the newer biologics. However, payers that require step therapy with topical therapy, phototherapy, and/or other conventional systemic agents meet our criteria because these treatments are effective and are unlikely to lead to irremediable harm should they not be effective. *It is important to note that all payers that require previous treatment with a conventional systemic therapy list cyclosporine as a step therapy option, and cyclosporine is not recommended for use by clinicians.*

Table B6.2. Brodalumab Step Therapy by Payer

Payer	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna)	8	Phototherapy, methotrexate, cyclosporine, or acitretin* AND adalimumab AND Ilumya AND apremilast AND risankizumab-rzaa AND ustekinumab AND ixekizumab AND guselkumab	Y
Express Scripts	1	Conventional systemic agent (e.g., methotrexate, cyclosporine, acitretin), phototherapy, OR previous biologic	Y
Kaiser Foundation Health Plans, Inc.	N/A	N/A	N/A
Anthem, Inc.	P: 3 M: 1	P: Conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate) OR phototherapy AND two preferred biologics M: Conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate) OR phototherapy	Y
MC- RX	1	Secukinumab, adalimumab, or risankizumab-rzaa	Y
Blue Cross Blue Shield of Massachusetts	3	Conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate) OR phototherapy AND two preferred drugs (adalimumab, risankizumab-rzaa, apremilast, guselkumab, ustekinumab, secukinumab)	Y
Elixir PBM	10	Three of phototherapy or topical therapies AND one conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate) AND secukinumab AND etanercept AND adalimumab AND apremilast AND ustekinumab AND guselkumab	Y
Blue Shield of California	P: 4 M: 2	P: Phototherapy AND one of methotrexate, cyclosporine, or acitretin AND two preferred agents (e.g., secukinumab, etanercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, or guselkumab M: One generic psoriasis agent AND one of secukinumab, etanercept, or adalimumab	Y
Health Care Service Corporation	3*	Two of secukinumab, etanercept, adalimumab, risankizumab-rzaa, ustekinumab, guselkumab, and apremilast AND one conventional systemic agent (e.g., acitretin, cyclosporine, methotrexate) or topical therapy or phototherapy	Y
Florida Blue	3*	Two of secukinumab, etanercept, adalimumab, risankizumab-rzaa, ustekinumab, guselkumab, and apremilast AND one conventional systemic agent (e.g., acitretin, cyclosporine, methotrexate) or topical therapy or phototherapy	Y
Highmark, Inc.	3	Two of secukinumab, etanercept, adalimumab, risankizumab-rzaa, ustekinumab, guselkumab, and apremilast AND phototherapy or one conventional systemic agent (e.g., acitretin, cyclosporine, methotrexate)	Y
MedImpact Healthcare Systems, Inc	Not available	N/A	N/A

Payer	Steps	Details	Meets ST Criteria? Y/N
Blue Cross Blue Shield of Minnesota	3*	Two of secukinumab, etanercept, adalimumab, risankizumab-rzaa, ustekinumab, guselkumab, and apremilast AND one conventional systemic agent (e.g., acitretin, cyclosporine, methotrexate) or topical therapy or phototherapy	Y

M: medical, N: no, N/A: not applicable; P: pharmacy

*Conventional systemic therapy, topical therapy, or phototherapy not required for patients with severe active psoriasis (>10% BSA affected or occurring on select locations)

Provider Qualifications

Express Scripts, Elixir PBM, Blue Shield of California (pharmacy policy), Health Care Service Corporation, Florida Blue, and Blue Cross Blue Shield of Minnesota require brodalumab to be prescribed by or in consultation with a dermatologist. Blue Cross Blue Shield of Massachusetts specifically requires brodalumab to be prescribed by a dermatologist. These both meet our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

B6.5. Summary of Findings

Table B6.3. Brodalumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Provider Qualifications Criteria?	Meets Step Therapy Criteria?
CVS Health (Aetna) Medical	N/A	Y	Y	Y
Express Scripts Pharmacy	Y	Y	Y	Y
UnitedHealthcare (Not covered)	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc. (Not covered)	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	N/A
Anthem, Inc. Pharmacy Medical	N N/A	Y Y	Y Y	Y Y
MC-RX Pharmacy	Y	N/A	N/A	Y
Blue Cross Blue Shield of Massachusetts Medical	N/A	N	Y	Y
Elixir PBM Pharmacy	N	Y	Y	Y
Blue Shield of California Pharmacy Medical	N N/A	Y N/A	Y Y	Y Y
Health Care Service Corporation	Y	Y	Y	Y

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Provider Qualifications Criteria?	Meets Step Therapy Criteria?
Pharmacy				
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N/A: not applicable

B7. Policy Brief: C1 Esterase Inhibitor, Haegarda (SC)

B7.1. Condition: HAE

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: No

Other Drugs in Class: C1 esterase inhibitors for HAE prophylaxis include Cinryze, Orladeyo, and Takhzyo

B7.2. Clinical Guidelines

Guidelines: 2020 US HAEA Medical Advisory Board Guidelines for the Management of HAE

"Medications for long-term prophylaxis (LTP) in HAE-C1INH can be divided into 2 broad categories: first-line or second-line. The first-line therapies include IV pdC1INH replacement (Cinryze), subcutaneous (SC) pdC1INH replacement (Haegarda), and a monoclonal inhibitor of plasma kallikrein (lanadelumab, Takhzyro). Second-line therapies include the anabolic androgens (ie, Danazol) and antifibrinolytics (tranexamic acid or epsilon aminocaproic acid). The US HAEA MAB recommends the use of any of the first-line medications when LTP is indicated for patients with HAE-C1INH."

"The preferred LTP treatment in children is pdC1INH. This is based on substantial safety data on the use of pdC1INH for prophylaxis of HAE-C1INH in children, which has also demonstrated equal efficacy to adults."

B7.3. Background

FDA Label

Indication: Routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in patients 6 years and older.

Dosing: 60 IUs/kg twice weekly

Clinical Trial Eligibility: Study 1: The study assessed 90 adult and adolescent subjects with symptomatic HAE type I or II. The median (range) age of subjects was 40 (12 to 72) years; 60 subjects were female and 30 subjects were male. Study 2: The study assessed 120 adult and pediatric subjects with symptomatic HAE type I or II. The median (range) age of subjects was 41.0 (8-72) years. Patients with a monthly attack rate of 4.3 in 3 months before entry in the study were enrolled.

Link to label: https://www.fda.gov/media/105611/download

ICER Policy Recommendations (2018):

1. Two subcutaneous treatments, Haegarda and lanadelumab, are currently available for use as longterm prophylaxis for HAE 1/2. Subcutaneously administered drugs reduce the burden and complexity of administration compared with intravenous drugs, including fewer complications like vein scarring due to repeat intravenous infusions, decreased administration costs, and increased convenience to patients. Patients report that the ability to self-administer therapy may have additional benefits including increased feeling of control over their disease, a greater ability to lead a normal life, and decreased burden on caregivers. For those reasons, it is expected that the vast majority of patients will prefer subcutaneous therapy, and payers could consider coverage policies that favor subcutaneous therapy in order to negotiate deeper discounts for these therapies.
2. The diagnosis of HAE 1/2 can be established in multiple ways. Payers could consider requiring lab-confirmed diagnosis of HAE 1/2, which would include measuring C1-INH, C4 protein levels, C1-INH functional levels, and C1q.
3. Some payers may wish to write coverage criteria that focus on clinician attestation or on a set of diagnostic criteria that could include a family history of HAE 1/2 that was successfully treated with on-demand therapy, for example, or recurrent angioedema with or without a family history that fails to respond to antihistamines, glucocorticoids, or epinephrine, but does respond to on-demand therapies. Payers should note that since onset of the disease can be in early childhood, confirmatory tests may not be immediately available to the prescribing physician and thus requiring laboratory confirmation may lead to repeat testing. Furthermore, incorrect handling of blood samples can lead to decay of functional C1-INH, which may produce equivocal results on the C1-INH function test. Additionally, patients already on long-term prophylaxis would need to stop treatment and endure a washout period that may be risky in order for the diagnostic testing to be accurate. Thus, patients who are already being successfully treated with long-term prophylaxis for HAE 1/2 should not be required to be retested.
4. Currently, there are no authoritative guidelines for HAE 1/2 that identify disease or attack characteristics that would indicate a need for long-term prophylaxis. Given the high cost of the current therapies, payers may wish to consider thresholds for starting long-term prophylaxis that may include attack frequency, attack severity, and/or amount of on demand therapy used. For attack frequency, a threshold of ≥2 attacks per month is in line with the eligibility criteria used in pivotal clinical trials. Based on our cost-effectiveness analyses, thresholds set at 3.8 attacks per month or above could lead to these therapies meeting cost effectiveness thresholds or, if attack rates are high enough, potentially becoming cost saving. For example, at a baseline monthly attack rate of 4, both Haegarda and lanadelumab are cost-effective at the $50,000 willingness-to-pay threshold. Note that the attack rate for cost-effectiveness varies for each drug, and clinical experts may object to thresholds above 2 attacks per month given the lack of justification from consensus guidelines. The therapies used for long-term prophylaxis all reduced severity of attacks; however, there are no data on a threshold of attack severity for which long-term prophylaxis would be indicated. Nevertheless, guidelines recommend that the impact of attack severity on patient quality of life be incorporated into decision making about whether to begin long term prophylaxis
5. Frequency or amount of on-demand treatment could be used as proxies for attack severity. Use of on-demand treatment may be a more sensitive indicator of patients who would benefit from long-term prophylaxis, as patients who require a higher level of on-demand therapy likely have more severe disease. A potential unintended consequence of requiring certain thresholds for coverage of long term prophylaxis is that patients and doctors may increase treatment above whatever threshold is set in order to qualify for coverage of prophylactic treatment. For example, on demand therapy is

recommended for all moderate to severe attacks, but some mild attacks may not require drug treatment. However, patients who would prefer to be on prophylactic therapy may choose to treat a mild attack with on-demand therapy that they would not otherwise have treated if not attempting to reach a treatment threshold. Similarly, doctors may choose to prescribe or refill on-demand therapy to reach a volume threshold that may trigger eligibility for long-term prophylaxis. Additionally, there may be adverse selection by patients if there is variation in payer thresholds – payers with lower thresholds may see more patients with HAE, particularly in the individual marketplace.
6. Since HAE is an ultra-rare disease, payers may wish to consider requiring diagnosis by an HAE specialist, as that provider would be most likely order the appropriate testing to confirm the diagnosis of HAE 1/2. However, consideration should be given to the fact that in the US, multiple specialties (e.g., allergy-immunology, otolaryngology, pulmonology) may treat patients with HAE, and primary care physicians (including internal medicine, family medicine, and pediatrics) may do the bulk of management for patients with HAE 1/2 after diagnosis is established or in areas where specialists are not readily accessib

Link to 2018 report: https://icer.org/wp-content/uploads/2020/10/ICER_HAE_Final_Evidence_Report_111518-1.pdf

B7.4. Findings: Coverage Policies

Coverage policies for Haegarda were available under pharmacy plans for all 15 payers and under both pharmacy and medical plans for 5 payers.

Cost Sharing

Five payers (UnitedHealthcare, Kaiser Foundation Health Plans, Inc., Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, and Florida Blue) placed Haegarda on the lowest relevant tier (Preferred Brand). Three payers (CVS Health (Aetna), Express Scripts , Health Care Service Corporation and Highmark, Inc.) did not place Haegarda on the lowest relevant tier but offered another C1 esterase inhibitor (Takhzyro or Cinryze) at the lowest relevant tier. Seven payers (MedImpact Healthcare Systems, Inc., CIGNA Health Plans, Inc., Anthem, Inc., MC-RX, Elixir PBM, Blue Shield of California, and Highmark, Inc.) did not place Haegarda on the lowest relevant tier but also did not place another C1 esterase inhibitor at the lowest relevant tier. This fails our cost-sharing criteria.

Table B7.1. Haegarda Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Takhzyro	Y
Express Scripts	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Cinryze	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CIGNA Health Plans, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	4 (Specialty)	Y	N/A	N
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y
Blue Shield of California	4 (Specialty)	Y	N/A	N
Health Care Service Corporation	6 (Non-Preferred Specialty)	Y	5 (Preferred Specialty): Takhzyo	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N

N/A: not applicable

Clinical Eligibility

Five payers (Express Scripts, MC-RX, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, and Elixir PBM) had unspecified prior authorization. One payers had no prior authorization (Kaiser Foundation Health Plans, Inc.). Eight payers (CVS Health (Aetna), UnitedHealthcare, MedImpact Healthcare Systems, Inc., CIGNA Health Plans, Inc., Anthem, Inc., Health Care Service Corporation, Florida Blue, and Highmark, Inc.) required that the patient be six years or older with a confirmed diagnosis based on lab tests (such as C4 or C1IVH antigenic levels) or genetic tests. Five payers (CVS Health (Aetna), UnitedHealthcare, MedImpact Healthcare Systems, Inc., Anthem, Inc., Health Care Service Corporation) had no defined severity threshold or described the disease as "moderate-to-severe." Two payers (CIGNA Health Plans, Inc. and Florida Blue) defined severity as two or more moderate or severe attacks per month. Highmark, Inc. defined severity as a history of one moderate or severe attack. One payer (Blue Shield of California) required both lab tests (C4 and C1-INH) and defined severity as at least one episode per month. This meets our criteria because it is in line with the clinical trial eligibility criteria.

Provider Qualifications

Six payers (CVS Health (Aetna), CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., Anthem, Inc., Blue Shield of California, and Highmark, Inc.) had no prescriber requirements. Five payers (Express Scripts, MC-RX, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, Elixir PBM) had unspecified prior authorization and therefore had no information on

prescriber requirements. Four payers (UnitedHealthcare, MedImpact Healthcare Systems, Inc., Health Care Service Corporation, and Florida Blue) required prescribing by or in consultation with a specialist such as an immunologist or allergist. This meets our criteria as specialist management and monitoring of this condition is appropriate.

Step Therapy

Under pharmacy plans, all but one payer (Health Care Service Corporation) had no step therapy noted. Health Care Service Corporation required a step through a preferred agent (such as Takhzyro, another drug in class for HAE prophylaxis). This meets our criteria.

Under medical plans, all but one payer (Blue Cross Blue Shield of Minnesota) had no step therapy noted. Blue Cross Blue Shield of Minnesota required that the patient have tried or have an intolerance to danazol, aminocaproic acid, or tranexamic acid. This does not meet our criteria because the most recent guidelines state that these are second-line treatments and that C1 esterase inhibitors are considered first-line treatments.

B7.5. Summary of Findings

Table B7.2. Haegarda Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Provider Qualifications Criteria?	Meets Step Therapy Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Express Scripts	Y	N/A	N/A	N/A
UnitedHealthcare	Y	Y	Y	Y
CIGNA Health Plans, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	N/A	N/A	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
MC-RX	N	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	Y	N/A	N/A	N/A
Elixir PBM	N	N/A	N/A	N/A
Blue Shield of California				
Pharmacy	N	Y	Y	Y
Medical	N/A	N/A	N/A	Y
Health Care Service Corporation	Y	Y	Y	Y
Florida Blue	Y	Y	Y	Y

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Provider Qualifications Criteria?	Meets Step Therapy Criteria?
Highmark, Inc. Pharmacy Medical	 N N/A	 Y Y	 Y Y	 Y Y
MedImpact Healthcare Systems, Inc.	N	Y	Y	Y
Blue Cross Blue Shield of Minnesota Pharmacy Medical	 Y N/A	 N/A Y	 N/A Y	 N/A N

N: no, N/A: not applicable, Y: yes

B8. Policy Brief: Dupilumab (Dupixent), IL-4 receptor alpha antagonist (subcutaneous injection)

B8.1. Condition: Atopic Dermatitis, moderate-to-severe

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: None

B8.2. Clinical Guidelines

American Academy of Dermatology (2014) (prior to dupilumab, updated guidelines TBD)

B8.3. Background

FDA Label

Indication: for the treatment of patients aged **12 years and older with moderate-to severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable**. DUPIXENT can be used with or without topical corticosteroids.

Dosing: Adults: The recommended dose is an initial dose of 600 mg (two 300 mg injections in different injection sites), followed by 300 mg given every other week.

Warning: Hypersensitivity reactions; eye symptoms; eosinophilic conditions (vasculitic rash, pulmonary symptoms, neuropathy); do not discontinue corticosteroids abruptly, decrease gradually if needed

Contraindications: known hypersensitivity to Dupixent

Interactions: avoid live vaccines

https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/761055s014lbl.pdf

Clinical Trial Eligibility: Three randomized, double-blind, placebo-controlled trials (Trials 1, 2, and 3) enrolled a total of 2119 subjects 18 years of age and older with moderate-to-severe atopic dermatitis (AD) not adequately controlled by topical medication(s). Disease severity was defined by an Investigator's Global Assessment (IGA) score ≥3 in the overall assessment of AD lesions on a severity scale of 0 to 4, an Eczema Area and Severity Index (EASI) score ≥16 on a scale of 0 to 72, and a minimum body surface area involvement of ≥10%. At baseline, 59% of subjects were male, 67% were white, 52% of subjects had a baseline IGA score of 3 (moderate AD), and 48% of subjects had a baseline IGA of 4 (severe AD). The baseline mean EASI score was 33 and the baseline weekly averaged peak pruritus Numeric Rating Scale (NRS) was 7 on a scale of 0-10.

ICER Policy Recommendations from the 2017 Atopic Dermatitis Report

Payers may consider requiring that dupilumab be prescribed only by a specialist so as to ensure that a correct diagnosis has been made, and that there has been an appropriate trial of optimal topical therapy prior to treatment with dupilumab. Inadequate response defined as: one month of an appropriate topical treatment, such as moderate potency corticosteroid or tacrolimus 0.1%.
As there is no consensus on how to define moderate-to-severe atopic dermatitis, many payers are likely to leave this term undefined in coverage criteria. Since the severity of atopic dermatitis can vary substantially over time and, from a patient's perspective, can be a complex combination of intensity of itch, location, expansiveness, and underlying skin integrity, payers that do consider creating a more specific definition of the level of severity as part of coverage policy should consider accepting the maximum severity of disease across multiple severity measures.
Clinicians did not feel it was clinically appropriate to require that patients be treated with cyclosporine or other systemic therapies prior to gaining coverage for dupilumab.

https://icer.org/wp-content/uploads/2020/10/MWCEPAC_ATOPIC_FINAL_EVIDENCE_REPORT_060717.pdf

B8.4. Findings: Coverage Policies

Policies for dupilumab were available for 15 payers under pharmacy benefits and 3 (Kaiser Foundation Health Plans, Inc., Anthem, Inc., and Blue Shield of California) under both the pharmacy and medical benefits.

Cost Sharing

The following payers: CVS Health (Aetna), Express Scripts, MedImpact Healthcare Systems, Inc, CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., MC- RX, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, and Highmark, Inc.) have dupilumab placed on a Preferred Brand tier, the lowest relevant tier.

The following payers do not have dupilumab placed on the lowest relevant tier when a lower tier is available: UnitedHealthcare, Anthem, Inc., Elixir PBM, Blue Shield of California, Health Care Service Corporation, and Florida Blue. This does not meet our cost-sharing criteria because a preferred tier is available and dupilumab is the only drug in its class.

Table B8.1. Dupilumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
MedImpact Healthcare Systems, Inc	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Cross Blue Shield of Minnesota	3 (Non-Preferred Brand)	Y	N/A	Y
Blue Shield of California	4 (Biologics or Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	6 (Non-Preferred Specialty)	N	5 (Preferred Specialty): None	N
Florida Blue	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

All payers require some version of the following: moderate-to-severe atopic dermatitis (not defined).

The following payers included a more specific definition of affected body surface area greater than or equal to 10%, OR ISGA ≥3, OR EASI ≥16, OR POEM ≥ 8, SCORAD ≥15 OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) affected: CVS Health (Aetna), Express Scripts, Elixir PBM, Blue Shield of California, Health Care Service Corporation, Florida Blue. This meets our criteria because it is consistent with a definition of "moderate to severe."

Provider Qualifications

Four payers did not mention requiring specialist prescribing or consultation.

The following payers required prescribing by or in consultation with a specialist: Express Scripts, CIGNA Health Plans, Inc., Blue Cross Blue Shield of Minnesota, and Health Care Service Corporation.

UnitedHealthcare, MedImpact Healthcare Systems, Inc., Kaiser Foundation Health Plans, Inc., Elixir PBM, Blue Shield of California, Florida Blue, and Highmark, Inc. required that the prescriber be a specialist. This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Step Therapy

All payers required failure of topical steroids and/or calcineurin inhibitors except in cases where these are not indicated or are not tolerated. This meets our criteria step therapy because it is in line with the FDA label.

The following payers have additional step therapy requirements (in addition to the above):

- Blue Shield of California requires failure of systemic agents OR UVB treatment. This meets our criteria step therapy because patients can realistically expect to see improvements with systemic agents or UVB treatment.

- Kaiser Foundation Health Plans, Inc. and MC- RX require failure of systemic agents (such as methotrexate) AND UVB treatment. This does not meet our criteria step therapy because these therapies may present access issues and may significantly delay more effective treatment.

Table B8.2. Dupilumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	1	Topical therapy	Y
Express Scripts (Pharmacy)	1	Topical corticosteroid or tacrolimus	Y
UnitedHealthcare (Pharmacy)	2	Two of the following: topical corticosteroid, calcineurin inhibitor or crisaborole	Y
CIGNA Health Plans, Inc. (Pharmacy)	1-2	Systemic immunomodulators OR both topical corticosteroid AND topical calcineurin inhibitor	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	P: 4 M: 0	P: Topical corticosteroid or tacrolimus AND phototherapy AND two systemic therapies M: N/A	P: N M: Y
Anthem, Inc. (Pharmacy and Medical)	1-2	Topical corticosteroid AND calcineurin inhibitors OR phototherapy OR conventional systemic therapy	P: Y
MC- RX (Pharmacy)	3	Topical corticosteroid or calcineurin inhibitor AND phototherapy AND systemic therapy	N
Blue Cross Blue Shield of Massachusetts (Pharmacy)	3	Topical corticosteroid AND two calcineurin inhibitors	Y
Elixir PBM (Pharmacy)	2	Two of the following: topical corticosteroid, calcineurin inhibitors, conventional systemic therapy	Y
Blue Shield of California (Pharmacy and Medical)	3	Topical corticosteroid AND calcineurin inhibitors AND phototherapy or systemic therapies	Y

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
Health Care Service Corporation (Pharmacy)	1-2	Systemic therapies OR topical corticosteroid AND calcineurin inhibitors	Y
Florida Blue (Pharmacy)	1-2	Topical corticosteroid AND calcineurin inhibitor OR phototherapy OR systemic therapy	Y
Highmark, Inc. (Pharmacy)	2	Topical steroid AND calcineurin inhibitor	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	1	Topical steroid, phototherapy or calcineurin inhibitor	Y
Blue Cross Blue Shield of Minnesota (Pharmacy)	1-2	Systemic therapy OR topical corticosteroid AND calcineurin inhibitor	Y

M: medical, P: pharmacy, ST: step therapy, Y: yes

B8.5. Summary of Findings

Table B8.3. Dupilumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	Y	Y	Y
Express Scripts Pharmacy	Y	Y	Y	Y
UnitedHealthcare Pharmacy	N	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	N
Anthem, Inc. Pharmacy	N	Y	Y	Y
MC- RX Pharmacy	Y	Y	Y	N
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	Y	Y	Y
Elixir PBM Pharmacy	N	Y	Y	Y
Blue Shield of California Pharmacy	N	Y	Y	Y
Health Care Service Corporation Pharmacy	N	Y	Y	Y
Florida Blue Pharmacy	N	Y	Y	Y
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	Y	Y
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N: no, N/A: not applicable, Y: yes

B9. Policy Brief: Elagolix (Orilissa), gonadotropin-releasing hormone (GnRH) antagonist (oral)

B9.1. Condition: Endometriosis

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: leuprorelin (Lupron), nafarelin (Synarel), goserelin (Zoladex), medroxyprogesterone

B9.2. Clinical Guidelines

American Academy of Family Physician (AAFP) Evaluation and Treatment of Endometriosis - 2013

American College of Obstetricians and Gynecologists (ACOG) Updates Guideline on Diagnosis and Treatment of Endometriosis - 2010

B9.3. Background

FDA Label

Indication: for the management of moderate to severe pain associated with endometriosis.

Dosing (maximum treatment duration): 150mg once daily (24 months), 200mg twice daily (6 months), 150mg once daily with hepatic impairment (6 months).

*Treatment duration limited due to bone loss

Warning: Bone loss, change in menstrual bleeding, reduced ability to recognize pregnancy, suicidal ideations, hepatic transaminase elevation,

Contraindications: Pregnancy, osteoporosis, hepatic impairment, concomitant use with strong organic anion transporting polypeptide (OATP) 1B1 inhibitors (e.g., cyclosporine and gemfibrozil).

Interactions: Drug interactions (CYP34 inducer/substrate, Pgp and OATP1B1 substrate)

Clinical Trial Experience: The safety of ORILISSA was evaluated in two six-month, randomized, double-blind, placebo controlled clinical trials [EM-1 (NCT01620528) and EM-2 (NCT01931670)] in which a total of 952 adult women with moderate to severe pain associated with endometriosis were treated with ORILISSA (475 with 150 mg once daily and 477 with 200 mg twice daily) and 734 were treated with placebo. The population age range was 18-49 years old. Women who completed six months of treatment and met eligibility criteria continued treatment in two uncontrolled, blinded six-month extension trials [EM-3 (NCT01760954) and EM-4 (NCT02143713)], for a total treatment duration of up to 12 months.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210450s000lbl.pdf

ICER Policy Recommendations

Payers

- Elagolix has known short-term side effects and no long-term comparative safety and efficacy data in relation to several other well-established treatment options for endometriosis. It is therefore reasonable for insurers to develop prior authorization criteria for elagolix to ensure prudent use
- Potential patient eligibility criteria
    - Premenopausal women with symptomatic endometriosis who have had inadequate symptom relief after at least three months of first-line therapy with nonsteroidal anti-inflammatory meds (NSAIDs) and hormonal contraceptives
    - The lack of comparative data favoring the safety or effectiveness of elagolix over leuprorelin acetate suggests that insurers may explore the option of requiring a trial of leuprorelin acetate prior to coverage for elagolix. For insurers contemplating this step therapy coverage approach, several important factors should be considered.
- Potential provider criteria
    - Elagolix may be covered only if prescribed by a specialist clinician with formal training in obstetrics/gynecology or reproductive endocrinology.
- Potential limitation on initial length of coverage
    - Given the importance of monitoring for side effects, the initial coverage period may be limited to a prespecified period of time, e.g. six months. Insurers may require that coverage beyond that time requires clinician attestation of clinical improvement and documentation that lipids and bone mineral density are being monitored.

Regulators

- Regulators have an important role to play in how new therapeutics enter clinical practice and therefore should require post-approval, long-term comparative outcomes studies for treatments like elagolix that are initially evaluated and approved in short-term randomized trials, but for which long-term therapy would be expected for some patients.

Manufacturers

- Manufacturers should engage with key stakeholders in a transparent process to evaluate fair pricing of new therapeutics based upon the added clinical benefit to patients.
- Manufacturer-sponsored research should enroll patients who reflect the population of patients commonly encountered in clinical practice and who are most likely to benefit from treatment.
- Manufacturers and researchers in the area of endometriosis owe patients, clinicians, and insurers better information on the long-term comparative clinical effectiveness and value of innovative new therapies. For elagolix, they should take action to ensure that future studies are developed to directly compare elagolix with other treatment options using standardized research protocols that focus on outcomes that reflect what matters most to patients.

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Elagolix_Final_Evidence_Report_080318.pdf

B9.4. Findings: Coverage Policies

Fourteen payers cover elagolix for the treatment of endometriosis under the pharmacy benefit. Blue Cross Blue Shield of Massachusetts did not cover elagolix, but covered at least one alternative on the lowest relevant tier. No payers covered elagolix under the medical benefit. All coverage data outlined below relates to policies under the payers' pharmacy benefits.

Cost Sharing

Table B9.1. Elagolix Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	Not Covered	N/A	2 (Preferred Brand): leuprorelin, nafarelin, goserelin	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	3 (Preferred Brand)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N:no, N/A: not applicable, Y:yes

Clinical Eligibility

Of the 14 payers that covered elagolix, clinical eligibility criteria were available for nine payers. All policies were in line with the label, clinical guidelines, or clinical trial eligibility criteria and thus met our clinical eligibility criteria.

Step Therapy

Of the 14 payers covering elagolix for endometriosis, step therapy was required by eight payers.

Most payers require one or two steps through NSAIDs and/or hormonal therapy (combined oral contraceptives [COC], progesterone only pills, levonorgestrel intrauterine device [IUD] or medroxyprogesterone injection). This meets our step therapy criteria.

Table B9.2. Elagolix Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	Not available	N/A	N/A
Express Scripts (Pharmacy)	Not available	N/A	N/A
UnitedHealthcare (Pharmacy)	3	Two NSAID analgesics AND one hormonal therapy	Y
CIGNA Health Plans, Inc. (Pharmacy)	1	One NSAID or hormonal OR previous use of a gonadotropin-releasing hormone (GnRH) agonist for endometriosis	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy)	0	N/A	Y
Anthem, Inc. (Pharmacy)	2	One NSAID AND one hormonal therapy	Y
MC- RX (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts	N/A	N/A	N/A
Elixir PBM (Pharmacy)	Not available	N/A	N/A
Blue Shield of California (Pharmacy)	2	NSAIDs, COC, progestin, GnRH agonist, danazol	Y
Health Care Service Corporation (Pharmacy)	1	One hormonal therapy	Y
Florida Blue (Pharmacy)	1	One hormonal therapy	Y
Highmark, Inc. (Pharmacy)	2	NSAIDs, COC, progestin, GnRH agonist, danazol	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy)	1	One hormonal therapy	Y

N: no, N/A: not applicable, NSAID: non-steroidal anti-inflammatory drug, Y: yes

Provider Qualifications

Two payers (UnitedHealthcare and Blue Shield of California) required elagolix to be prescribed by or in consultation with an obstetrician/gynecologist (OB/GYN) or reproductive endocrinologist. This meets our criteria for provider qualification.

B9.5. Summary of Findings

Table B9.3. Elagolix Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	N/A	N/A	N/A
Express Scripts Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare Pharmacy	N	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Anthem, Inc. Pharmacy	N	Y	Y	Y
MC- RX Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	N/A	N/A	N/A
Elixir PBM Pharmacy	N	N/A	N/A	N/A
Blue Shield of California Pharmacy	N	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	Y	Y	Y
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N:no, N/A: not applicable, Y:yes

B10. Policy Brief: Emicizumab (Hemlibra), monoclonal antibody bridging factor IX and X to restore function of missing factor VIII (Subcutaneous Injection)

B10.1. Condition: Hemophilia A

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes (cost-saving)

Other Drugs in Class: None

B10.2. Clinical Guidelines

World Federation of Hemophilia Guidelines for the Management of Hemophilia - 2020

National Hemophilia Foundation's Medical and Scientific Advisory Council (MASAC) guidelines on Use and Management of Emicizumab-kxwh (Hemlibra®) for Hemophilia A with and without Inhibitors - March 2020

B10.3. Background

FDA Label

Indication: for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients ages newborn and older with hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors.

Dosing: 3 mg/kg by subcutaneous injection once weekly for the first 4 weeks, followed by a maintenance dose of:
- 1.5 mg/kg once every week, or
- 3 mg/kg once every two weeks, or
- 6 mg/kg once every four weeks.

Warning: Thrombotic microangiopathy, thromboembolism

Contraindications: None

Interactions: Laboratory test interactions (coagulation test interference)

Clinical Trial Experience:

1. The efficacy of HEMLIBRA for routine prophylaxis in patients with hemophilia A without FVIII inhibitors was evaluated in two clinical trials - adult and adolescent studies: HAVEN 3 (NCT02847637) and HAVEN 4 (NCT03020160)

2. The efficacy of HEMLIBRA for routine prophylaxis in patients with hemophilia A with FVIII inhibitors was evaluated in three clinical trials:
- adult and adolescent studies: HAVEN 1 (NCT02622321) and HAVEN 4 (NCT03020160)
- pediatric study: HAVEN 2 (NCT02795767)

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761083s002s004lbl.pdf

ICER Policy Recommendations

Payers

- Payers should cover factor VIII prophylaxis at levels adequate to achieve higher troughs than the 1% level used in the past
- Considering the evidence of equivalent to improved comparative effectiveness, relative convenience, and lower overall cost, emicizumab will be the preferred agent for prophylaxis for many patients. Payers should ensure appropriate access to emicizumab and may wish to share information with clinicians and patients regarding its potential advantages over factor VIII prophylaxis.
- Payers may wish to require that management of factor VIII be done by or in consultation with a Hemophilia Treatment Center.
- Payers should explore innovative approaches to covering high-impact single time therapies such as gene therapies for hemophilia.
- Prior authorization criteria should be based on clinical evidence, specialty society guidelines, and input from clinical experts and patient groups. The process for authorization should be clear and efficient for providers. Options for specific elements of coverage criteria within insurance coverage policy are discussed below.
- Clinical Considerations for Emicizumab
    - Patient Eligibility Criteria
        - Diagnosis: Hemophilia A is often diagnosed in infancy based on testing performed at birth if there is a maternal family history or if there is clinical concern raised by bleeding. Repeated testing to confirm eligibility is not necessary.
        - Patient Population: Patients eligible for prophylaxis are typically all patients with severe hemophilia A (factor activity level <1%) and some patients with moderate hemophilia A (factor activity level between 1% and 5%) based on clinical phenotype. Patients both with and without inhibitors to factor VIII typically benefit from prophylaxis. For patients who do not meet criteria for severe hemophilia A, payers will likely want to defer to clinicians as to which patients are appropriate for prophylaxis.
        - Exclusions: **Payers should not exclude patients who have never bled from receiving prophylaxis and should not require a specific number or location of bleeds.** A goal of management is to prevent bleeding in patients with severe hemophilia. Additionally, patients who are receiving emicizumab will continue to require access to factor VIII preparations in the event they bleed; emicizumab cannot be used to treat acute bleeds.
    - Step Therapy: Emicizumab will be preferred by many patients for prophylaxis, and it is a lower cost option from the payer perspective. Payers considering implementing formal step therapy, however, should recognize the heterogeneity of patient experience with factor VIII and its different delivery mechanism. In lieu of formal step

therapy, payers may wish to contact clinicians at the time of initiation of prophylaxis if the initial prescription is for factor VIII instead of emicizumab to discuss the clinical situation. ○ Provider Qualification Restrictions: Payers may wish to require that management of factor VIII be done by or in consultation with a Hemophilia Treatment Center. Management of hemophilia is expensive, and HTCs provide consolidated expertise and care on a national level. In any case, patients with severe hemophilia A should be managed by, or in consultation with, a hematologist with expertise in clotting disorders
All Stakeholders and Policy Makers - It is counterintuitive to pay more for new treatments simply because the existing treatments are overpriced.
Regulators - Regulators should require manufacturers of expensive therapies such as those for hemophilia A to provide packaging that minimizes wastage.

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Hemophilia-A_Final-Report_112020.pdf

B10.4. Findings: Coverage Policies

Fourteen payers cover emicizumab for the prophylactic treatment of Hemophilia A. Five payers cover emicizumab only under the pharmacy benefit, one payer covers emicizumab only under the medical benefit, and eight payers cover emicizumab under both the pharmacy and medical benefit.

MC- RX did not cover emicizumab under their pharmacy benefits, and medical benefits were unknown.

Cost Sharing

Of the 13 payers covering emicizumab on the pharmacy benefit, six payers do not have emicizumab on the best relevant tier.

Table B10.1. Emicizumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	N/A
CIGNA Health Plans, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Kaiser Foundation Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
MC-RX	Not covered (Not covered under pharmacy and medical coverage unknown)	N/A	2 (Preferred Brand): None	N
Blue Cross Blue Shield of Massachusetts	Not available	N/A	N/A	N/A
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	N/A (Covered under medical)	N/A	N/A	N/A
Health Care Service Corporation	5 (Preferred Specialty)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

CVS Health (Aetna), UnitedHealthcare, Blue Cross Blue Shield of Massachusetts, Anthem, Inc., Blue Shield of California, and Blue Cross Blue Shield of Minnesota require diagnostic criteria aligned with the guidelines and/or prescribing information. Therefore, these policies meet our clinical eligibility requirement.

CIGNA Health Plans, Inc. (pharmacy and medical) requires patients with mild or moderate hemophilia to have had prior episodes of bleeding or evidence of prior joint damage (from bleeding). Because neither the FDA label nor the clinical guidelines include these restrictions, this policy does not meet the clinical eligibility criteria.

Florida Blue (pharmacy) requires a prior history of bleeding into joints, soft tissue, and/or the central nervous system. Because neither the FDA label nor the clinical guidelines include these restrictions, this policy does not meet the clinical eligibility criteria.

Health Care Service Corporation (pharmacy) requires those without inhibitors to either have a diagnosis of severe hemophilia (residual Factor VIII level of ≤ 1%), uncontrolled hemophilia despite an adequate trial of Factor VIII clotting agents, or a documented bleeding episode. Because neither the FDA label nor the clinical guidelines include restrictions based on low factor levels, prior use of Factor VIII, or a history of bleeding, this policy does not meet the clinical eligibility criteria.

The Highmark, Inc. pharmacy coverage policy meets clinical eligibility criteria but its medical coverage policy requires either documentation of moderate/severe hemophilia or at least one spontaneous bleeding episode to into joints for access to Hemlibra. The restrictions are not in the FDA label nor clinical guidelines and therefore do not pass the clinical eligibility criteria.

Step Therapy

Most payers did not require patients to step through any prior treatments. UnitedHealthcare and Florida Blue required patients to step through one or more FVIII prophylaxis, and thus did not meet our step therapy criteria.

Table B10.2. Emicizumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy and Medical)	0	N/A	Y
Express Scripts (Pharmacy)	Not available	N/A	N/A
UnitedHealthcare (Pharmacy and Medical)	1	FVIII prophylaxis in patients with mild or moderate hemophilia A	N
CIGNA Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy and Medical)	0	N/A	Y
MC-RX	Not covered	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Pharmacy and Medical)	P: Not available M: 0	N/A	P: N/A M: Y
Elixir PBM (Pharmacy)	Not available	N/A	N/A
Blue Shield of California (Medical)	0	N/A	Y
Health Care Service Corporation (Pharmacy)	0	N/A	Y
Florida Blue (Pharmacy)	1	FVIII prophylaxis	N
Highmark, Inc. (Pharmacy and Medical)	0	N/A	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy and Medical)	0	N/A	Y

M: medical, N: no, N/A: not applicable, P: pharmacy, ST: step therapy, Y: yes

Provider Qualifications

CVS Health (Aetna (medical), Health Care Service Corporation (pharmacy), Blue Cross Blue Shield of Minnesota (medical) required specialist prescribers. All policies met our provider qualification criteria.

B10.5. Summary of Findings

Table B10.3. Emicizumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
Express Scripts				
Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare				
Pharmacy	Y	Y	N	Y
Medical	N/A	Y	N	Y
CIGNA Health Plans, Inc.				
Pharmacy	N	N	Y	Y
Medical	N/A	N	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
MC-RX	N	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	N/A	N/A	N/A	N/A
Medical	N/A	Y	Y	Y
Elixir PBM				
Pharmacy	N	N/A	N/A	N/A
Blue Shield of California				
Medical	N/A	Y	Y	Y
Health Care Service Corporation				
Pharmacy	Y	N	Y	Y
Florida Blue				
Pharmacy	Y	N	N	Y
Highmark, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	N	Y	Y
MedImpact Healthcare Systems, Inc.				
Pharmacy	N	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y

N: no, N/A: not applicable, Y:yes

B11. Policy Brief: Erenumab (Aimovig®, Amgen/Novartis), calcitonin gene-related peptide receptor antagonist (SC)

B11.1. Condition: Chronic Migraine

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: Eptinezumab (Vyepti), fremanezumab (Ajovy), galcanezumab (Emgality)

B11.2. Clinical Guidelines

AHS Position Statement On Integrating New Migraine Treatments Into Clinical Practice (2018)

B11.3. Background

FDA Label

Indication: for the preventive treatment of migraine in adults

Dosing: The recommended dose is 70 mg injected subcutaneously once monthly. Some patients may benefit from a 140 mg dose injected subcutaneously once monthly (administered as two consecutive subcutaneous injections of 70 mg each)

Eligibility Criteria for Main Trials:

- History of at least 5 attacks of migraine without aura and/or migraine with visual sensory, speech and/or language, retinal or brainstem aura.
- History of ≥ 15 headache days per month of which ≥ 8 headache days were assessed by the subject as migraine day.
- ≥ 4 distinct headache episodes, each lasting ≥ 4 hours OR if shorter, associated with use of a triptan or ergot-derivative on the same calendar day based on the eDiary calculations

Warning: None; most common AEs are injection site reaction and constipation

Contraindications: None

Interactions: None

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761077s000lbl.pdf

ICER Policy Recommendations

Prior authorization criteria should be based on clinical evidence with input from clinical experts and patient groups. Options for specific elements of coverage criteria within insurance coverage policy are:

- **Patient eligibility criteria**: (1) adults with migraine with four or more headache days per month, (2) patients with inadequate response to treatment with or intolerance of two to three other migraine preventive medications and a reasonable trial of triptan medications - **Potential provider criteria**: CGRP inhibitors can be covered if prescribed by any clinician
When the net price of CGRP inhibitors aligns with the estimated added benefit for patients, prior authorization criteria should allow documentation of eligibility through clinician attestation rather than requiring extensive submission of clinical documents.
Payers should maintain options for clinicians and patients to seek coverage for more than one CGRP inhibitor.

Link to report: https://icer-review.org/wp-content/uploads/2017/11/ICER_Migraine_Final_Evidence_Report_070318.pdf

B11.4. Findings: Coverage Policies

Fourteen out of 15 payers covered erenumab for the prevention of migraines. MC- RX did not cover erenumab, but did cover fremanezumab, which is another CRGP inhibitor indicated for the prevention of migraines.

Thirteen payers covered erenumab under the pharmacy benefit and coverage policies were publicly available for eleven of these payers. Five payers covered erenumab under the medical benefit and coverage policies were publicly available for three of these payers.

Cost Sharing

Of the 13 payers that covered erenumab under the pharmacy benefit, 12 placed erenumab on the lowest relevant tier or covered an alternative on the lowest relevant tier. Therefore, these payers meet our cost sharing criteria.

Anthem, Inc. was the only payer that did not place erenumab on the lowest relevant tier, and neither placed any alternatives in the same class on the lowest relevant tier. All CRGP inhibitors indicated for the prevention of migraines (chronic and episodic) are covered on the non-preferred tier, and thus Anthem, Inc. does not meet our cost sharing criteria.

Table B10.1. Erenumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	N/A (Covered under medical)	N/A	N/A	N/A

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost Sharing Criteria?
Anthem, Inc.	3 (Non-Preferred Brand)	Y	2 (Preferred Brand): None	N
MC-RX	Not Covered	N/A	2 (Preferred Brand): Fremanezumab	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	2 (Preferred Brand)	Y	N/A	Y
Blue Shield of California	2 (Preferred Brand)	Y	N/A	Y
Health Care Service Corporation	3 (Preferred Brand)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Coverage policies were typically very broad and only stated that erenumab was indicated for the preventative treatment of chronic and episodic migraines in adult patients. Payers did make a distinction between chronic and episodic migraines and required patients with episodic migraines to have ≥ 4 migraine headache and/or less than 15 headache days per month with each migraine lasting 12 hours or longer. Patients with chronic migraines were required to have 15 or more headache days, of which ≥ 8 were migraine days. These requirements are in line with diagnostic criteria and thus meet our clinical eligibility criterion.

For payers that cover erenumab under the pharmacy benefit, clinical eligibility criteria were not available for Elixir PBM and MedImpact Healthcare Systems, Inc. (PA was indicated as being appropriate or unspecified in MMIT).

For payers that cover erenumab under the medical benefit, clinical eligibility criteria were not available for Blue Cross Blue Shield of Minnesota (PA was indicated as being appropriate in MMIT). Kaiser Foundation Health Plans, Inc. does not require any prior authorization as per MMIT, but no supporting documents were available.

Step Therapy

Pharmacy

Payers typically required patients to have failed one to three prior treatments, such as antidepressants, antiepileptic drugs, and beta-blockers.

Medical

Payers typically required patients to have failed two to three prior treatments, such as antidepressants, antiepileptic drugs, and beta-blockers. Kaiser Foundation Health Plans, Inc. did not require patients to step through any other treatment options before being eligible for treatment with erenumab as per MMIT, however no supporting documents were available. There was no information available regarding step therapy for Blue Cross Blue Shield of Minnesota's medical policy.

All payers that had information available pass our step therapy criteria, as they are all in line with our policy recommendations.

Table B11.2. Erenumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	1	Antidepressants, antiepileptic drugs, beta blockers	Y
Express Scripts (Pharmacy)	2-3	Two of the following: ACE inhibitors, anticonvulsants, antidepressants, ARBs, beta-blockers, calcium channel blockers, tricyclic antidepressants AND 1 triptan (unless contraindicated)	Y
UnitedHealthcare (Pharmacy)	2	Two of the following: beta-blockers, anticonvulsants, amitriptyline, venlafaxine	Y
CIGNA Health Plans, Inc. (Pharmacy and Medical)	2	Two of the following: antidepressants, antiepileptics, beta-blockers, Botox	Y
Kaiser Foundation Health Plans, Inc. (Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy)	2	Two of the following: beta-blockers, anticonvulsants, Botox (chronic migraine), amitriptyline, venlafaxine, verapamil	Y
MC-RX	N/A (Not covered)	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Pharmacy)	3	Two of the following: beta blockers, tricyclic antidepressants, anticonvulsant AND 1 triptan	Y
Elixir PBM (Pharmacy)	2	Two migraine preventative therapies	Y
Blue Shield of California (Pharmacy)	2	Two of the following: beta-blockers, antidepressants, and anticonvulsants	Y
Health Care Service Corporation (Pharmacy)	1	One of the following: anticonvulsants, beta blockers, antidepressants, candesartan	Y
Florida Blue (Pharmacy)	1	One of the following: beta-blockers, anticonvulsants, amitriptyline, venlafaxine	Y

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
Highmark, Inc. (Pharmacy)	2	Two of the following: ACE inhibitors, antidepressants, antihypertensives, ARBs, beta blockers, calcium channel blockers, neuromuscular blockers	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	2	Two migraine preventative therapies	Y
Blue Cross Blue Shield of Minnesota (Pharmacy and Medical*)	P: 1	P: One of the following: beta-blockers, anticonvulsants, amitriptyline, candesartan, venlafaxine	P: Y

M: medical, N: no, N/A: not applicable, P: pharmacy, ST: step therapy, Y: yes
*information was not available

Provider Qualifications

Most payers did not require any prescriber qualifications.

Health Care Service Corporation, Florida Blue, and Blue Cross Blue Shield of Minnesota (pharmacy policy) required physicians at a minimum, to consult with a headache specialist when prescribing erenumab (only for chronic migraine). The following language was used: *"The prescriber is a headache specialist (e.g. neurologist; pain management specialist; or specialist with United Council for Neurologic Subspecialties [UCNS] certification) or the prescriber has consulted with a headache specialist*".

Even though we stated in our policy recommendations that any clinician should be able to prescribe CRGP inhibitors, it is recommended that patients with chronic migraines are treated by a specialist. Thus, all payers meet our criteria for provider qualifications.

B11.5. Summary Table

Table B11.3. Erenumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	Y	Y	Y
Express Scripts Pharmacy	Y	Y	Y	Y
UnitedHealthcare Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy Medical	Y N/A	Y Y	Y Y	Y Y
Kaiser Foundation Health Plans, Inc. Medical	N/A	Y	Y	Y
Anthem, Inc. Pharmacy	N	Y	Y	Y
MC-RX	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Pharmacy Medical	Y N/A	Y Y	Y Y	Y Y
Elixir PBM Pharmacy	Y	N/A	Y	Y
Blue Shield of California Pharmacy	Y	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	Y	Y	Y
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	Y	Y
Blue Cross Blue Shield of Minnesota Pharmacy Medical	Y N/A	Y N/A	Y N/A	Y Y

N: no, N/A: not applicable, Y: yes

B12. Policy Brief: Fremanezumab (Ajovy®, Teva Pharmaceuicals), calcitonin gene-related peptide antagonist (SC)

B12.1. Condition: Chronic Migraine

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: Eptinezumab (Vyepti), erenumab (Aimovig), galcanezumab (Emgality)

B12.2. Clinical Guidelines

AHS Position Statement On Integrating New Migraine Treatments Into Clinical Practice (2018)

B12.3. Background

FDA Label

Indication: for the preventive treatment of migraine in adults

Dosing: Two subcutaneous dosing options of AJOVY are available: (1) 225 mg monthly, or (2) 675 mg every 3 months (quarterly)

Eligibility Criteria for Main Trials:

- Males or females aged 18 to 70 years, inclusive, with migraine onset at ≤50 years of age
- Patient signs and dates the informed consent document
- Patient has history of migraine according to International Classification of Headache Disorders, or clinical judgment suggests a migraine diagnosis
- 85% e-diary compliance
- Total body weight between 99 and 250 lbs, inclusive

Warning: Hypersensitivity Reactions - if hypersensitivity occurs, consider discontinuing AJOVY and institute appropriate therapy

Contraindications: serious hypersensitivity to fremanezumab-vfrm or to any of the excipients

Interactions: None

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761089s000lbl.pdf

ICER Policy Recommendations

Prior authorization criteria should be based on clinical evidence with input from clinical experts and patient groups. Options for specific elements of coverage criteria within insurance coverage policy are: - **Patient eligibility criteria**: (1) adults with migraine with four or more headache days per month, (2) patients with inadequate response to treatment with or intolerance of two to three other migraine preventive medications and a reasonable trial of triptan medications - **Potential provider criteria**: CGRP inhibitors can be covered if prescribed by any clinician
When the net price of CGRP inhibitors aligns with the estimated added benefit for patients, prior authorization criteria should allow documentation of eligibility through clinician attestation rather than requiring extensive submission of clinical documents.
Payers should maintain options for clinicians and patients to seek coverage for more than one CGRP inhibitor.

Link to report: https://icer-review.org/wp-content/uploads/2017/11/ICER_Migraine_Final_Evidence_Report_070318.pdf

B12.4. Findings: Coverage Policies

Thirteen out of the 15 payers covered fremanezumab for the prevention for migraines. UnitedHealthcare and Elixir PBM did not cover fremanezumab, but did cover erenumab, which is another CGRP inhibitor indicated for the prevention of migraines.

Thirteen payers covered fremanezumab under their pharmacy benefits and coverage policies were publicly available forten of those payers. Four payers covered fremanezumab under their medical benefits and coverage policies were publicly available for three of those payers.

Cost Sharing

Fourteen of the 15 payers covered fremanezumab at the lowest relevant tier or covered an alternative from the same class on the lowest relevant tier. Therefore, these payers meet our cost sharing criterion.

Anthem, Inc. did not cover any of the CGRP inhibitors indicated for the prevention of migraines on the lowest relevant tierand therefore does not meet our cost sharing criterion.

Table B12.1. Fremanezumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	Not covered	N	2 (Preferred Brand): Erenumab	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	N/A	N/A	N/A	Y
Anthem, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
MC-RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	Not covered	N	2 (Preferred Brand): Erenumab	Y
Blue Shield of California	3 (Non-Preferred Generic or Non-Preferred Brand)	N	2 (Preferred brand): Erenumab	Y
Health Care Service Corporation	4 (Non-Preferred Brand)	N	3 (Preferred Brand): Erenumab	Y
Florida Blue	3 (Non-Preferred Generic or Non-Preferred Brand)	N	2 (Preferred Brand): Erenumab	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	3 (Non-preferred Brand)	N	2 (Preferred Brand): Erenumab	Y
Blue Cross Blue Shield of Minnesota	3 (Non-preferred Brand)	N	2 (Preferred Brand): Erenumab	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Coverage policies were typically very broad and only stated that fremanezumab was indicated for the preventative treatment of migraines in adult patients. Fremanezumab is indicated for both chronic and episodic migraines. Payers did make a distinction between chronic and episodic migraines and required patients with episodic migraines to have ≥ 4 migraine headache and/or less than 15 headache days per month with each migraine lasting 12 hours or longer. Patients with chronic migraines were required to have 15 or more headache days, of which ≥ 8 were migraine days. These requirements are in line with diagnostic criteria and thus meet our clinical eligibility criterion.

For payers that cover fremanezumab under their pharmacy benefits, clinical eligibility criteria were not available for MC- RX and MedImpact Healthcare Systems, Inc. ("PA appropriate" or "PA

unspecified" in MMIT. All medical policies were available for the payers that covered fremanezumab under their medical benefits.

According to MMIT, Kaiser Foundation Health Plans, Inc. does not require any prior authorization, but no supporting documents were available (for either pharmacy and medical benefits).

Step Therapy

Pharmacy

Payers typically required the patients to have failed one to three prior treatments, such as antidepressants, antiepileptic drugs, and beta-blockers.

According to MMIT, Kaiser Foundation Health Plans, Inc. did not require patients to step through any other treatment options before being eligible for treatment with fremanezumab, however no supporting documents were available.

Blue Shield of California required patients to have failed four prior treatments (two generic migraine prophylaxis therapies, as well as enerumab and galcanezumab). While this is more restrictive than other payers, it still meets our criteria.

Medical

Payers typically required the patients to have failed two to three prior treatments, such as antidepressants, antiepileptic drugs, and beta-blockers.

According to MMIT, Kaiser Foundation Health Plans, Inc. did not require patients to step through any other treatment options before being eligible for treatment with erenumab, however no supporting documents were available.

All payers pass our step therapy criteria for both pharmacy and medical, as they are all in line with our policy recommendations.

Table B12.2. Fremanezumab Step Therapy by Payer

Payer	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	1	Antidepressants, antiepileptics, beta blockers	Y
Express Scripts (Pharmacy)	3	One triptan AND two of the following: ACE inhibitors, anticonvulsants, antidepressants, arbs, beta blockers, calcium channel blockers, tricyclic antidepressants	Y
UnitedHealthcare	Not covered	Coverage is possible if patient has failed two generics and two preferred brands (erenumab and galcanezumab)	N/A

Payer	Steps	Details	Meets ST Criteria? Y/N
CIGNA Health Plans, Inc. (Pharmacy and Medical)	2	Antidepressants, antiepileptics, beta blockers, anticonvulsants, botox, amitriptyline, venlafaxine	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy & Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy)	3	Two of the following: beta-blockers, anticonvulsants, amitriptyline, botox, venlafaxine, verapamil AND one of the following: erenumab, galcanezumab	Y
MC-RX (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Pharmacy & Medical)	3	Two of the following: beta blockers, topiramate, tricyclic antidepressants, valproic acid and one triptan	Y
Elixir PBM	Not covered	N/A	N/A
Blue Shield of California (Pharmacy)	0	N/A	Y
Health Care Service Corporation (Pharmacy)	3	Two of the following: erenumab, galcanezumab AND one of the following: anticonvulsants, antidepressants, tricyclic antidepressants, beta blockers, venlafaxine	Y
Florida Blue (Pharmacy)	3	Two of the following: erenumab, galcanezumab AND one of the following: beta-blockers, anticonvulsants, amitriptyline, venlafaxine	Y
Highmark, Inc. (Pharmacy and Medical)	2	Two of the following: ACE inhibitors, alpha-2 agonist, antiepileptics, arbs, beta blockers, calcium channel blockers, snris, ssris, tricyclic antidepressants	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	2	Migraine preventative therapies	Y
Blue Cross Blue Shield of Minnesota (Pharmacy)	3	One of the following: beta-blockers, anticonvulsants, amitriptyline, tovenlafaxine AND two of the following: erenumab, galcanezumab	Y

ACE: angiotensin-converting enzyme, N: no, N/A: not applicable, Y: yes

Provider Qualifications

Most payers did not require any prescriber qualifications.

Health Care Service Corporation, Florida Blue, and Blue Cross Blue Shield of Minnesota required physicians at a minimum, to consult with a headache specialist when prescribing erenumab (only for chronic migraine). The following language was used: "*The prescriber is a headache specialist (e.g. neurologist; pain management specialist; or specialist with United Council for Neurologic Subspecialties [UCNS] certification) or the prescriber has consulted with a headache specialist.*"

Even though we stated in our policy recommendations that any clinician should be able to prescribe CRGP inhibitors, it is recommended that patients with chronic migraines are treated by a specialist. Thus, all payers meet our provider qualifications criterion.

B12.5. Summary Table

Table B12.3. Fremanezumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Express Scripts				
Pharmacy	Y	Y	Y	Y
UnitedHealthcare				
Pharmacy	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
MC-RX				
Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Elixir PBM				
Pharmacy	Y	N/A	N/A	N/A
Blue Shield of California				
Pharmacy	Y	Y	Y	Y
Health Care Service Corporation				
Pharmacy	Y	Y	Y	Y
Florida Blue				
Pharmacy	Y	Y	Y	Y
Highmark, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
MedImpact Healthcare Systems, Inc.				
Pharmacy	Y	N/A	Y	Y
Blue Cross Blue Shield of Minnesota				
Pharmacy	Y	Y	Y	Y

N: no, N/A: not applicable, Y: yes

B13. Policy Brief: Gefitinib (Iressa), tyrosine kinase inhibitor (oral)

B13.1. Condition: Non-small cell lung cancer (NSCLC)

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: Afatinib (Gilotrif), Dacomitinib (Vizimpro), Erlotinib (Tarceva), Osimertinib (Tagrisso)

B13.2. Clinical Guidelines

National Comprehensive Cancer Network (NCCN) 2021 Non-small Cell Lung Cancer (NSCLC) Guidelines

B13.3. Background

FDA Label

Indication: 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.

Dosing: The recommended daily dose of IRESSA is one 250 mg tablet with or without food.

Warning: Pulmonary toxicity, pregnancy (category D), hepatotoxicity

Contraindications: None

Interactions: Drug interactions (CYP3A4, CYP2D6, Pgp substrate, CYP2C19 and CYP2D6 inhibitor)

Clinical Trial Eligibility: The efficacy and safety of IRESSA for the first-line treatment of patients with metastatic NSCLC containing EGFR exon 19 deletions or L858R substitution mutations was demonstrated in a multicenter, single-arm, open-label clinical study. Patients with a history of interstitial lung disease, drug-induced interstitial disease, radiation pneumonitis that required steroid treatment or any evidence of clinically active interstitial lung disease were excluded.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/206995s004lbl.pdf

ICER Policy Recommendations

Purchasers and Insurers

- In conjunction with a movement toward a more value-based pricing system, purchasers and insurers should design insurance plans that protect patients from significant financial toxicity.
- Similar mechanisms of action and the lack of evidence to distinguish whether TKI drugs differ in their risks and benefits suggests that these drugs might be considered for step therapy in insurance coverage, but justification of step therapy for these and other cancer drugs faces a

high burden given that even minor differences among treatments may have important clinical consequences for individual patients. – Incentives for clinicians that encourage the use of high-value care options are reasonable if applied to clinically equivalent options. Efforts should be taken to share the benefits of more cost-effective care options with patients by reducing their financial burden. – Genetic testing of lung cancer tumors is standard practice, and CMS should revisit its current payment criteria for tumor testing to avoid delaying the receipt of actionable information.
Insurers and Manufacturers – PD-1 immunotherapy may be an appropriate area for considering innovative outcomes-based payment mechanisms, particularly in the treatment of patients who are not tested for PD-L1 levels
Insurers and Clinicians – First-line PD-L1 testing may be needed to guide appropriate care for all patients
Clinicians – Caution should be exercised in using PD-1 immunotherapy in patients with EGFR+ advanced NSCLC

Link to report: http://icerorg.wpengine.com/wp-content/uploads/2020/10/MWCEPAC_NSCLC_Final_Evidence_Report_Meeting_Summary_110116.pdf

B13.4. Findings: Coverage Policies

Gefitinib was covered by 14 payers under the pharmacy benefit. Coverage for MC- RX was unknown in MMIT, and thus no judgments could be made. No payer covered gefitinib under the medical benefit. All coverage data outlined below relates to policies under the payers' pharmacy benefits.

Cost Sharing

Four payers (UnitedHealthcare, Cigna, HCSC, and Highmark) did not place gefitinib on the lowest relevant tier (preferred brand), but they offered an alternative at that tier and therefore met our cost-sharing criteria. Three payers that have 4-tier formulary plans with specialty tier (Anthem, Elixir and Blue Shield of California) placed gefitinitb on the specialty tier when a lower tier (preferred brand) was available and no other drugs in class were covered on the lowest relevant tier. This does not meet our cost-sharing criteria.

Table B13.1. Gefitinib Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Erlotinib	Y
CIGNA Health Plans, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Erlotinib	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand)*	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC-RX	Not available	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	4 (Zero Copay/Preventative Drug)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	6 (Non-Preferred Specialty)	N	5 (Preferred Specialty): Erlotinib	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Osimertinib	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

*Preferred

Clinical Eligibility

Four policies met clinical eligibility criteria, with coverage requirements aligning with NCCN guideline recommendations and/or the FDA label. The remaining 13 policies did not have PA information available in MMIT.

Step Therapy

Based on the policies reviewed, UnitedHealthcare, Blue Shield of California, and Highmark, Inc. do not require step therapy to access gefitinib, and this meets our criteria for step therapy.

Provider Qualifications

Four payers (UnitedHealthcare, Kaiser Foundation Health Plans, Inc., Blue Shield of California, and Highmark, Inc.) met provider qualification criteria. The remaining 11 policies did not have PA information available in MMIT.

B13.5. Summary of Findings

Table B13.2. Gefitinib Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	N/A	N/A	N/A
Express Scripts Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Anthem, Inc. Pharmacy	N	N/A	N/A	N/A
MC-RX Pharmacy	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	N/A	N/A	N/A
Elixir PBM Pharmacy	N	N/A	N/A	N/A
Blue Shield of California Pharmacy	N	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	N/A	N/A	N/A
Florida Blue Pharmacy	Y	N/A	N/A	N/A
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	Y	N/A	N/A	N/A

N: no, N/A: not applicable, Y: yes

B14. Policy Brief: Guselkumab (Tremfya), IL-23 blocker (SC)

B14.1. Condition: Plaque psoriasis, moderate-to-severe

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Approved Drugs in Class: adalimumab, apremilast, brodalumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, rizankizumab-rzaa, secukinumab, tildrakizumab-asmn, ustekinumab

B14.2. Clinical Guidelines

American Academy of Dermatology (2019)

B14.3. Background

FDA Label

Indication: TREMFYA is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy

Dosing: 100 mg administered by subcutaneous injection at Week 0, Week 4 and every 8 weeks thereafter

Warning: Perform test for latent TB; if positive, start treatment for TB prior to starting TREMFYA. Monitor patients for active TB during and after treatment. Prior to initiating TREMFYA, consider completion of all age appropriate immunizations according to current immunization guidelines.

Clinical Trial Eligibility: Four multicenter, randomized, double-blind trials enrolled subjects 18 years of age and older with moderate-to-severe plaque psoriasis who were eligible for systemic therapy or phototherapy. Subjects had an Investigator's Global Assessment (IGA) score of ≥3 ("moderate") on a 5-point scale of overall disease severity, a Psoriasis Area and Severity Index (PASI) score ≥12, and a minimum affected body surface area (BSA) of 10%. Subjects with guttate, erythrodermic, or pustular psoriasis were excluded.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/761061s009lbl.pdf

ICER Policy Recommendations

1. Consider eliminating step therapy for patients with moderate-to-severe psoriasis, especially for those patients who demonstrate the need for intensive, ongoing regimens.
2. If step therapy will be used, allow patients who are stable on effective treatment to remain on therapy when they change insurers.

3. In place of step therapy, consider developing indication-specific formulary designs and outcomes-based payment contracts, in which rebates or refunds are linked to outcomes; explore whether refunds to patients can also be included.
4. Co-pays should be based on prices net of discounts and rebates instead of list price

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Psoriasis_Update_Final_Evidence_Report_10042018.pdf

B14.4. Findings: Coverage Policies

Most payers covered guselkumab under the pharmacy benefit. Six payers (CVS Health (Aetna), UnitedHealthcare, Kaiser Foundation Health Plans, Inc., Anthem, Inc., Blue Cross Blue Shield of Massachusetts, and Blue Shield of California) cover guselkumab under both the pharmacy and the medical benefits. There was no information available for MC- RX.

Cost Sharing

Of the fourteen payers that had pharmacy policies available, nine listed guselkumab as a preferred brand, which meets our criteria for cost sharing.

Kaiser Foundation Health Plans, Inc. lists guselkumab on their second tier, which includes all brand drugs, and the remaining payers list guselkumab on their specialty or preferred specialty tiers. These are the lowest relevant tiers for the class for these payers and they therefore all meet our criteria.

Three payers with 4-tier formularly plans with specialty tiers (Anthem, Inc., Elixir PBM, and Blue Shield of California) all placed guselkumab on their specialty tier, but the lowest relevant tier for the class would be the preferred brand tier (Tier 2). These payers do not place any other drugs in the class on Tier 2, so they do not meet our criteria for cost sharing.

Table B14.1. Guselkumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand Drugs)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC-RX	Not available	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	5 (Preferred Specialty)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

All policies that had specified a diagnosis required that patients must have a diagnosis of moderate-to-severe or chronic plaque psoriasis.

Twelve policies required that patients have crucial body areas affected or meet a threshold for BSA affected; four of these policies (UnitedHealthcare, Anthem, Inc. [medical and pharmacy policies], and Blue Shield of California [medical and pharmacy policies]) required 3% BSA, two policies (CIGNA Health Plans, Inc. and Elixir PBM) required 5% BSA, and two policies (Florida Blue and MedImpact Healthcare Systems, Inc) required 10% BSA. The clinical trials enrolled patients who had at least 10% BSA affected, and the clinical guidelines define moderate-to-severe psoriasis as at least 3% BSA or crucial areas affected. Because guselkumab is indicated for patients with "moderate-to-severe" plaque psoriasis, our criteria allow payers to define "moderate-to-severe" using percent BSA requirements from the clinical trials or clinical guidelines. Therefore, all of these payers meet our criteria for clinical eligibility.

CVS Health (Aetna) (pharmacy and medical policies) required patients to have 10% BSA affected, or just 3% BSA affected if they have undergone step therapy with phototherapy or a conventional systemic agent. Health Care Service Corporation and Blue Cross Blue Shield of Minnesota also have a 10% BSA threshold requirement, but if patients have failed a conventional agent, the threshold does not apply. These policies also meet our criteria because step therapy through conventional agents is appropriate for this condition and patients with moderate-to-severe psoriasis are able to access guselkumab.

Provider Qualifications

Seven policies required that guselkumab be prescribed by or in consultation with a dermatologist or other specialist. One payer (Blue Cross Blue Shield of Massachusetts, pharmacy and medical policies) specifies that guselkumab must be prescribed by a dermatologist.

Highmark, Inc. requires that the member be under the supervision of a specialist to receive guselkumab. MedImpact Healthcare Systems, Inc. also has a specialist requirement, though a policy document was not available, and it was not specified in MMIT whether guselkumab must be prescribed by or can be prescribed in consultation with the specialist. These requirements all meet our criteria because specialist diagnosis is appropriate for this condition.

Step Therapy

Most payers required step therapy through phototherapy, conventional systemic therapy, or topical therapy to access guselkumab. UnitedHealthcare required step therapy through both a topical therapy and a conventional systemic therapy. The medical policy from Blue Shield of California requires patients to step through both phototherapy and one conventional systemic therapy. MedImpact Healthcare Systems, Inc. requires patients to try phototherapy or a preferred generic before accessing guselkumab. These step therapy patterns all meet our criteria because they are clinically appropriate and failure of the first step treatments leading to delay in treatment with guselkumab is unlikely to lead to long-term harm to patients. *It is important to note that most payers that require previous treatment with a conventional systemic therapy list cyclosporine as a step therapy option, and cyclosporine is not recommended for use by clinicians.*

Elixir PBM requires patients to step through all primary and secondary brand products. This meets our criteria because patients have a reasonable chance of meeting their treatment goals with the preferred products.

Table B14.2. Guselkumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy and Medical)	1	Phototherapy, methotrexate, cyclosporine, or acitretin*	Y
Express Scripts (Pharmacy)	1	Conventional systemic therapy	Y
UnitedHealthcare (Pharmacy and Medical)	2	One topical therapy and methotrexate	Y
CIGNA Health Plans, Inc. (Pharmacy)	1	Phototherapy, conventional systemic therapy (e.g., methotrexate, cyclosporine, acitretin), or topical therapy	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	None	N/A	Y
Anthem, Inc. (Pharmacy and Medical)	1	Phototherapy or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
MC-RX	Not available	N/A	N/A

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
Blue Cross Blue Shield of Massachusetts (Pharmacy and Medical)	1	Phototherapy or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
Elixir PBM (Pharmacy)	6	Etanercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, and secukinumab	Y
Blue Shield of California (Pharmacy and Medical)	P: 1 M: 2	P: Acitretin, cyclosporine, or methotrexate M: Phototherapy AND one of acitretin, cyclosporine, or methotrexate	Y
Health Care Service Corporation (Pharmacy)	1	Phototherapy, topical therapy, or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
Florida Blue (Pharmacy)	1	Phototherapy, topical therapy, or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
Highmark, Inc. (Pharmacy)	1	Phototherapy or conventional systemic therapy (e.g., methotrexate, cyclosporine)	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	1	Phototherapy or preferred generic psoriasis agent	Y
Blue Cross Blue Shield of Minnesota (Pharmacy)	1	Phototherapy, topical therapy, or conventional systemic therapy[t]	Y

M: medical; N/A: not applicable, P: pharmacy; ST: step therapy, Y: yes

*If 3-10% BSA is affected and crucial body areas are not involved

[t]Unless >10% BSA or sensitive areas affected

B14.5. Summary of Findings

Table B14.3. Guselkumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Clinical Eligibility Criteria? Y/N	Meets Provider Qualifications Criteria? Y/N	Meets Step Therapy Criteria? Y/N	Meets Cost-Sharing Criteria? Y/N
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	Y	Y	Y	N/A
Express Scripts				
Pharmacy	Y	Y	Y	Y
UnitedHealthcare				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	N/A
CIGNA Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	Y	Y	Y	N/A
Anthem, Inc.				
Pharmacy	Y	Y	Y	N
Medical	Y	Y	Y	N/A
MC-RX	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	Y	Y	Y	Y
Medical	Y	Y	Y	N/A
Elixir PBM				
Pharmacy	Y	Y	Y	N
Blue Shield of California				
Pharmacy	Y	Y	Y	Y
Medical	Y	Y	Y	N/A
Health Care Service Corporation				
Pharmacy	Y	Y	Y	Y
Florida Blue				
Pharmacy	Y	Y	Y	Y
Highmark, Inc.				
Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.				
Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota				
Pharmacy	Y	Y	Y	Y

N: no, N/A: not applicable, Y: yes

B15. Policy Brief: Icosapent ethyl (Vascepa), EPA (oral)

B15.1. Condition: CVD, additive

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: Generic icosapent ethyl

B15.2. Clinical Guidelines

2020 Consensus Document on Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Management of Dyslipidemia and Prevention of Cardiovascular Disease Algorithm

Icosapent ethyl should be added to a statin in any patient with established ASCVD or diabetes with ≥2 ASCVD risk factors and triglycerides between 135 and 499 mg/dL to prevent ASCVD events.

B15.3. Background

FDA Label

Indication: as an adjunct to maximally tolerated statin therapy to reduce the risk of myocardial infarction, stroke, coronary revascularization, and unstable angina requiring hospitalization in adult patients with elevated triglyceride (TG) levels (≥ 150 mg/dL) and established cardiovascular disease or diabetes mellitus and 2 or more additional risk factors for cardiovascular disease or as an adjunct to diet to reduce TG levels in adult patients with severe (≥ 500 mg/dL) hypertriglyceridemia

Dosing: 4 grams per day taken as either four 0.5 gram capsules twice daily with food or two 1 gram capsules twice daily with food.

Warnings: Atrial fibrillation, bleeding, fish allergy

Clinical Trial Eligibility: REDUCE-IT (NCT01492361) was a multinational, double-blind, randomized, placebo-controlled, event-driven trial in 8,179 (4,089 VASCEPA, 4,090 placebo) statin-treated adult patients enrolled with LDL-C >40 mg/dL and ≤100 mg/dL and elevated TG levels (90% of enrolled patients had TG ≥ 150 mg/dL and < 60 mL/min per 1.73 m2 (22%), and either established cardiovascular disease (71%) or diabetes and other risk factors for cardiovascular disease (29%). Patients with established cardiovascular disease were defined as being at least 45 years of age and having a documented history of coronary artery disease, cerebrovascular or carotid disease, or peripheral artery disease. Patients with other risk factors for cardiovascular disease were defined as being at least 50 years of age with diabetes and at least one additional risk factor. The median age at baseline was 64 years and 29% were women. The trial population was 90% White, 5% Asian, 2% Black; 4% identified as Hispanic ethnicity. Selected additional baseline risk factors included hypertension (87%), type 2 diabetes

mellitus (58%), eGFR < 60 mL/min per 1.73 m2 (22%) congestive heart failure (18%), and current daily cigarette smoking (15%). Most patients were taking moderate-intensity (63%) or high-intensity (31%) statin therapy at baseline. Most patients at baseline were taking at least one other cardiovascular medication, including anti-platelet agents (79%) or anti-hypertensives (95%), including beta blockers (71%), angiotensin converting enzyme (ACE) inhibitors (52%), or angiotensin receptor blockers (ARB; 27%).

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/202057s035lbl.pdf

2019 ICER Policy Recommendations

1. Patients in the REDUCE-IT trial were required to either have established CVD or be 50 or older with diabetes and at least one additional risk factor. Many primary prevention patients would have a constellation of risk factors creating a similar risk to that in the primary prevention cohort of the trial, and the evidence does not strongly support the use of the specific trial criteria around risk. Payers may wish to consider coverage criteria based on total risk rather than based on the trial criteria.
2. The REDUCE-IT trial required patients to be on a stable dose of a statin and to have an LDL-cholesterol level of 41-100 mg/dL. Given uncertainties around the mechanism of benefit of icosapent ethyl and whether it would be effective in patients not receiving statins, payers may consider requiring that patients be taking statin therapy when prescribed icosapent ethyl. Payers face a challenging situation for patients who are statin intolerant—they could limit eligibility, or they could use this as an opportunity to get patients on a statin, since many patients felt to be statin "intolerant" are able to take statins with appropriate clinical support.
3. Triglyceride level greater than 135: The REDUCE-IT trial did not suggest that the benefits of icosapent ethyl were related to baseline triglyceride level, and other evidence has also suggested that therapies that reduce triglycerides do not necessarily reduce CV risk. As such, there is no strong reason to believe that icosapent ethyl is more effective at reducing CV risk for patients with triglyceride levels meeting the entry criteria for the trial. While payers could decide to limit icosapent ethyl coverage to match the trial eligibility criteria, if the FDA label does not include a triglyceride level requirement, then plans may choose also not to have a criterion related to triglyceride level.
4. Given the nature and findings of REDUCE-IT, payers may require patients to be on statin therapy concurrently with icosapent ethyl. Yet many patients, if not strictly statin-intolerant, are unwilling to take statins, and such a requirement might exacerbate this problem and prevent some patients from receiving what could be a promising intervention.

Link to 2019 report: https://icer.org/assessment/cvd-additive-therapies-2019/

B15.4. Findings: Coverage Policies

Icosapent ethyl is covered by all payers under the pharmacy benefit. Two payers (UnitedHealthcare and Blue Cross Blue Shield of Massachusetts) do not cover Vascepa (brand), however generic icosapent ethyl is covered as an alternative.

Cost Sharing

Ten payers (CVS Health (Aetna), Express Scripts, CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., Anthem, Inc., MC- RX, MedImpact Healthcare Systems, Inc, Elixir PBM, Florida Blue, and

Highmark, Inc.) placed Vascepa (brand) on the lowest relevant tier (Preferred Brand). Two payers (UnitedHealthcare and Blue Cross Blue Shield of Massachusetts) do not cover/reimburse for Vascepa but offer generic icosapent ethyl on the lowest relevant tier. One payer (Blue Shield of California) did not place Vascepa on the lowest relevant tier, but placed generic icosapent ethyl on the lowest relevant tier (generic). Two payers (Blue Cross Blue Shield of Minnesota and Health Care Service Corporation) did not place Vascepa on the best relevant tier (Preferred Brand) and did not place generic icosapent ethyl on the lowest relevant tier. These three policies fail our cost-sharing criteria.

Table B15.1. Icosapent Ethyl Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna) (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	N/A (Not Covered)	N/A	Generic icosapent ethyl is covered at Tier 2, which is not the lowest relevant tier (Tier 1)	N
CIGNA Health Plans, Inc. (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy)	2 (Brand)	Y	N/A	Y
Anthem, Inc. (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y
MC-RX (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	N/A (Not Covered)	N/A	Generic icosapent ethyl is covered at Tier 2 (Preferred Brand, which is not the lowest relevant tier [Tier 1])	N
Elixir PBM (Pharmacy)	1 (Preferred Generic)	Y	N/A	Y
Blue Shield of California (Pharmacy)	3 (Non-Preferred Brand)	N	2 (Preferred Brand), generic icosapent ethyl is covered at Tier 1 (Generic)	Y
Health Care Service Corporation (Pharmacy)	4 (Non-Preferred Brand)	Y	3 (Preferred Brand), generic icosapent ethyl is covered at Tier 3, which is also not the lowest relevant tier	N
Florida Blue (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc. (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
MedImpact Healthcare Systems, Inc. (Pharmacy)	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota (Pharmacy)	3 (Non-Preferred Brand)	N	2 (Preferred Brand) generic icosapent ethyl is also covered at Tier 3, which is not the lowest relevant tier (Tier 1)	N

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Eight payers (CVS Health (Aetna), Express Scripts, CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., MC- RX, MedImpact Healthcare Systems, Inc., Elixir PBM, and Highmark, Inc.) had no prior authorization information available. Two payers (UnitedHealthcare and Blue Cross Blue Shield of Massachusetts) don't cover Vascepa but did cover generic icosapent ethyl with no prior authorization. Five payers (Blue Cross Blue Shield of Minnesota, Anthem, Inc., Blue Shield of California, Health Care Service Corporation, and Florida Blue) required that patients be on a maximally tolerated statins or adjunct to diet, defined high triglycerides as ≥500mg/dL and defined high risk of CVD as having established CVD or DM with two or more risk factors for CVD. This meets our criteria because it is in line with the FDA label and clinical guidelines.

Step Therapy

Eleven payers (CVS Health (Aetna), Express Scripts, CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., Anthem, Inc., MC- RX, MedImpact Healthcare Systems, Inc, Elixir PBM, Blue Shield of California, Health Care Service Corporation, and Highmark, Inc.) had no step therapy noted. For the two payers (UnitedHealthcare and Blue Cross Blue Shield of Massachusetts) who don't cover Vascepa but do cover generic icosapent ethyl, no step therapy was noted. Blue Cross Blue Shield of Minnesota had one of fenofibrate, fish oil, or statin as step therapy and Florida Blue required one statin. This meets our criteria for step therapy because it is in line with the FDA label.

Provider Qualifications

For the payers listed above who had no prior authorization information provided, no judgment could be made. For the remaining payers for whom we had prior authorization documents, no provider requirements were noted.

B15.5. Summary of Findings

Table B15.2. Icosapent Ethyl Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	N/A	N/A	Y
Express Scripts Pharmacy	Y	N/A	N/A	Y
UnitedHealthcare	N	N/A	N/A	Y
CIGNA Health Plans, Inc. Pharmacy	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Anthem, Inc. Pharmacy	Y	Y	Y	Y
MC-RX Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	N	N/A	N/A	N/A
Elixir PBM Pharmacy	Y	N/A	N/A	N/A
Blue Shield of California Pharmacy	Y	Y	Y	Y
Health Care Service Corporation Pharmacy	N	Y	Y	Y
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	Y	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc. Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota Pharmacy	N	Y	Y	Y

N: no, N/A: not applicable, Y: yes

B16. Policy Brief: Infliximab* (Remicade), TNF-alfa inhibitor (IV)

B16.1. Condition: Plaque Psoriasis, chronic severe

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Approved Drugs in Class: adalimumab, apremilast, brodalumab, certolizumab pegol, etanercept, golimumab, guselkumab, ixekizumab, rizankizumab-rzaa, secukinumab, tildrakizumab-asmn, ustekinumab, biosimilars (infliximab-dyyb, infliximab-abda)

B16.2. Clinical Guidelines

American Academy of Dermatology (2019)

B16.3. Background

FDA Label

Indication: Plaque Psoriasis: treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.

Dosing: The recommended dosage of REMICADE in adult patients is 5 mg/kg given as an intravenous induction regimen at 0, 2 and 6 weeks followed by a maintenance regimen of 5 mg/kg every 8 weeks thereafter for the treatment of chronic severe (i.e., extensive and/or disabling) Ps

Warning: Perform test for latent TB; if positive, start treatment for TB prior to starting REMICADE. Monitor all patients for active TB during treatment, even if initial latent TB test is negative.

Contraindications: The use of REMICADE at doses >5 mg/kg is contraindicated in patients with moderate or severe heart failure

Clinical Trial Eligibility: The safety and efficacy of REMICADE were assessed in 3 randomized, double-blind, placebo controlled studies in patients 18 years of age and older with chronic, stable Ps involving ≥10% BSA, a minimum PASI score of 12, and who were candidates for systemic therapy or phototherapy. Patients with guttate, pustular, or erythrodermic psoriasis were excluded from these studies. No concomitant anti-psoriatic therapies were allowed during the study, with the exception of low-potency topical corticosteroids on the face and groin after Week 10 of study initiation.

https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/103772s5389s5391s5394lbl.pdf

*Unless otherwise specified, "infliximab" refers to the brand drug Remicade, and not its biosimilars, throughout this document.

ICER Policy Recommendations

1. Consider eliminating step therapy for patients with moderate-to-severe psoriasis, especially for those patients who demonstrate the need for intensive, ongoing regimens.
2. If step therapy will be used, allow patients who are stable on effective treatment to remain on therapy when they change insurers.
3. In place of step therapy, consider developing indication-specific formulary designs and outcomes-based payment contracts, in which rebates or refunds are linked to outcomes; explore whether refunds to patients can also be included.
4. Co-pays should be based on prices net of discounts and rebates instead of list price

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Psoriasis_Update_Final_Evidence_Report_10042018.pdf

B16.4. Findings: Coverage Policies

Infliximab was primarily covered under the medical benefit, but Express Scripts, Blue Cross Blue Shield of Massachusetts, and Elixir PBM only cover infliximab under the pharmacy benefit. CVS Health (Aetna), Kaiser Foundation Health Plans, Inc., and Anthem, Inc. cover infliximab under both the medical and the pharmacy benefits. There was no information available for MedImpact Healthcare Systems, Inc.

MC- RX had a drug list available that stated that infliximab is not covered under the pharmacy benefit and may be covered under the medical benefit, but there was no information available in MMIT regarding their coverage policy for infliximab under the medical benefit.

Cost Sharing

Of the six payers that had pharmacy policies for infliximab, two (Express Scripts and Kaiser Foundation Health Plans, Inc.) placed infliximab on their lowest relevant tier for the drug class. These policies therefore meet our criteria for cost sharing.

Four payers (CVS Health (Aetna), Anthem, Inc., Blue Cross Blue Shield of Massachusetts, and Elixir PBM) did not place infliximab on the lowest relevant tier for the drug class. Because CVS Health (Aetna) and Blue Cross Blue Shield of Massachusetts have placed other drugs in the class on the preferred brand tiers, they meet our criteria for cost sharing. Anthem, Inc. and Elixir PBM do not place any other drugs in the class on the lowest relevant tier (Tier 2), so they do not meet our criteria for cost sharing.

MC-RX does not cover infliximab under the pharmacy benefit, but they do cover two other targeted immune modulators on the lowest relevant tier (Tier 2, Preferred Brand), so they meet our criteria for cost sharing.

Table B16.1. Infliximab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, ixekizumab, guselkumab	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	N/A (Covered under medical)	N/A	N/A	N/A
CIGNA Health Plans, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	2 (Brand Drugs)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC-RX	N/A (Not covered under pharmacy)	N	2 (Preferred Brand): Secukinumab, adalimumab	Y
Blue Cross Blue Shield of Massachusetts	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Etanercept, adalimumab, Inflectra, apremilast, risankizumab-rzaa, ustekinumab, ixekizumab, guselkumab	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	N/A (Covered under medical)	N/A	N/A	N/A
Health Care Service Corporation	N/A (Covered under medical)	N/A	N/A	N/A
Florida Blue	N/A (Covered under medical)	N/A	N/A	N/A
Highmark, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc.	Not available	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota	N/A (Covered under medical)	N/A	N/A	N/A

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

All payers that had clinical eligibility information available required some variation of a diagnosis of moderate-to-severe plaque psoriasis. Kaiser Foundation Health Plans, Inc. (pharmacy and medical policies) does not require a prior authorization, according to the MMIT database, and there was no information available for Express Scripts.

Three payers (UnitedHealthcare, Anthem, Inc. (pharmacy and medical policies), and Blue Shield of California) required that patients have 3% BSA affected, one policy (Elixir PBM) requires that

patients have 5% BSA affected, and four payers (CVS Health (Aetna) (pharmacy and medical policies), Florida Blue, Highmark, Inc., and Blue Cross Blue Shield of Minnesota) required that patients have 10% BSA affected to access infliximab. All of these policies included a percent override, in which patients who have sensitive areas affected are not required to meet the BSA threshold. In addition, the policies from CVS Health (Aetna) and Blue Cross Blue Shield of Minnesota only required 10% BSA to be affected if infliximab is being used as a first-line therapy. Because infliximab is indicated for patients with "chronic severe" plaque psoriasis, our criteria allow payers to define "severe" using percent BSA requirements from the clinical trials or clinical guidelines. Therefore, all of these payers meet our criteria for clinical eligibility.

Step Therapy

Most payers require step therapy through one of a combination of topical therapy, phototherapy, and conventional systemic agents. These step therapy requirements meet our criteria because these treatments are effective and are unlikely to lead to irremediable harm should they not be effective. *It is important to note that most payers that require previous treatment with a conventional systemic therapy list cyclosporine as a step therapy option, and cyclosporine is not recommended for use by clinicians.*

One payer (Blue Shield of California) requires patients to step through two agents before accessing infliximab, and three payers (UnitedHealthcare, Blue Cross Blue Shield of Massachusetts, and Elixir PBM) require three steps. Blue Shield of California requires step therapy through both phototherapy and a conventional systemic agent, while UnitedHealthcare, Blue Cross Blue Shield of Massachusetts, and Elixir PBM all require a trial of a preferred biologic in addition to a conventional agent. These step therapy requirements meet our criteria because the conventional agents and preferred biologics have favorable efficacy and safety profiles and are likely to be effective.

Table B16.2. Infliximab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy and Medical)	1	Phototherapy, acitretin, cyclosporine, or methotrexate*	Y
Express Scripts (Pharmacy)	1	Biological DMARD, phototherapy, or systemic antipsoriatic agent	Y
UnitedHealthcare (Medical)	3	Topical therapy AND methotrexate AND infliximab-dyyb or infliximab-axxq	Y
CIGNA Health Plans, Inc. (Pharmacy)	1	Phototherapy or conventional systemic therapy (e.g., methotrexate, cyclosporine, acitretin)	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
Anthem, Inc. (Pharmacy and Medical)	1	Phototherapy or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
Blue Cross Blue Shield of Massachusetts (Pharmacy)	3	Phototherapy or conventional systemic therapy (e.g., methotrexate, acitretin, cyclosporine) AND infliximab-dyyb AND infliximab-abda	Y
Elixir PBM (Pharmacy)	3	Phototherapy or topical therapy AND one conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate) AND adalimumab	Y
Blue Shield of California (Medical)	2	Phototherapy AND one conventional systemic therapy (e.g., methotrexate, cyclosporine, acitretin)	Y
Health Care Service Corporation (Medical)	None	N/A	Y
Florida Blue (Medical)	1	Methotrexate OR cyclosporine and acitretin	Y
Highmark, Inc. (Medical)	1	Phototherapy or conventional systemic therapy (e.g., methotrexate, cyclosporine)	Y
MedImpact Healthcare Systems, Inc.	Not available	N/A	N/A
Blue Cross Blue Shield of Minnesota (Medical)	1ǂ	Topical therapy, phototherapy, conventional systemic therapy (e.g., methotrexate, acitretin, cyclosporine) OR biologic immunomodulator with same indication	Y

N: no, N/A: not applicable, ST: step therapy, Y: yes
*Required if 3-10% BSA is affected
ǂ Not required if patient has severe active plaque psoriasis (e.g., greater than 10% BSA involvement, occurring on select locations, intractable pruritis)

Provider Qualifications

Six policies (Express Scripts, Blue Cross Blue Shield of Massachusetts, Elixir PBM, UnitedHealthcare, CIGNA Health Plans, Inc., and Blue Shield of California) required that infliximab be prescribed by or in consultation with a dermatologist. This meets our criteria because specialist clinician diagnosis is appropriate for the condition.

B16.5. Summary of Findings

Table B16.3. Infliximab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Express Scripts				
Pharmacy	Y	N/A	Y	Y
UnitedHealthcare				
Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.				
Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
MC- RX*	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	Y	Y	Y	Y
Elixir PBM				
Pharmacy	N	Y	Y	Y
Blue Shield of California				
Medical	N/A	Y	Y	Y
Health Care Service Corporation				
Medical	N/A	Y	Y	Y
Florida Blue				
Medical	N/A	Y	Y	Y
Highmark, Inc.				
Medical	N/A	Y	Y	Y
MedImpact Healthcare Systems, Inc.	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota				
Medical	N/A	Y	Y	Y

N: no, N/A: not applicable, Y: yes

*Not covered under the pharmacy benefit, but may be covered under the medical benefit

B17. Policy Brief: Infliximab (Remicade), TNF-alfa inhibitor (IV)

B17.1. Condition: Rheumatoid arthritis, moderate-to-severe

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Approved Drugs in Class: biosimilars (Inflectra-infliximab-dyyb, Renflexis-infliximab-abda, Avsola-infliximab-axxq)

B17.2. Clinical Guidelines

American College of Rheumatology (2015)

ACR has TNF inhibitors and non-TNF biologics equally positioned as a recommended therapy following a trial of a conventional DMARD

B17.3. Background

FDA Label

Indication: Rheumatoid Arthritis *in combination with methotrexate*: reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease.

Dosing: Rheumatoid Arthritis: The recommended dose of REMICADE is 3 mg/kg given as an intravenous induction regimen at 0, 2 and 6 weeks followed by a maintenance regimen of 3 mg/kg every 8 weeks thereafter for the treatment of moderately to severely active rheumatoid arthritis. REMICADE should be given in combination with methotrexate. For patients who have an incomplete response, consideration may be given to adjusting the dose up to 10 mg/kg or treating as often as every 4 weeks bearing in mind that risk of serious infections is increased at higher doses

Warning: Perform test for latent TB; if positive, start treatment for TB prior to starting REMICADE. Monitor all patients for active TB during treatment, even if initial latent TB test is negative.

Contraindications: REMICADE at doses >5 mg/kg should not be administered to patients with moderate to severe heart failure.

Clinical Trial Eligibility: The safety and efficacy of REMICADE were assessed in 2 multicenter, randomized, double blind, pivotal trials: ATTRACT (Study RA I) and ASPIRE (Study RA II). Concurrent use of stable doses of folic acid, oral corticosteroids (≤10 mg/day) and/or non-steroidal antiinflammatory drugs (NSAIDs) was permitted. Study RA I was a placebo-controlled study of 428 patients with active rheumatoid arthritis despite treatment with MTX. Patients enrolled had a median age of 54 years, median disease duration of 8.4 years, median swollen and tender joint count of 20 and 31 respectively,

and were on a median dose of 15 mg/wk of MTX. Patients received either placebo + MTX or one of 4 doses/schedules of REMICADE + MTX: 3 mg/kg or 10 mg/kg of REMICADE by IV infusion at Weeks 0, 2 and 6 followed by additional infusions every 4 or 8 weeks in combination with MTX. Study RA II was a placebo-controlled study of 3 active treatment arms in 1004 MTX naive patients of 3 or fewer years' duration active rheumatoid arthritis. Patients enrolled had a median age of 51 years with a median disease duration of 0.6 years, median swollen and tender joint count of 19 and 31, respectively, and >80% of patients had baseline joint erosions. At randomization, all patients received MTX (optimized to 20 mg/wk by Week 8) and either placebo, 3 mg/kg or 6 mg/kg REMICADE at Weeks 0, 2, and 6 and every 8 weeks thereafter.

https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/103772s5359lbl.pdf

ICER Policy Recommendations (2017)

1. Consider including in prior authorization processes the requirement that conventional DMARD therapy dosing be optimized before initiating TIM therapy.
2. If step therapy protocols require patients to fail one or two TNFα inhibitors before switching to another TIM, develop a quick and transparent exception process for specific situations.
3. Allow patients who are stable on effective treatment to remain on therapy when they change insurers.
4. Reconsider step therapy if pricing becomes better aligned with clinical value.
5. Negotiate better rebates and share savings with patients.

https://icer.org/wp-content/uploads/2020/10/NE_CEPAC_RA_Evidence_Report_FINAL_040717.pdf

B17.4. Findings: Coverage Policies

Infliximab for RA is variably covered under pharmacy or medical plans, or both. We did not identify any discrepancies between pharmacy and medical policies in any of the criteria.

Cost Sharing

The cost-sharing criteria was not applicable to eight payers (UnitedHealthcare, MedImpact Healthcare Systems, Inc., CIGNA Health Plans, Inc., Blue Cross Blue Shield of Minnesota, Blue Shield of California, Health Care Service Corporation, Florida Blue, and Highmark, Inc.) who cover infliximab only under medical plans. Three payers (Express Scripts , Kaiser Foundation Health Plans, Inc., and MC- RX,) have infliximab covered at the lowest relevant tier. Two payers (CVS Health (Aetna) and Blue Cross Blue Shield of Massachusetts) do not have infliximab at the lowest relevant tier but offer alternatives at a lower tier. Anthem, Inc. and Elixir PBM do not have infliximab at the lowest relevant tier and do not cover any other drugs in the same class at a lower tier. This does not meet our cost-sharing criteria.

Table B17.1. Infliximab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Other TIMs	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	N/A (Covered under medical)	N/A	N/A	N/A
CIGNA Health Plans, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	3 (Non-Preferred Brand)	Y	2 (Preferred Brand): Infliximab-dyyb	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	N/A (Covered under medical)	N/A	N/A	N/A
Health Care Service Corporation	N/A (Covered under medical)	N/A	N/A	N/A
Florida Blue	N/A (Covered under medical)	N/A	N/A	N/A
Highmark, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc.	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota	N/A (Covered under medical)	N/A	N/A	N/A

N: no, N/A: not applicable, TIM: targeted immune modulator, Y: yes

Clinical Eligibility

All payers require some version of the following: adults moderate-to-severe active rheumatoid arthritis. This meets our clinical eligibility requirement because the definition of the disease is not more restrictive than the label, guidelines, or clinical trial eligibility criteria.

Provider Qualifications

Five payers (UnitedHealthcare, Blue Cross Blue Shield of Massachusetts, CIGNA Health Plans, Inc., Elixir PBM, Blue Shield of California) require infliximab to be prescribed by or in consultation with a rheumatologist; all others make no mention of provider qualifications. This meets our criteria because specialist management and monitoring is appropriate for this condition and drug.

Step Therapy

Two payers (Kaiser Foundation Health Plans, Inc. and Health Care Service Corporation) have no step therapy noted. Eight payers (CVS Health (Aetna), Express Scripts, CIGNA Health Plans, Inc., Anthem, Inc., Elixir PBM, Blue Shield of California, Highmark, Inc., and Blue Cross Blue Shield of Minnesota require failure of at least one conventional DMARD (such as methotrexate). In addition to requiring one DMARD, two payers (UnitedHealthcare, Blue Cross Blue Shield of Massachusetts) require stepping through at least one biosimilar (Avsola or Inflectra) and one payer (Florida Blue) requires two preferred biologics. Although these payers vary in step therapy requirements, these meet our criteria because patients can reasonably expect to see improvement in their RA symptoms and are unlikely to be harmed in the process.

Table B17.2. Infliximab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy and Medical)	1	Methotrexate	Y
Express Scripts (Pharmacy)	1	One DMARD	Y
UnitedHealthcare (Medical)	2	1 DMARD and infliximab-axxq or infliximab-dyyb	Y
CIGNA Health Plans, Inc. (Medical)	1	One DMARD	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy and Medical)	1	One DMARD	Y
MC- RX	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Pharmacy)	3	Infliximab-dyyb, infliximab-abda, and one DMARD	Y
Elixir PBM (Pharmacy)	1	One conventional DMARD	Y
Blue Shield of California (Medical)	1	One DMARD	Y
Health Care Service Corporation (Medical)	0	N/A	Y
Florida Blue (Medical)	2	Two conventional DMARDs	Y
Highmark, Inc. (Medical)	1	Methotrexate	Y
MedImpact Healthcare Systems, Inc.	Not available	N/A	N/A
Blue Cross Blue Shield of Minnesota (Medical)	1	One biologic or conventional DMARD	Y

DMARD: disease modifying antirheumatic drugs, N: no, N/A: not applicable, Y: yes

B17.5. Summary of Findings

Table B17.3. Infliximab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	Y	Y	Y	Y
Express Scripts				
Pharmacy	Y	Y	Y	Y
UnitedHealth Group, Inc.				
Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.				
Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	N/A	Y	N/A
Medical	Y	N/A	Y	N/A
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N	Y	Y	Y
MC-RX	Y	N/A	Y	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	Y	Y	Y	Y
Elixir PBM				
Pharmacy	N	N/A	Y	Y
Blue Shield of California				
Medical	N/A	Y	Y	Y
Health Care Service Corporation				
Medical	N/A	Y	Y	Y
Florida Blue				
Medical	N/A	Y	Y	Y
Highmark, Inc.				
Medical	N/A	Y	Y	Y
MedImpact Healthcare Systems, Inc.	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota				
Medical	N/A	Y	Y	Y

N: no, N/A: not applicable, Y: yes

B18. Policy Brief: Insulin degludec (Tresiba®, Novo Nordisk), long-acting human insulin analog (SC)

B18.1. Condition: Diabetes mellitus

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: No

Other Approved Drugs in Class: insulin glargine (Lantus), insulin glargine (Basaglar), insulin glargine (Toujeo), insulin glargine-yfgn (Semglee), insulin detemir (Levemir)

B18.2. Clinical Guidelines

American Diabetes Association 2021

Pharmacologic Therapy Guidelines

B18.3. Background

FDA Label

Indication: improve glycemic control in patients 1 year of age and older with diabetes mellitus
Dosing: Patient specific dosing based on insulin needs. Administered SC once daily.
Eligibility from Main Trial: Type 2 diabetes mellitus for at least 6 months; ongoing daily treatment with insulin (premix, self-mix, basal only, basal bolus) for at least 3 months with/without oral anti-diabetics drug (OAD) prior to trial start; HbA1c 7.0-10.0 %; body mass index (BMI) below or equal to 40.0 kg/m^2
Warning: hypoglycemia, hypokalemia
Contraindications: administration during hypoglycemia episode
Interactions: Administration with drugs that also lower blood glucose levels increases risk of hypoglycemia
Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/203314s015s016lbl.pdf

ICER Policy Recommendations

Given the CTAF Panel's judgment that current evidence is inadequate to demonstrate that insulin degludec is superior to insulin glargine U100, payers should consider using the full range of utilization management tools to regulate the uptake of insulin degludec.
The policy roundtable discussed that before spending money on expensive, long-acting insulins, it is important to ensure that patients have access to basic testing and treatment supplies; therefore, payers should consider a streamlined administrative process that eases access to these supplies for an appropriate subset of patients. An informal poll of the CTAF Panel revealed that most clinicians had witnessed the obstacles and challenges patients face when trying to obtain even basic supplies such as testing strips. Without basic testing supplies, it is

difficult to ensure that standard of care is met. For patients that require frequent glucose testing, clinicians noted that there is a substantial administrative burden to obtain coverage for these supplies.

Link to report: http://icerorg.wpengine.com/wp-content/uploads/2020/10/CTAF_Degludec_Final_Report_031416.pdf

B18.4. Findings: Coverage Policies

Thirteen out of the 15 payers covered insulin degludec for the treatment of diabetes mellitus under the pharmacy benefit. No payers covered insulin degludec under the medical benefit.

Cost Sharing

All payers (15/15) either covered insulin degludec or an alternative on the lowest relevant tier. Therefore, all payers meet our cost-sharing criteria.

Table B18.1. Insulin Degludec Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	Not Covered	N/A	1 (Generic): Lantus	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Anthem, Inc.	2 (Preferred Brand)	Y	N/A	Y
MC- RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	Not Covered	N/A	1 (Generic): Lantus, Basaglar	Y
Elixir PBM	2 (Preferred Brand)	Y	N/A	Y
Blue Shield of California	2 (Preferred Brand)	Y	N/A	Y
Health Care Service Corporation	3 (Preferred Brand)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

For all 13 payers covering Tresiba, coverage was determined by drug list and there were no clinical eligibility requirements.

Step Therapy

For all 13 payers covering Tresiba, coverage was determined by drug list and there were no step therapy requirements.

Provider Qualifications

For all 13 payers covering Tresiba, coverage was determined by drug list and there were no provider qualifications requirements.

B18.5. Summary of Findings

Table B18.2. Insulin Degludec Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	Y	Y	Y
Express Scripts Pharmacy	Y	Y	Y	Y
UnitedHealthcare Pharmacy	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Anthem, Inc. Pharmacy	Y	Y	Y	Y
MC-RX Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	N/A	N/A	N/A
Elixir PBM Pharmacy	Y	Y	Y	Y
Blue Shield of California Pharmacy	Y	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	Y	Y	Y
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N/A: not applicable, Y: yes

B19. Policy Brief: Ixekizumab (Taltz), IL-17A antagonist (SC)

B19.1. Condition: Plaque psoriasis (moderate-to-severe)

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: adalimumab, apremilast, brodalumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, rizankizumab-rzaa, secukinumab, tildrakizumab-asmn, ustekinumab

B19.2. Clinical Guidelines

American Academy of Dermatology (2019)

B19.3. Background

FDA Label

Indication: Patients aged 6 years or older with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy Dosing: Adult Plaque Psoriasis: Recommended dose is 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 every 4 weeks. Warning: Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with TALTZ; if positive, initiate treatment of latent TB prior to administering TALTZ. Clinical Trial Eligibility: Three multicenter, randomized, double-blind, placebo-controlled trials, Trials 1, 2, and 3 (NCT 01474512, NCT 01597245, NCT 01646177), enrolled a total of 3866 subjects 18 years of age and older with plaque psoriasis who had a minimum body surface area involvement of 10%, a static Physician Global Assessment (sPGA) score of ≥3 in the overall assessment (plaque thickness/induration, erythema, and scaling) of psoriasis on a severity scale of 0 to 5, a Psoriasis Area and Severity Index (PASI) score ≥12, and who were candidates for phototherapy or systemic therapy. Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/125521s019lbl.pdf

ICER Policy Recommendations

1. Consider eliminating step therapy for patients with moderate-to-severe psoriasis, especially for those patients who demonstrate the need for intensive, ongoing regimens.
2. If step therapy will be used, allow patients who are stable on effective treatment to remain on therapy when they change insurers.

3. In place of step therapy, consider developing indication-specific formulary designs and outcomes-based payment contracts, in which rebates or refunds are linked to outcomes; explore whether refunds to patients can also be included.
4. Co-pays should be based on prices net of discounts and rebates instead of list price

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Psoriasis_Update_Final_Evidence_Report_10042018.pdf

B19.4. Findings: Coverage Policies

We reviewed policies for the ixekizumab autoinjector. Most payers covered ixekizumab under the pharmacy benefit. Five payers (CVS Health (Aetna), Kaiser Foundation Health Plans, Inc., Anthem, Inc., Blue Shield of California, and Blue Cross Blue Shield of Minnesota) cover ixekizumab under both the pharmacy and medical benefits.

UnitedHealthcare does not cover ixekizumab, but they do cover other targeted immune modulators.

Cost Sharing

Five of the 14 payers that cover ixekizumab on their pharmacy benefit placed it on their lowest relevant tier. Six payers (MC-RX, Health Care Service Corporation, Florida Blue, Highmark, Inc., MedImpact Healthcare Systems, Inc., and Blue Cross Blue Shield of Minnesota) did not place ixekizumab on their lowest relevant tier, but they do have drugs in the class on the lowest relevant tier, so they meet our criteria for cost sharing.

UnitedHealthcare does not cover ixekizumab, but they place other drugs in the class on the lowest relevant tier, so they also meet our criteria for cost sharing.

Three payers with 4-tier formularly plans with specialty tiers (Anthem, Inc., Elixir PBM, and Blue Shield of California) all place ixekizumab on their specialty tier, but the lowest relevant tier for the class would be the preferred brand tier Tier 2). These payers do not place any other drugs in the class on tier 2, so they do not meet our criteria for cost sharing.

Table B19.1. Ixekizumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	Not covered	N	2 (Preferred Brand): Adalimumab, apremilast, guselkumab, risankizumab-rzaa, ustekinumab	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC- RX	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, adalimumab, and risankizumab-rzaa	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	6 (Non-Preferred Specialty)	N	5 (Preferred Specialty): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
Florida Blue	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
Highmark, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
MedImpact Healthcare Systems, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y
Blue Cross Blue Shield of Minnesota	3 (Non-Preferred Brand)	N	2 (Preferred Brand): Secukinumab, etanercept, adalimumab, apremilast, ustekinumab, guselkumab	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Kaiser Foundation Health Plans, Inc. (pharmacy and medical policies) did not require a prior authorization for ixekizumab, and two payers (MC-RX and Health Care Service Corporation) had no information available on clinical eligibility criteria. The remaining payers that had information available in MMIT required some variation of a diagnosis of moderate-to-severe plaque psoriasis. This diagnostic requirement meets our criteria because ixekizumab is indicated for patients age 6 and older with moderate-to-severe plaque psoriasis.

Six payers gave specific body surface area (BSA) requirements for treatment with ixekizumab. MedImpact Healthcare Systems, Inc. required patients to have 10% BSA or crucial areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) affected to access ixekizumab. In addition, CVS Health (Aetna) (pharmacy and medical policies) requires patients to have 10% BSA or crucial areas affected, or have 3% BSA affected and have undergone step therapy with phototherapy or a systemic agent. Florida Blue and Blue Cross Blue Shield of Minnesota (pharmacy policy) also required 10% BSA or crucial areas to be affected, or for have patients to have

undergone step therapy with a topical agent, phototherapy, or a systemic agent. CIGNA Health Plans, Inc. and Elixir PBM require patients to have 5% BSA or crucial areas affected, and Anthem, Inc. (pharmacy and medical policies) and Blue Shield of California (pharmacy and medical policies) require patients to have 3% BSA or crucial areas affected. Because ixekizumab is indicated for patients with "moderate-to-severe" plaque psoriasis, our criteria allow payers to define "moderate-to-severe" using percent BSA requirements from the clinical trials or clinical guidelines. Therefore, all of these payers meet our criteria for clinical eligibility.

Step Therapy

Most payers required step therapy with some combination of a topical therapy, conventional systemic therapy, or phototherapy. These step therapy requirements meet our criteria because these treatments are generally effective and are unlikely to lead to irremediable harm should they not be effective. *It is important to note that all payers that require previous treatment with a conventional systemic therapy list cyclosporine as a step therapy option, and cyclosporine is not recommended for use by clinicians.*

Seven payers require step therapy with preferred brand treatments. To note, Elixir PBM requires step therapy with four generic agents in addition to all six preferred brands. Florida Blue, Highmark, Inc., Blue Shield of California (pharmacy and medical policies), and Blue Cross Blue Shield of Minnesota (pharmacy and medical policies) all require four total steps, including generic agents and preferred brands. These requirements all meet our criteria because the preferred brand agents have favorable efficacy and safety profiles and are likely to be effective.

Table B19.2. Ixekizumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy and Medical)	1*	Phototherapy, methotrexate, cyclosporine, or acitretin	Y
Express Scripts (Pharmacy)	1	Phototherapy or conventional systemic therapy (e.g., methotrexate, cyclosporine, or acitretin)	Y
UnitedHealthcare	N/A (Not covered)	N/A	N/A
CIGNA Health Plans, Inc. (Pharmacy)	1	Systemic therapy (e.g., methotrexate, cyclosporine, acitretin), phototherapy, OR topical therapy	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy and Medical)	3	Systemic therapy (e.g., acitretin, cyclosporine, methotrexate) or phototherapy AND two preferred agents (secukinumab, etanercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, or guselkumab)	Y
MC-RX (Pharmacy)	1	Secukinumab, adalimumab, or risankizumab-rzaa	Y

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
Blue Cross Blue Shield of Massachusetts (Pharmacy)	1	Systemic therapy (e.g., methotrexate, acitretin, cyclosporine) or phototherapy	Y
Elixir PBM (Pharmacy)	10	Three of phototherapy and topical therapy AND one of acitretin, cyclosporine, or methotrexate AND secukinumab AND etanercept AND adalimumab AND apremilast AND ustekinumab AND guselkumab	Y
Blue Shield of California (Pharmacy and Medical)	P: 4 M: 2	P: Phototherapy AND one of methotrexate, cyclosporine, or acitretin AND two preferred agents (secukinumab, etancercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, guselkumab) M: One generic psoriasis product AND one of secukinumab, etanercept, or adalimumab	Y
Health Care Service Corporation (Pharmacy)	Not available	N/A	N/A
Florida Blue (Pharmacy)	4	Phototherapy, topical therapy, or systemic therapy (e.g., acitretin, methotrexate, cyclosporine)[ŧ] AND three preferred agents (secukinumab, etanercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, or guselkumab)	Y
Highmark, Inc. (Pharmacy)	4	Phototherapy or systemic therapy (e.g., methotrexate, cyclosporine) AND three preferred agents (secukinumab, etanercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, or guselkumab)**	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	1	Preferred generic agent	Y
Blue Cross Blue Shield of Minnesota (Pharmacy and Medical)	P: 4 M: Not available	P: Phototherapy, topical therapy, or systemic therapy (e.g., acitretin, cyclosporine, methotrexate)[ŧ] AND three preferred agents (secukinumab, etanercept, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, or guselkumab) M: N/A	P: Y M: N/A

M: medical, N/A: not applicable, P: pharmacy, ST: step therapy

*If between 3% and 10% BSA affected

[ŧ]Unless patient has severe active psoriasis, defined at greater than 10% BSA or crucial areas affected, intractable pruritus, or serious emotional consequences.

**If 18 years of age or older

Provider Qualifications

Eight payers (Express Scripts, CIGNA Health Plans, Inc., Elixir PBM, Florida Blue, Highmark, Inc., Blue Shield of California [pharmacy policy], MedImpact Healthcare Systems, Inc., and Blue Cross Blue Shield of Minnesota [pharmacy policy]) require ixekizumab to be prescribed by or in consultation with a dermatologist or other specialist under their pharmacy policies. Blue Cross Blue Shield of

Massachusetts specifically requires ixekizumab to be prescribed by a dermatologist. These requirements meet our criteria because specialist diagnosis is appropriate for this condition.

B19.5. Summary of Findings

Table B19.3. Ixekizumab Fair Access Criteria by Payer

	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Express Scripts				
Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
MC-RX				
Pharmacy	Y	N/A	Y	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	Y	Y	Y	Y
Elixir PBM				
Pharmacy	N	Y	Y	Y
Blue Shield of California				
Pharmacy	N	Y	Y	Y
Medical	N/A	N/A	Y	Y
Health Care Service Corporation				
Pharmacy	Y	N/A	N/A	N/A
Florida Blue				
Pharmacy	Y	Y	Y	Y
Highmark, Inc.				
Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.				
Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota				
Pharmacy	Y	Y	Y	Y
Medical	N/A	N/A	N/A	Y

N: no, N/A: not applicable, Y: yes

B20. Policy Brief: Olaparib (Lynparza), poly (ADP-ribose) polymerase (PARP) inhibitor (oral)

B20.1. Condition: Ovarian Cancer

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: niraparib (Zejula), rucaparib (Rubraca)

B20.2. Clinical Guidelines

National Comprehensive Cancer Network (NCCN) 2021 Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer Guidelines

B20.3. Background

FDA Label

Indication:

1. For the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic BRCA-mutated advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.

2. In combination with bevacizumab for the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD)-positive status defined by either:

• a deleterious or suspected deleterious BRCA mutation, and/or

• genomic instability.

Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza

3. For the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in complete or partial response to platinum-based chemotherapy.

4. For the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.

Dosing: The recommended dosage of Lynparza is 300 mg taken orally twice daily, with or without food.

Warning: Myelodysplastic syndrome/acute myeloid leukemia (MDS/AML), pneumonitis, venous thromboembolic events

Contraindications: None

Interactions: Drug interactions (CYP 3A substrate), other myelosuppressive anticancer agents

Clinical Trial Experience:

- First-Line Maintenance Treatment of BRCA-mutated Advanced Ovarian Cancer: The efficacy of Lynparza was evaluated in SOLO-1 (NCT01844986), a randomized (2:1), double-blind, placebo-controlled, multi-center trial in patients with BRCA-mutated advanced ovarian, fallopian tube, or primary peritoneal cancer following first-line platinum-based chemotherapy. Patients were randomized to receive Lynparza tablets 300 mg orally twice daily or placebo.

- First-Line Maintenance Treatment of HRD-Positive Advanced Ovarian Cancer in Combination with Bevacizumab: PAOLA-1 (NCT02477644) was a randomized, double-blind, placebo-controlled, multi-center trial that compared the efficacy of Lynparza in combination with bevacizumab versus placebo/bevacizumab for the maintenance treatment of advanced high-grade epithelial ovarian cancer, fallopian tube or primary peritoneal cancer following first-line platinum-based chemotherapy and bevacizumab.

- Maintenance Treatment of Recurrent Ovarian Cancer: The efficacy of Lynparza was evaluated in SOLO-2 (NCT01874353), a randomized (2:1) double-blind, placebo-controlled trial in patients with gBRCAm ovarian, fallopian tube, or primary peritoneal cancer.

- Advanced Germline BRCA-mutated Ovarian Cancer Treated with 3 or More Prior Lines of Chemotherapy: The efficacy of Lynparza was investigated in a single-arm study of patients with deleterious or suspected deleterious gBRCAm advanced cancers. A total of 137 patients with measurable, advanced gBRCAm ovarian cancer treated with three or more prior lines of chemotherapy were enrolled

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/208558s019s020lbl.pdf

ICER Policy Recommendations

Payers and Providers - Eliminate methods of provider reimbursement that provide significant financial incentives favoring intravenous drugs over oral treatments. Such payment mechanisms can distort clinical decision-making to the detriment of good patient care. - Health plans should work closely with clinicians to provide guideline-concordant testing for genetic mutations and consider adjustments to coverage policies based on the testing results.
Manufacturers - Broaden eligibility criteria for patient assistance programs to counter the impact of financial toxicity - Price PARP inhibitors differentially by dosage strength, so that patients are not financially penalized when doses must be reduced to manage side effects.

Link to report: http://icerorg.wpengine.com/wp-content/uploads/2020/10/MWCEPAC_OVARIAN_FINAL_EVIDENCE_REPORT_10112017-1.pdf

B20.4. Findings: Coverage Policies

We only evaluated olaparib for the **treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy**

Fourteen of the 15 payers covered olaparib for the treatment of ovarian cancer. All payers covered Olaparib under their pharmacy benefits and none covered it under their medical benefits. Coverage of Olaparib for MC-RX was unknown for both their pharmacy and medical benefits; therefore, judgments could not be made. All coverage data outlined below relates to policies under the payers' pharmacy benefits.

Cost Sharing

Of the 14 payers covering olaparib, two payers with a 3-tier formulary (CIGNA Health Plans, Inc. and Highmark, Inc.) and three payers with 4-tier formularly plans with a specialty tier (Anthem, Inc., Elixir PBM and Blue Shield of California) did not cover olaparib on the lowest relevant tier, nor did they cover any alternatives at the lowest relevant tier and thus do not meet our cost-sharing criteria.

Table B20.1. Olaparib Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Kaiser Foundation Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC-RX	Coverage unkown	N/A	Niraparib listed as "Covered"	N/A
Blue Cross Blue Shield of Massachusetts	4 (Preferred, Zero Copay, Preventative)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	5 (Preferred Specialty)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Eleven of the 14 payers had clinical eligibility information available. All payers for which clinical eligibility criteria were available met clinical eligibility criteria for the *treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy.* For three payers, clinical eligibility was unspecified as per MMIT and thus no judgment could be made.

Step Therapy

Step therapy was required by ten out of the 14 payers for the *treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer.* The FDA label requires 3 prior lines of chemotherapy, the NCCN guidelines recommend 2 or more prior lines. Therefore, policies requiring three or fewer steps met our criteria.

Table B20.2. Olaparib Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	2	Two or more prior chemotherapies	Y
Express Scripts (Pharmacy)	Not available	N/A	N/A
UnitedHealthcare (Pharmacy)	2	Two or more prior lines of chemotherapy	Y
CIGNA Health Plans, Inc. (Pharmacy)	2	Two or more prior lines of chemotherapy	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy)	0	N/A	Y
Anthem, Inc. (Pharmacy)	3	Three or more lines of chemotherapy	Y
MC-RX	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Pharmacy)	3	Three or more prior lines of chemotherapy	Y
Elixir PBM	N/A	N/A	N/A
Blue Shield of California (Pharmacy)	3	At least three prior lines of chemotherapy	Y
Health Care Service Corporation (Pharmacy)	2	Two or more prior lines of chemotherapy	Y
Florida Blue (Pharmacy)	3	Three or more lines of chemotherapy	Y
Highmark, Inc. (Pharmacy)	3	Three or more prior lines of chemotherapy	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy)	2	Two or more prior lines of chemotherapy	Y

N: no, N/A: not applicable, Y: yes

Provider Qualifications

None of the payers that cover olaparib and had information available in MMIT required provider qualifications.

B20.5. Summary of Findings

Table B20.3. Olaparib Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	Y	Y	Y
Express Scripts Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	N	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Anthem, Inc. Pharmacy	N	Y	Y	Y
MC-RX	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	Y	Y	Y
Elixir PBM Pharmacy	N	N/A	N/A	N/A
Blue Shield of California Pharmacy	N	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	Y	Y	Y
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	N	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N: no, N/A: not applicable, Y: yes

B21. Policy Brief: Onasemnogene abeparvovec (Zolgensma®, AveXis Inc.), adeno-associated virus vector-based gene therapy (IV)

B21.1. Condition: Spinal Muscular Atrophy

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: N/A – price was not known at time of report

Other Drugs in Class: None

B21.2. Clinical Guidelines

CURE SMA Guidelines 2018 (Zolgensma approved 2019)

B21.3. Background

FDA Label

Indication: for the treatment of pediatric patients less than 2 years of age with spinal muscular atrophy (SMA) with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene.

Dosing: recommended dose is 1.1 × 1014 vector genomes per kg of body weight (one single dose)

Eligibility from Main Trials:
Six or nine months of age and younger (depending on cohort) on day of vector infusion with Type 1 SMA as defined by the following features:

1. Diagnosis of SMA based on gene mutation analysis with bi-allelic SMN1 mutations (deletion or point mutations) and 2 copies of SMN2.
2. Onset of disease at birth up to 6 months of age.
3. Hypotonia by clinical evaluation with delay in motor skills, poor head control, round shoulder posture and hypermobility of joints.

Warning: acute serious liver injury and elevated aminotransferases, thrombocytopenia, elevated troponin-1

Contraindications: none

Interactions: adjust a patient's vaccination schedule to accommodate concomitant corticosteroid administration prior to and following ZOLGENSMA infusion; certain vaccines, such as MMR and varicella, are contraindicated for patients on a substantially immunosuppressive steroid dose

Link to label: https://www.fda.gov/media/126109/download

ICER Policy Recommendations

Given the substantial remaining uncertainty regarding the benefits of Zolgensma in certain subpopulations and their high cost, it is reasonable for insurers and other payers to develop prior authorization criteria to ensure prudent use. Prior authorization criteria should be based on clinical evidence, specialty society guidelines, and input from clinical experts and patient groups. Options for specific elements of coverage criteria within insurance coverage policy are: - **Patient eligibility criteria**: SMA should be confirmed by genetic testing for both symptomatic and presymptomatic patients. Insurers should not require repeated documentation of genetic testing results - **Provider Criteria**: Payers are likely to set criteria for providers to require either that the provider be a specialist in neuromuscular medicine or work in consultation with such a specialist
Payers should provide responses to prior authorization requests within 48 hours
Given that Zolgensma has a new mechanisms of action, lacks long-term safety and efficacy data, and is very expensive, it is reasonable for insurers and other payers to negotiate outcomes-based contracts with manufacturers.

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_SMA_Final_Evidence_Report_110220.pdf

B21.4. Findings: Coverage Policies

Eleven out of the 15 payers covered covered onasemnogene abeparvovec for the treatment of spinal muscular atrophy. Eight payers covered onasemnogene abeparvovec only under their medical benefits, two under both, and one payer only under pharmacy benefits. Elixir PBM did not cover onasemnogene abeparvovec under their pharmacy benefits, but coverage under their medical benefits was unknown, so no judgments could be made. Coverage was unkown for four payers and for these payers no judgments could be made.

Cost Sharing (Pharmacy only)

Table B21.1. Onasemnogene Abeparvovec Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	N/A (Covered under medical)	N/A	N/A	N/A
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	N/A (Covered under medical)	N/A	N/A	N/A
CIGNA Health Plans, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	N/A (Covered under medical)	N/A	N/A	N/A

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
MC-RX	Not available	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	Not available	N/A	N/A	N/A
Elixir PBM	Not available	N/A	N/A	N/A
Blue Shield of California	N/A (Covered under medical)	N/A	N/A	N/A
Health Care Service Corporation	N/A (Covered under medical)	N/A	N/A	N/A
Florida Blue	N/A (Covered under medical)	N/A	N/A	N/A
Highmark, Inc.	N/A (Covered under medical)	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc.	Not available	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

One pharmacy and seven medical policies were judged to meet our clinical eligibility criteria because the definition of the disease is not more restrictive than the label, guidelines, or clinical trial eligibility criteria. Two medical policies (Anthem, Inc. and Blue Cross Blue Shield of Minnesota) required patients have no more than two copies of the SMN2 gene, which is considered more restrictive than the FDA label and clinical guidelines. UnitedHealthcare's medical policy was judged discordant with our fair access criteria because the coverage requirements restrict access for certain subgroups of patients.

Step Therapy

None of the coverage policies required step therapy. Therefore all payers meet our step therapy criteria.

Provider Qualifications

CVS Health (Aetna) (medical), UnitedHealthcare (medical), CIGNA Health Plans, Inc. (medical), Florida Blue (medical), and Blue Cross Blue Shield of Minnesota (medical) required a specialist prescriber. This is aligned with our provider qualification criteria.

B21.5. Summary of Findings

Table B21.2. Onasemnogene Abeparvovec Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Medical	Y	Y	Y	Y
Express Scripts Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare Medical	Y	N	Y	Y
CIGNA Health Plans, Inc. Medical	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Pharmacy Medical	Y N/A	Y Y	Y Y	Y Y
Anthem, Inc. Medical*	N/A	N	Y	Y
MC-RX	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	N/A	N/A	N/A	N/A
Elixir PBM	N/A	N/A	N/A	N/A
Blue Shield of California Medical	N/A	Y	Y	Y
Health Care Service Corporation Medical	N/A	Y	Y	Y
Florida Blue Medical	Y	Y	Y	Y
Highmark, Inc. Medical	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy Medical*	N N/A	N/A N	N/A Y	N/A Y

N: no, N/A: not applicable, Y:yes

*Medical policies for Anthem, Inc. and Blue Cross Blue Shield of Minnesota on file

B22. Policy Brief: Rimegepant (Nurtec ODT), calcitonin gene-related peptide receptor antagonist (sublingual, and oral)

B22.1. Condition: Acute Treatment for Migraine

Access and Affordability Alert?: N/A

Was Drug Cost-Effective at Time of Report?: N/A

Other Drugs in Class: Ubrogepant (Ubrelvy)

B22.2. Clinical Guidelines

AHS Position Statement On Integrating New Migraine Treatments Into Clinical Practice (2018)

B22.3. Background

FDA Label

Indication: acute treatment of migraine with or without aura in adults

Dosing: The recommended dose is 75 mg taken orally, as needed (max 75 mg / 24 hours).

Warning: Hypersensitivity Reactions: If a serious hypersensitivity reaction occurs, discontinue NURTEC ODT and initiate appropriate therapy. Severe hypersensitivity reactions have included dyspnea and rash, and can occur days after administration.

Contraindications: Patients with a history of hypersensitivity reaction to rimegepant, NURTEC ODT, or to any of its components

Interactions:

- Strong CYP3A4 Inhibitors: Avoid concomitant administration.

- Moderate CYP3A4 Inhibitors: Avoid another dose within 48 hours when administered with a moderate CYP3A4 inhibitor.

- Strong and Moderate CYP3A Inducers: Avoid concomitant administration.

- Inhibitors of P-gp or BCRP: Avoid concomitant administration

Clinical Trial Eligibility (NCT03461757):
- Migraine attacks present for more than 1 year with the age of onset prior to 50 years of age
- Migraine attacks, on average, lasting about 4-72 hours if untreated
- Not more than 8 attacks of moderate to severe intensity per month within the last 3 months
- Consistent migraine headaches of at least 2 migraine headache attacks of moderate or severe intensity
- Less than 15 days with headache (migraine or non-migraine) per month

- Subjects on prophylactic migraine medication are permitted to remain on therapy provided they have been on a stable dose for at least 3 months prior to screening visit and the dose is not expected to change during the course of the study.
- Subjects with contraindications for use of triptans may be included provided they meet all other study entry criteria.

Approximately 14% of patients were taking preventive medications for migraine at baseline. None of the patients in Study 1 were on concomitant preventive medication that act on the CGRP pathway.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/212728s000lbl.pdf

ICER Policy Recommendations

Given that the evidence does not demonstrate superiority of the newer agents to existing less expensive treatment options, it is reasonable for insurers and other payers to develop prior authorization criteria for lasmiditan, rimegepant and ubrogepant to ensure prudent use of these new therapies.
For ubrogepant and rimegepant, given their similar mechanisms of action and available evidence suggesting no major differences in safety or effectiveness, it is not unreasonable for payers to negotiate lower prices by offering preferential formulary status to one or the other drug, including the possibility of exclusion of one of the drugs. If only one drug is covered, however, clinicians and patients should have the ability to appeal for coverage for the other gepant drug should a trial of the favored drug not produce adequate success.
Prior authorization criteria should be based on clinical evidence, specialty society guidelines, and input from clinical experts and patient groups. The process for authorization should be clear and efficient for providers.

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Acute-Migraine_Final-Evidence-Report_Policy-Recommendations_022520-1.pdf

B22.4. Findings: Coverage Policies

Fourteen out of 15 insurers covered rimegepant as an acute treatment for migraines. UnitedHealthcare did not cover rimegepant, but did cover ubrogepant.

All of the payers that covered rimegepant covered it under their pharmacy benefits. Of the 14 payers, coverage policies were publicly available for eight of those payers. Coverage under the medical benefit was unknown for all payers.

Cost Sharing

Of the 14 payers that covered rimegepant under their pharmacy benefits, nine placed rimegepant on the lowest relevant tier or covered an alternative on the lowest relevant tier, and thus meet our cost sharing criteria.

Express Scripts, Blue Shield of California, Health Care Service Corporation, Florida Blue, Highmark, Inc., and Blue Cross Blue Shield of Minnesota did not place rimegepant or an alternative treatment (e.g., ubrogepant) on their lowest relevant tier. Therefore these payers do not meet our cost sharing criteria.

Table B22.1. Rimegepant Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
UnitedHealthcare	Not covered	N	2 (Preferred Brand): Ubrogepant	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	Not available	N/A	No tiering information provided	Y
Anthem, Inc.	2 (Preferred Brand)	Y	N/A	Y
MC-RX	3 (Non-Preferred Brand)	N	2 (Preferred brand): Ubrogepant	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	3 (Preferred Specialty)	Y	2 (Preferred Brand): Ubrogeant	Y
Blue Shield of California	4 (Specialty)	N	2 (Preferred brand): None	N
Health Care Service Corporation	4 (Non-Preferred Brand)	N	3 (Preferred Brand): None	N
Florida Blue	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Highmark, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N

N: no, N/A: Not applicable, Y: yes

Clinical Eligibility

Eligible patients were commonly described as adults with a diagnosis of episodic migraine (or chronic migraine who do not get adequate relief from a preventative). Some payers required patients to have at least four migraine days per month, which is in line with the diagnostic criteria for episodic migraines as well as clinical trial eligibility criteria.

For payers that cover Nurtec, clinical eligibility criteria were not available for CVS Health (Aetna), Kaiser Foundation Health Plans, Inc., Blue Cross Blue Shield of Massachusetts, Elixir PBM, MC-RX, MedImpact Healthcare Systems, Inc., and Blue Cross Blue Shield of Minnesota.

All payers for which clinical eligibility criteria were available pass our criteria.

Step Therapy

Payers required the patients to have failed one to three prior treatments, typically triptans.

Information on step therapy was not available for CVS Health (Aetna), Anthem, Inc., MedImpact Healthcare Systems, Inc., Elixir PBM , and Blue Cross Blue Shield of Minnesota.

All payers for which step therapy information was available meet our step therapy criteria.

Table B22.2. Rimegepant Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	N/A	N/A	N/A
Express Scripts (Pharmacy)	1	Triptans	Y
UnitedHealthcare	Not covered	N/A	N/A
CIGNA Health Plans, Inc. (Pharmacy)	1	Triptans	Y
Kaiser Foundation Health Plans, Inc.	0	N/A	Y
Anthem, Inc. (Pharmacy)	2	Episodic: two triptans Chronic: two prophylactic treatments	Y
MC-RX (Pharmacy)	1	One of the following: triptans, reyvow, or ubrogepant	Y
Blue Cross Blue Shield of Massachusetts (Pharmacy)	1-2	Two triptans OR evidence of paid claim for ubrogepant in last 130 days	Y
Elixir PBM (Pharmacy)	N/A	N/A	N/A
Blue Shield of California (Pharmacy)	2	Triptans	Y
Health Care Service Corporation (Pharmacy)	3	Two triptans AND one preventative agent	Y
Florida Blue (Pharmacy)	3	Two triptans AND one preventative agent	Y
Highmark, Inc. (Pharmacy)	2	Triptans	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy)	N/A	N/A	N/A

N: no, N/A: not applicable , ST: step therapy, Y: yes

Provider Qualifications

Of the payers for which PA information were available, none required prescriber qualifications. Therefore, all meet the criteria. Information was not available for the following payers: CVS Health (Aetna), Elixir PBM, MedImpact Healthcare Systems, Inc., and Blue Cross Blue Shield of Minnesota.

B22.5. Summary of Findings

Table B22.3. Rimegepant Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	N/A	N/A	N/A
Express Scripts Pharmacy	N	Y	Y	Y
UnitedHealthcare	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Y	Y	Y	Y
Anthem, Inc. Pharmacy	Y	Y	Y	Y
MC-RX Pharmacy	Y	N/A	Y	Y
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	N/A	Y	Y
Elixir PBM Pharmacy	Y	N/A	N/A	N/A
Blue Shield of California Pharmacy	N	Y	Y	Y
Health Care Service Corporation Pharmacy	N	Y	Y	Y
Florida Blue Pharmacy	N	Y	Y	Y
Highmark, Inc. Pharmacy	N	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	N	N/A	N/A	N/A

N: no, N/A: not applicable, Y: yes

B23. Policy Brief: Rivaroxaban (Xarelto), Factor XA Inhibitor (oral)

B23.1. Condition: CVD, additive

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: apixaban and edoxaban (factor Xa inhibitors); warfarin and dabigatran are other non-vitamin K oral anti coagulants (NOACs)

B23.2. Clinical Guidelines

2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease

B23.3. Background

FDA Label

Indication: to reduce the risk of major cardiovascular events in patients with chronic coronary artery disease

Dosing: CAD: 2.5 mg orally twice daily with or without food, in combination with aspirin (75-100 mg) once daily

Black box warning: A) PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS, (B) SPINAL/EPIDURAL HEMATOMA

Clinical Trial Eligibility: The evidence for the efficacy and safety of XARELTO for the reduction in the risk of stroke, myocardial infarction, or cardiovascular death in patients with coronary artery disease (CAD) or peripheral artery disease (PAD) was derived from the double-blind Cardiovascular OutcoMes for People using Anticoagulation StrategieS trial (COMPASS) [NCT10776424]. A total of 27,395 patients were evenly randomized to rivaroxaban 2.5 mg orally twice daily plus aspirin 100 mg once daily, rivaroxaban 5 mg orally twice daily alone, or aspirin 100 mg once daily alone. Patients with established CAD or PAD were eligible. Patients with CAD who were younger than 65 years of age were also required to have documentation of atherosclerosis involving at least two vascular beds or to have at least two additional cardiovascular risk factors (current smoking, diabetes mellitus, an estimated glomerular filtration rate [eGFR] <60mL per minute, heart failure, or non-lacunar ischemic stroke ≥ 1 month earlier). Patients with PAD were either symptomatic with ankle brachial index <0.90 or had asymptomatic carotid artery stenosis ≥50%, a previous carotid revascularization procedure or established ischemic disease of one or both lower extremities. Patients were excluded for use of dual antiplatelet, other non-aspirin

antiplatelet, or oral anticoagulant therapies, ischemic, non-lacunar stroke within 1 month, hemorrhagic or lacunar stroke at any time, or eGFR <15mL/min.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022406s028lbl.pdf

2019 ICER Policy Recommendations

1. Dual-action platelet therapy (DAPT) should not be considered an appropriate candidate in a step therapy protocol as a first step prior to receiving coverage for rivaroxaban.
2. The FDA indication for rivaroxaban allows for treatment in a broader population than the high-risk patients enrolled in COMPASS, yet there is no strong evidence-based approach to defining a narrower set of eligibility criteria for coverage.
3. Patients at high risk of major bleeding were excluded from the COMPASS trial of rivaroxaban. Payers might consider instituting coverage criteria requiring clinicians to attest that patients have not had a prior major bleed and/or are not currently at high risk for future bleeds. However, balancing bleeding risk with cardiovascular (CV) event risk needs to be an individualized decision, and payers may wish to frame coverage language without any determination of bleeding risk.
4. Specialist prescribing should not be viewed as a necessary part of a coverage policy. While payers might consider limiting prescribing to cardiologists or in consultation with a cardiologist, many non-specialists have experience prescribing rivaroxaban for conditions such as atrial fibrillation, deep venous thrombosis, and pulmonary embolism.

Link to 2019 report: https://icer.org/assessment/cvd-additive-therapies-2019/

B23.4. Findings: Coverage Policies

Rivaroxoban is covered under the pharmacy benefit for all payers.

Cost Sharing

Kaiser Foundation Health Plans, Inc. had no tiering data available for rivaroxoban. All other payers had rivaroxoban on the lowest relevant tier, Preferred Brand. Thus, all payers met the cost sharing criteria.

Clinical Eligibility

No prior authorization documents were available for rivaroxoban that included clinical eligibility criteria. This was coded as no prior authorization required in MMIT, thus all payers met the clinical eligibility criteria.

Step Therapy

MMIT coded all payers as have no step therapy for rivaroxoban. Thus, all payers met the step therapy criteria.

Provider Qualifications

Because all payers were coded as having no prior authorization required in MMIT, all payers met the provider qualification criteria.

B23.5. Summary of Findings

Table B23.1. Rivaroxaban Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	Y	Y	Y
Express Scripts Pharmacy	Y	Y	Y	Y
UnitedHealthcare Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Pharmacy	N/A	Y	Y	Y
Anthem, Inc. Pharmacy	Y	Y	Y	Y
MC-RX Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	Y	Y	Y
Elixir PBM Pharmacy	Y	Y	Y	Y
Blue Shield of California Pharmacy	Y	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	Y	Y	Y
Florida Blue Pharmacy	Y	Y	Y	Y
Highmark, Inc. Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N/A: not applicable, Y: yes

B24. Policy Brief: Sacubitril / Valsartan (Entresto), angiotensin receptor-neprilysin inhibitor (ANRI, oral)

B24.1. Condition: Congestive Heart Failure

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: none

B24.2. Clinical Guidelines

Guidelines: 2021 ACC Expert Consensus on Optimal Management of Heart Failure

The 2021 consensus document defines heart failure with reduced ejection fraction as clinical diagnosis of HF and LVEF ≤40% and suggests this threshold for initiation of ANRI. It also recommends direct to ANRI treatment for newly diagnosed or treatment-naïve HF patients in lieu of stepping through an ACEI/ARB.

B24.3. Background

FDA Label

Indication: reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction. Entresto is usually administered in conjunction with other heart failure therapies, in place of an ACE inhibitor or other ARB.

Dosing: The recommended starting dose of ENTRESTO is 49/51 mg twice-daily. Double the dose of ENTRESTO after 2 to 4 weeks to the target maintenance dose of 97/103 mg twice-daily, as tolerated by the patient. Reduce the starting dose to 24/26 mg twice-daily for: patients not currently taking an angiotensin-converting enzyme inhibitor (ACEi) or an angiotensin II receptor blocker (ARB) or previously taking a low dose of these agents, patients with severe renal impairment, patients with moderate hepatic impairment. Double the dose of ENTRESTO every 2 to 4 weeks to the target maintenance dose of 97/103 mg twice-daily, as tolerated by the patient.

Contraindications and Warnings: Not for patients with a history of angioedema related to previous ACE inhibitors or ARBS; No concomitant use with ACE inhibitors or aliskiren in patients with diabetes. Observe for signs and symptoms of angioedema and hypotension; monitor renal function and potassium in susceptible patients.

Clinical Trial Eligibility: PARADIGM-HF was a multinational, randomized, double-blind trial comparing ENTRESTO and enalapril in 8,442 adult patients with symptomatic chronic heart failure (NYHA class II–IV) and systolic dysfunction (left ventricular ejection fraction ≤ 40%). Patients had to have been on an ACE

inhibitor or ARB for at least four weeks and on maximally tolerated doses of beta-blockers. Patients with a systolic blood pressure of < 100 mmHg at screening were excluded.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/207620s008lbl.pdf

ICER Policy Recommendations (2015)

1. Provider groups and payers may wish to limit prescribing to cardiologists, or in consultation with a cardiologist, due to the potential for side effects at initiation, importance of selecting appropriate patients, and relatively large expense when to compared to generic ACE inhibitors or ARBs.
2. Based on the combination of its clinical benefits, pricing aligned with patient benefit, and short-term affordability, payers should consider placing Entresto in the "preferred brand" category, especially if discounts can be obtained that bring the price in line with thresholds for health-system affordability.
3. Further research and real-world experience with Entresto are needed to help identify the most appropriate patients among those who have ClassII-IV heart failure and reduced ejection fraction.

Link to 2015 report: https://icer.org/assessment/congestive-heart-failure-2015

B24.4. Findings: Coverage Policies

Sacubitril/valsartan is covered by all the payers in our review exclusively under pharmacy plans.

Cost Sharing

Eleven payers (CVS Health (Aetna), Express Scripts, MedImpact Healthcare Systems, Inc., CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., MC-RX, Blue Cross Blue Shield of Minnesota, Elixir PBM, Blue Shield of California, Florida Blue, Health Care Service Corporation, and Highmark, Inc.) placed sacubitril/valsartan on the lowest relevant tier (Preferred Brand). Three payers (UnitedHealthcare, Anthem, Inc., Blue Cross Blue Shield of Massachusetts) did not place sacubitril/valsartan on the lowest relevant tier. This fails our cost-sharing criteria because there are no other drugs in class.

Table B24.2. Sacubitirl/Valsartan Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand)	Y	N/A	Y
Anthem, Inc.	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
MC-RX	2 (Preferred Brand)	Y	N/A	Y

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
Blue Cross Blue Shield of Massachusetts	3 (Non-Preferred Brand)	N	2 (Preferred Brand): None	N
Elixir PBM	2 (Preferred Brand)	Y	N/A	Y
Blue Shield of California	2 (Preferred Brand)	Y	N/A	Y
Health Care Service Corporation	3 (Preferred Brand)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Clinical eligibility information was not available for eight payers (CVS Health (Aetna), MedImpact Healthcare Systems, Inc., CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., MC-RX, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, Florida Blue, and Highmark, Inc.). Two payers (Express Scripts and UnitedHealthcare) required that patients have CHF with LVEH ≤40% and NYHA Class II-IV. This meets our criteria because it is in line with clinical trials and guidelines. One payer (Anthem, Inc.) required that patients have CHF with LVEF ≤35% and NYHA Class II-IV. This does not meet our criteria because it is more restrictive than clinical trial eligibility and guidelines target LVEF ≤40%.

Provider Qualifications

Eight payers (CVS Health (Aetna), MedImpact Healthcare Systems, Inc., CIGNA Health Plans, Inc., MC-RX, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, Florida Blue, and Highmark, Inc.) had no information on provider qualification requirements and six payers (Anthem, Inc., Elixir PBM, Blue Shield of California, Kaiser Foundation Health Plans, Inc., Health Care Service Corporation, and Highmark, Inc.) had no prescriber qualifications requirement. Two payers (UnitedHealthcare and Express Scripts) required prescribing by or in consultation with a cardiologist. This meets our criteria as specialist management and monitoring of this condition is appropriate.

Step Therapy

Seven payers (CVS Health (Aetna), MedImpact Healthcare Systems, Inc., CIGNA Health Plans, Inc., MC-RX, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Minnesota, and Highmark, Inc.) had no step therapy information available and six payers (Kaiser Foundation Health Plans, Inc., Anthem, Inc., Elixir PBM, Blue Shield of California, Health Care Service Corporation, and Florida Blue) did not have step therapy requirements. Two payers (Express Scripts and

UnitedHealthcare) required concomitant use or intolerance to beta-blockers. This meets our step therapy criteria because it is consistent with guidelines.

Table B24.1.: Sacubitirl/Valsartan Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	N/A	--	N/A
Express Scripts (Pharmacy)	1	Concomitant use or intolerance to beta-blocker	Y
UnitedHealthcare (Pharmacy)	1	Concomitant use or intolerance to beta-blocker	Y
CIGNA Health Plans, Inc. (Pharmacy)	N/A	--	N/A
Kaiser Foundation Health Plans, Inc. (Pharmacy)	0	--	Y
Anthem, Inc. (Pharmacy)	0	--	Y
MC-RX (Pharmacy)	N/A	--	N/A
Blue Cross Blue Shield of Massachusetts (Pharmacy)	N/A	N/A	N/A
Elixir PBM (Pharmacy)	0	--	Y
Blue Shield of California (Pharmacy)	0	--	Y
Health Care Service Corporation (Pharmacy)	0	--	Y
Florida Blue (Pharmacy)	0	--	Y
Highmark, Inc.(Pharmacy)	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc. (Pharmacy)	N/A	--	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy)	N/A	--	N/A

N: no, N/A: not applicable, Y:yes

B24.5. Summary of Findings

Table B24.3.: Sacubitirl/Valsartan Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Pharmacy	Y	N/A	N/A	N/A
Express Scripts Pharmacy	Y	Y	Y	Y
UnitedHealthcare Pharmacy	N	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	N/A
Anthem, Inc. Pharmacy	N	N	Y	Y
MC-RX Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Pharmacy	N	N/A	N/A	N/A
Elixir PBM Pharmacy	Y	Y	Y	Y
Blue Shield of California Pharmacy	Y	Y	Y	Y
Health Care Service Corporation Pharmacy	Y	Y	Y	Y
Florida Blue Pharmacy	Y	N/A	Y	N/A
Highmark, Inc. Pharmacy	Y	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	Y	N/A	N/A	N/A

N: no, N/A: Not applicable, Y: yes

B25. Policy Brief: Secukinumab (Cosentyx), IL-17A antagonist (SC)

B25.1. Condition: Plaque psoriasis, moderate-to-severe

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: adalimumab, apremilast, brodalumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, rizankizumab-rzaa, tildrakizumab-asmn, ustekinumab

B25.2. Clinical Guidelines

American Academy of Dermatology (2019)

B25.3. Background

FDA Label

Indication: Moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy Dosing: Recommended dosage is 300 mg by subcutaneous injection at Weeks 0, 1, 2, 3, and 4 followed by 300 mg every 4 weeks. For some patients, a dose of 150 mg may be acceptable. Warning: Test for TB prior to initiating treatment with Cosentyx; if positive, initiate treatment for TB before starting Cosentyx. Caution should be used when prescribing to patients with inflammatory bowel disease. Clinical Trial Eligibility: Four multicenter, randomized, double-blind, placebo-controlled trials (Trials 1, 2, 3, and 4) enrolled 2403 subjects (691 randomized to COSENTYX 300 mg, 692 to COSENTYX 150 mg, 694 to placebo, and 323 to a biologic active control) 18 years of age and older with plaque psoriasis who had a minimum body surface area involvement of 10%, and Psoriasis Area and Severity Index (PASI) score greater than or equal to 12, and who were candidates for phototherapy or systemic therapy. Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/125504s035lbl.pdf

ICER Policy Recommendations

1. Consider eliminating step therapy for patients with moderate-to-severe psoriasis, especially for those patients who demonstrate the need for intensive, ongoing regimens.
2. If step therapy will be used, allow patients who are stable on effective treatment to remain on therapy when they change insurers.

3. In place of step therapy, consider developing indication-specific formulary designs and outcomes-based payment contracts, in which rebates or refunds are linked to outcomes; explore whether refunds to patients can also be included.
4. Co-pays should be based on prices net of discounts and rebates instead of list price

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Psoriasis_Update_Final_Evidence_Report_10042018.pdf

B25.4. Findings: Coverage Policies

Most payers covered secukinumab under the pharmacy benefit, but Blue Cross Blue Shield of Massachusetts only covers secukinumab under the medical benefit. Five payers (CVS Health (Aetna), Kaiser Foundation Health Plans, Inc., Anthem, Inc., Blue Shield of California, and Blue Cross Blue Shield of Minnesota) cover secukinumab under both the pharmacy and medical benefits.

The Express Scripts and CIGNA Health Plans, Inc. formularies do not cover secukinumab, but they do cover other targeted immune modulators.

Cost Sharing

Of the 12 payers that had pharmacy policies for secukinumab, eight placed secukinumab on their lowest relevant tiers for the drug class (preferred brand, brand drugs, or preferred specialty). These meet our criteria for cost sharing.

UnitedHealthcare did not place secukinumab on their lowest relevant tier, but they do have several drugs in class on the lowest relevant tier (preferred brand), so they meet our criteria for cost sharing.

Express Scripts and CIGNA Health Plans, Inc. do not cover secukinumab, but they do cover other drugs in class on the lowest relevant tiers for the class, so they also meet our criteria for cost sharing.

Three payers with 4-tier formulary plans (Anthem, Inc., Elixir PBM, and Blue Shield of California) all place secukinumab on their specialty tier, but the lowest relevant tier for the class would be the preferred brand tier (Tier 2). These payers do not place any other drugs in the class on tier 2, so they do not meet our criteria for cost sharing.

Table B25.1. Secukinumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	Not covered	N	2 (Preferred Brand): Certolizumab pegol, etanercept, adalimumab, apremilast, infliximab, ustekinumab, ixekizumab, guselkumab	Y
UnitedHealthcare	3 (Non-Preferred Generics and Non-Preferred Brand)	N	2 (Preferred Brand): Certolizumab pegol, adalimumab, apremilast, risankizumab-rzaa, ustekinumab, guselkumab	Y
CIGNA Health Plans, Inc.	Not covered	N	2 (Preferred Brand): Etanercept, adalimumab, apremilast, infliximab, risankizumab-rzaa, ustekinumab, ixekizumab, guselkumab	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand Drugs)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC-RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	N/A (Covered under medical)	N/A	N/A	N/A
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N
Health Care Service Corporation	5 (Preferred Specialty)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Eleven policies specified that patients must have a diagnosis of moderate-to-severe plaque psoriasis.

In addition, seven payers provided a more specific definition. Anthem, Inc. (pharmacy and medical policies) and Blue Shield of California (pharmacy and medical policies) require patients to have 3% BSA or sensitive areas affected; Elixir PBM requires patients to have 5% BSA or sensitive areas affected; Health Care Service Corporation, Florida Blue, and Blue Cross Blue Shield of Minnesota

(pharmacy policy) require patients to have 10% BSA or sensitive areas affected or undergo step therapy with conventional agents; and CVS Health (Aetna) (pharmacy and medical policies) requires patients to have 10% BSA or sensitive areas affected, or 3% BSA affected and undergo step therapy with conventional agents. Because secukinumab is indicated for patients with "moderate-to-severe" plaque psoriasis, our criteria allow payers to define "moderate-to-severe" using percent BSA requirements from the clinical trials or clinical guidelines. Therefore, all of these payers meet our criteria for clinical eligibility.

Kaiser Foundation Health Plans, Inc. (pharmacy and medical policies) has no prior authorization criteria for secukinumab, and MedImpact Healthcare Systems, Inc. has no information available on clinical eligibility criteria in MMIT.

Step Therapy

Five payers require step therapy with either phototherapy or a conventional systemic agent, and three payers require step therapy through either phototherapy, a conventional systemic agent, or a topical agent. These step therapy requirements meet our criteria because these treatments are effective and are unlikely to lead to irremediable harm should they not be effective. *It is important to note that most payers that require previous treatment with a conventional systemic therapy list cyclosporine as a step therapy option, and cyclosporine is not recommended for use by clinicians*.

UnitedHealthcare requires step therapy through one preferred product to access secukinumab, and Elixir PBM requires step therapy through one conventional treatment and two preferred products. The medical policy from CVS Health (Aetna) requires patients to step through all preferred products, in addition to one conventional systemic therapy, for a total of eight steps. Step therapy through preferred brand products meets our criteria because these treatments are likely to be effective and have favorable safety profiles.

MC-RX, MedImpact Healthcare Systems, Inc., and Blue Cross Blue Shield of Minnesota had no information available on step therapy, so we were unable to judge whether they meet our criteria.

Table B25.2.: Secukinumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy and Medical)	P: 1 M: 8	P: Phototherapy, methotrexate, cyclosporine, or acitretin* M: Phototherapy, methotrexate, cyclosporine, or acitretin* AND adalimumab AND tildrakizumab-asmn AND apremilast AND risankizumab-rzaa AND ustekinumab AND ixekizumab AND guselkumab	P: Y M: Y
Express Scripts	N/A (Not covered)	N/A	N/A

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
UnitedHealthcare (Pharmacy)	1	Adalimumab, ustekinumab, guselkumab, certolizumab pegol, or risankizumab-rzaa	Y
CIGNA Health Plans, Inc.	N/A (Not covered)	N/A	N/A
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy and Medical)	1	Phototherapy or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
MC- RX (Pharmacy)	Not available	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Medical)	1	Phototherapy or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
Elixir PBM (Pharmacy)	3	Topical therapy, phototherapy, or conventional systemic therapy AND two of etanercept, adalimumab, apremilast, risankizumab-rzaa, and ustekinumab	Y
Blue Shield of California (Pharmacy and Medical)	P: 1 M: 1	P: Phototherapy OR one of methotrexate, cyclosporine, acitretin M: Phototherapy OR one of acitretin, cyclosporine, methotrexate	P: Y M: Y
Health Care Service Corporation (Pharmacy)	1	Topical therapy, phototherapy, or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)ǂ	Y
Florida Blue (Pharmacy)	1	Topical therapy, phototherapy, or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)ǂ	Y
Highmark, Inc. (Pharmacy)	1	Phototherapy or conventional systemic therapy	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	N/A	Not available	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy and Medical	P: 1 M: Not available	P: Topical therapy, phototherapy, or conventional systemic therapy (e.g., acitretin, cyclosporine, methotrexate)ǂ M: N/A	P: Y M: N/A

M: medical, N: no, N/A: not applicable, P: pharmacy, ST: step therapy, Y: yes
*Required if 3-10% BSA is affected and crucial areas are not affected
ǂRequired unless patient has severe active psoriasis (defined as >10% BSA or sensitive areas affected, intractable pruritis, serious emotional consequences)

Provider Qualifications

Seven polices (Elixir PBM, Blue Shield of California (pharmacy and medical policies), Health Care Service Corporation, Florida Blue, Highmark, Inc., Blue Cross Blue Shield of Minnesota (pharmacy policy), Blue Cross Blue Shield of Massachusetts) require secukinumab to be prescribed by or in

consultation with a dermatologist. This meets our criteria because specialist clinician diagnosis is appropriate for the condition.

B25.5. Summary of Findings

Table B25.3. Secukinumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Express Scripts (Not covered)	Y	N/A	N/A	N/A
UnitedHealthcare				
Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc. (Not covered)	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
MC- RX				
Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts				
Medical	N/A	Y	Y	Y
Elixir PBM				
Pharmacy	N	Y	Y	Y
Blue Shield of California				
Pharmacy	N	Y	Y	Y
Medical	N/A	N/A	Y	Y
Health Care Service Corporation				
Pharmacy	Y	Y	Y	Y
Florida Blue				
Pharmacy	Y	Y	Y	Y
Highmark, Inc.				
Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.				
Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota				
Pharmacy	Y	Y	Y	Y
Medical	N/A	N/A	N/A	Y

N: no, N/A: not applicable, Y: yes

B26. Policy Brief: Tisagenlecleucel (Kymriah), CAR-T (IV)

B26.1. Condition: Acute lymphoblastic leukemia

Access and Affordability Alert?: Yes

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: None

B26.2. Clinical Guidelines

National Comprehensive Cancer Network (NCCN) 2021 Acute Lymphoblastic Leukemia Guidelines

B26.3. Background

FDA Label

Indication: Patients up to 25 years of age with B-cell precursor ALL that is refractory or in second or later relapse; Adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy Dosing: Pediatric: For patients <50 kg, 0.2 to 5.0 x 10^6 CAR-positive viable T cells per kg body weight; For patients >50 kg, 0.1 to 2.5 x 10^8 total CAR-positive viable T cells (non-weight based); Adult: 0.6 to 6.0 x 10^8 CAR-positive viable T cells Warning: Boxed warning for cytokine release syndrome; do not administer to patients with active infections of inflammatory disorders. Kymriah is only available through the Kymriah REMS program. Link to label: https://www.novartis.us/sites/www.novartis.us/files/kymriah.pdf

ICER Policy Recommendations

1. Outcomes-based pricing arrangements should be linked to meaningful clinical outcomes
2. Consider either a lower launch price with the potential for increase should substantial clinical benefits be confirmed, or a higher initial price tied to requirement for refunds or rebates if real-world evidence fails to confirm high expectations, should be considered
3. CAR-T should initially be delivered in manufacturer-accredited centers; Once providers gain experience with CAR-T therapy, availability should be expanded to centers of excellence

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_CAR_T_Final_Evidence_Report_032318.pdf

B26.4. Findings: Coverage Policies

Twelve out of 15 payers covered tisagenlecleucel for the treatment of pediatric B-cell acute lymphoblastic leukemia. Ten payers covered tisagenlecleucel under their medical benefits, one payer covered tisagenlecleucel under pharmacy benefits, and one payer covered tisagenlecleucel under both, pharmacy and medical benefits.

For two payers (MC-RX and MedImpact Healthcare Systems, Inc.), coverage was unknown (both, pharmacy and medical) and one payer (Elixir PBM) did not cover tisagenlecleucel under their pharmacy benefits, however, medical coverage was unknown.

Of the 12 payers that covered tisagenlecleucel, coverage policies were publicly available for ten; all were medical coverage policies.

Cost Sharing

Pharmacy only

Of the two payers that covered tisagenlecleucel under the pharmacy benefit, one met our cost-sharing criteria and one did not.

Express Scripts passed criteria, as tisagenlecleucel was placed on the lowest relevant tier. Blue Cross Blue Shield of Minnesota did not meet our criteria as neither tisagenlecleucel nor an alternative were covered on the lowest relevant tier.

Table B26.1.: Tisagenlecleucel Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	Covered under medical	N/A	N/A	N/A
Express Scripts	Tier 2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	Covered under medical	N/A	N/A	N/A
CIGNA Health Plans, Inc.	Covered under medical	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	Covered under medical	N/A	N/A	N/A
Anthem, Inc.	Covered under medical	N/A	N/A	N/A
MC-RX	Coverage unknown	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	Covered under medical	N/A	N/A	N/A
Elixir PBM	Not covered under pharmacy	N/A	N/A	N/A
Blue Shield of California	Covered under medical	N/A	N/A	N/A
Health Care Service Corporation	Covered under medical	N/A	N/A	N/A
Florida Blue	Covered under medical	N/A	N/A	N/A

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
Highmark, Inc.	Covered under medical	N/A	N/A	N/A
MedImpact Healthcare Systems, Inc.	Coverage unkown	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota	Tier 3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand): None	N

N: no, N/A: Not applicable, Y: yes

Clinical Eligibility

Pharmacy

There was no coverage policy publicly available for either Express Scripts or Blue Cross Blue Shield of Minnesota, so we can not determine whether these two payers meet our criteria for cost sharing.

Medical

Clinical eligibility criteria were available for ten payers that covered tisagenleleucel under their medical benefits. Clinical eligibility criteria were generally consistent with label and/or guidelines, and included:

- B-cell precursor acute lymphoblastic leukemia (ALL)
- Up to 25 years of age
- Disease must be refractory, or in ≥ 2nd relapse
- Minimal residual disease positive after consolidation therapy
- CVS Health (Aetna) and Anthem, Inc. required B-cells to be CD-19 positive

Anthem, Inc. required patients to have a Karnofsky or Lansky performance score of greater than or equal to 50%. This requirement was neither mentioned in the guidelines, nor in the label. In addition, the label does not make any mention of a patient's functionality status and thus, the use of Karnofsky or Lansky performance score requirements to further limit patient access was found to be not appropriate. Therefore, it's judged as restrictive and does not pass our clinical eligibility criteria. Highmark, Inc. required patients to have a Karnofsky/Lansky score greater than or equal to 70; and ECOG performance status <2. This requirement was neither mentioned in the guidelines, nor in the label. In addition, the label does not make any mention of a patient's functionality status and thus, the use of either scale to further limit patient access was found to be not appropriate. Therefore, it's judged as restrictive and does not meet our clinical eligibility criteria.

Eight out of the 11 payers that covered tisagenlecleucel under medical benefits passed the clinical eligibility criterion, two failed, and for one payer, not enough information was available to make a judgment.

Step Therapy

Pharmacy

There was no information available regarding step therapy for either Express Scripts or Blue Cross Blue Shield of Minnesota, so we were unable to judge whether they meet our criteria.

Medical

Payers typically required to step through one or two prior treatments (such as chemotherapy, stem cell transplants, or tyrosine kinase inhibitors [TKIs]). Health Care Service Corporation, Florida Blue, and Highmark, Inc. required patients to step through one to four prior treatments. While this requirement is more restrictive than those of other payers it still meets our criteria. Since tisagenlecleucel is indicated for patients with refractory disease or such that are in second or later relapse, these requirements are in line with the FDA label and thus meet our criteria.

For Blue Shield of California, no step therapy was required per MMIT, so they meet our criteria for step therapy.

Table B26.2. Tisagenlecleucel Step Therapy by Payer

Payer	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Medical)	1 - 2	Two TKIs OR Hematopoietic stem cell transplant	Y
Express Scripts (Pharmacy)	Not available	N/A	N/A
UnitedHealthcare (Medical)	2	Two cycles of of standard chemotherapy	Y
CIGNA Health Plans, Inc. (Medical)	1 - 2	Two TKIs OR Hematopoietic stem cell transplant	Y
Kaiser Foundation Health Plans, Inc. (Medical)	0	N/A	Y
Anthem, Inc. (Medical)	1- 2	Two TKIs for patients who are (Ph+) ALL OR Allogeneic stem cell transplant	Y
MC-RX	Coverage unknown	N/A	N/A
Blue Cross Blue Shield of Massachusetts (Medical)	1 - 2	Relapsed (second or later) or refractory patients	Y

Payer	Steps	Details	Meets ST Criteria? Y/N
Elixir PBM	Not covered under pharmacy; medical coverage unknown	N/A	N/A
Blue Shield of California (Medical)	0	N/A	Y
Health Care Service Corporation (Medical)	1 - 4	Two relapses and two TKI for patients who are Ph+B- ALL; Two relapses for patients who are Ph- B-ALL	Y
Florida Blue (Medical)	1- 4	Chemotherapy and two TKIs (only for Ph+ ALL)	Y
Highmark, Inc. (Medical)	1 - 4	TKIs	Y
MedImpact Healthcare Systems, Inc.	Coverage unknown	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy and Medical)	P: N/A M: 1 -2	P: N/A M: Allogeneic stem cell transplantation; 2 TKIs; chemotherapy	P: N/A M: Y

B-ALL: B-cell precursor acute lymphoblastic leukemia, M: medical, N/A: not applicable; P: pharmacy, Ph-: Philadelphia negative, Ph+: Philadelphia positive, ST: step therapy, TKI: tyrosine kinase inhibitor, Y: yes

Provider Qualifications

Tisagenlecleucel is administered under a REMS program, so any provider qualifications requirements meets our criteria.

B26.5. Summary of Findings

Table B26.3. Tisagenlecleucel Fair Access Criteira by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna) Medical	N/A	Y	Y	Y
Express Scripts Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc. Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Medical	N/A	Y	Y	Y
Anthem, Inc. Medical	N/A	N	Y	Y
MC-RX	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts Medical	N/A	Y	Y	Y

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
Elixir PBM	N/A	N/A	N/A	N/A
Blue Shield of California Medical	N/A	Y	Y	Y
Health Care Service Corporation Medical	N/A	Y	Y	Y
Florida Blue Medical	N/A	Y	Y	Y
Highmark, Inc. Medical	N/A	N	Y	Y
MedImpact Healthcare Systems, Inc. Medical	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy Medical	N N/A	N/A Y	N/A Y	N/A Y

N: no, N/A: not applicable, Y: yes

B27. Policy Brief: Ubrogepant (Ubrelvy), calcitonin gene-related peptide receptor antagonist (oral)

B27.1. Condition: Acute Treatment for Migraine

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: Rimegepant (Nurtec)

B27.2. Clinical Guidelines

AHS Position Statement On Integrating New Migraine Treatments Into Clinical Practice (2018)

B27.3. Background

FDA Label

Indication: acute treatment of migraine with or without aura in adults

Dosing: The recommended dose is 50 mg or 100 mg taken orally, as needed. If needed, a second dose may be administered at least 2 hours after the initial dose. The maximum dose in a 24-hour period is 200 mg.

Warning: N/A

Contraindications: UBRELVY is contraindicated with concomitant use of strong CYP3A4 inhibitors

Interactions: Strong CYP3A4 Inducers should be avoided as concomitant use will result in reduction of ubrogepant exposure.

Clinical Trial Eligibility (ACHIEVE I, ACHIEVE II):
- At least a 1-year history of migraine with or without aura consistent with a diagnosis according to the International Classification of Headache Disorders, 3rd edition, beta version
- Migraine onset before age 50
- History of migraines typically lasting between 4 and 72 hours if untreated or treated unsuccessfully and migraine episodes are separated by at least 48 hours of headache pain freedom
- History of 2 to 8 migraine attacks per month with moderate to severe headache pain in each of the previous 3 months.

Patients were instructed to treat a migraine with moderate to severe headache pain intensity. A second dose of study medication (UBRELVY or placebo), or the patient's usual acute treatment for migraine, was allowed between 2 to 48 hours after the initial treatment for a non-responding or recurrent

migraine headache. Up to 23% of patients were taking preventive medications for migraine at baseline. None of these patients were on concomitant preventive medication that act on the CGRP pathway.

Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/211765s000lbl.pdf

ICER Policy Recommendations

Given that the evidence does not demonstrate superiority of the newer agents to existing less expensive treatment options, it is reasonable for insurers and other payers to develop prior authorization criteria for lasmiditan, rimegepant and ubrogepant to ensure prudent use of these new therapies.
For ubrogepant and rimegepant, given their similar mechanisms of action and available evidence suggesting no major differences in safety or effectiveness, it is not unreasonable for payers to negotiate lower prices by offering preferential formulary status to one or the other drug, including the possibility of exclusion of one of the drugs. If only one drug is covered, however, clinicians and patients should have the ability to appeal for coverage for the other gepant drug should a trial of the favored drug not produce adequate success.
Prior authorization criteria should be based on clinical evidence, specialty society guidelines, and input from clinical experts and patient groups. The process for authorization should be clear and efficient for providers.

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Acute-Migraine_Final-Evidence-Report_Policy-Recommendations_022520-1.pdf

B27.4. Findings: Coverage Policies

All payers covered the acute treatment of migraines with ubrogepant under their pharmacy benefits and coverage policies were publicly available for nine of these payers.

Coverage under medical benefits was unknown for all payers.

Cost Sharing

Of the 15 payers that covered ubrogepant under the pharmacy benefit, nine placed Rimegepant, or an alternative treatment option, on the lowest relevant tier. These payers meet our cost sharing criteria.

Express Scripts, Health Care Service Corporation, Florida Blue, Highmark, Inc., and Blue Cross Blue Shield of Minnesota did not place ubrogepant on their lowest relevant tier, nor did they place an alternative on the lowest relevant tier. Therefore, these payers do not meet our cost sharing criteria.

No tiering information was available for Kaiser Foundation Health Plans, Inc. (only information available was that ubrogepant is covered).

Table B27.1. Ubrogepant Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand): None	N
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	Not available	Y	N/A	Y
Anthem, Inc.	3 (Non-Preferred Brand)	N	Tier 2 (Preferred Brand): Rimegepant	Y
MC-RX	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	2 (Preferred Brand)	Y	N/A	Y
Blue Shield of California	4 (Specialty)	N	Tier 2 (Preferred Brand): None	N
Health Care Service Corporation	4 (Non-Preferred Brand)	N	Tier 3 (Preferred Brand): None	N
Florida Blue	3 (Non-preferred Brand)	N	Tier 2 (Preferred Brand): None	N
Highmark, Inc.	3 (Non-preferred Brand)	N	Tier 2 (Preferred Brand): None	N
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	3 (Non-preferred Brand)	N	Tier 2 (Preferred Brand): None	N

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Eligible patients were commonly described as adults with a diagnosis of episodic migraine (or chronic migraine who do not get adequate relief from a preventative). Some payers required patients to have at least four migraine days per month, which is in line with the diagnostic criteria for episodic migraines as well as clinical trial eligibility criteria.

Clinical eligibility criteria were not available for CVS Health (Aetna), MC-RX, Elixir PBM, MedImpact Healthcare Systems, Inc., and Blue Cross Blue Shield of Minnesota. All payers for which clinical eligibility criteria were available meet our criteria.

Step Therapy

Payers typically required the patients to have failed one to three prior treatments, most commonly triptans. Information on step therapy was not available for CVS Health (Aetna), Elixir PBM and Blue Cross Blue Shield of Minnesota.

All payers for which step therapy information was available met our step therapy criteria.

Table B27.2. Ubrogepant Step Therapy by Payer

Payer	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy)	N/A	N/A	N/A
Express Scripts (Pharmacy)	1	Triptans	Y
UnitedHealthcare (Pharmacy)	2	Triptans	Y
CIGNA Health Plans, Inc. (Pharmacy)	1	Triptans	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy)	0	N/A	Y
Anthem, Inc. (Pharmacy)	3	Two Triptans AND rimegepant	Y
MC-RX (Pharmacy)	1	Triptans	Y
Blue Cross Blue Shield of Massachusetts (Pharmacy)	2	Triptans	Y
Elixir PBM (Pharmacy)	N/A	N/A	N/A
Blue Shield of California (Pharmacy)	2	Triptans	Y
Health Care Service Corporation (Pharmacy)	2	Triptans	Y
Florida Blue (Pharmacy)	2	Triptans	Y
Highmark, Inc. (Pharmacy)	2	Triptans	Y
MedImpact Healthcare Systems, Inc. (Pharmacy)	3	Two triptans AND one of the following: amitriptyline, atenolol, Botox, divalproex, nadolol, propranolol, timolol maleate, topiramate, valproic acid, venlafaxine	Y
Blue Cross Blue Shield of Minnesota (Pharmacy)	N/A	N/A	N/A

N: no, N/A: not applicable, ST: step therapy, Y: yes

Provider Qualifications

The vast majority of payers did not require ubrogepant to be prescribed by or in consultation with a specialist. UnitedHealthcare was the only payer that required the prescribing physician to at a minimum consult with a specialist. While it still meets our criteria, it is more restrictive than the other plans. All payers for which information on provider qualifications were available passed our criteria.

Information on provider qualifications were not available for CVS Health (Aetna), MC-RX, Elixir PBM, MedImpact Healthcare Systems, Inc., and Blue Cross Blue Shield of Minnesota.

B27.5. Summary of Findings

Table B27.3. Ubrogepant Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?

CVS Health (Aetna) Pharmacy	Y	N/A	N/A	N/A
Express Scripts Pharmacy	N	Y	Y	Y
UnitedHealthcare Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc. Pharmacy	Y	Y	Y	Y
Anthem, Inc. Pharmacy	Y	Y	Y	Y
MC-RX Pharmacy	Y	N/A	Y	N/A
Blue Cross Blue Shield of Massachusetts Pharmacy	Y	Y	Y	Y
Elixir PBM Pharmacy	Y	N/A	N/A	N/A
Blue Shield of California Pharmacy	N	Y	Y	Y
Health Care Service Corporation Pharmacy	N	Y	Y	Y
Florida Blue Pharmacy	N	Y	Y	Y
Highmark, Inc. Pharmacy	N	Y	Y	Y
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	Y	Y
Blue Cross Blue Shield of Minnesota Pharmacy	N	N/A	N/A	N/A

N: no, N/A: not applicable, Y: yes

B28. Policy Brief: Ustekinumab (Stelara), IL-12 and IL-23 antagonist (SC)

B28.1. Condition: Plaque psoriasis (moderate-to-severe)

Access and Affordability Alert?: No

Was Drug Cost-Effective at Time of Report?: Yes

Other Drugs in Class: adalimumab, apremilast, brodalumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, rizankizumab-rzaa, secukinumab, tildrakizumab-asmn

B28.2. Clinical Guidelines

American Academy of Dermatology (2019)

B28.3. Background

FDA Label

Indication: Patients age 6 and older with moderate to severe plaque psoriasis (Ps) who are candidates for phototherapy or systemic therapy Dosing: Dosage by weight; for patients <100kg, 45 mg administered subcutaneously initially and 4 weeks later, followed by 45 mg administered subcutaneously every 12 weeks Warning: Evaluate patients for TB prior to initiating treatment; if test is positive, initiate treatment of latent TB before administering Stelara. Clinical Trial Eligibility: Two multicenter, randomized, double-blind, placebo-controlled studies (Ps STUDY 1 and Ps STUDY 2) enrolled a total of 1996 subjects 18 years of age and older with plaque psoriasis who had a minimum body surface area involvement of 10%, and Psoriasis Area and Severity Index (PASI) score ≥12, and who were candidates for phototherapy or systemic therapy. Subjects with guttate, erythrodermic, or pustular psoriasis were excluded from the studies. Link to label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/125261s150lbl.pdf

ICER Policy Recommendations

1. Consider eliminating step therapy for patients with moderate-to-severe psoriasis, especially for those patients who demonstrate the need for intensive, ongoing regimens.
2. If step therapy will be used, allow patients who are stable on effective treatment to remain on therapy when they change insurers.
3. In place of step therapy, consider developing indication-specific formulary designs and outcomes-based payment contracts, in which rebates or refunds are linked to outcomes; explore whether refunds to patients can also be included.

4. Co-pays should be based on prices net of discounts and rebates instead of list price

Link to report: https://icer.org/wp-content/uploads/2020/10/ICER_Psoriasis_Update_Final_Evidence_Report_10042018.pdf

B28.4. Findings: Coverage Policies

All payers covered ustekinumab under the pharmacy benefit, and seven (CVS Health (Aetna), CIGNA Health Plans, Inc., Kaiser Foundation Health Plans, Inc., Anthem, Inc., Blue Shield of California, Florida Blue, and Highmark, Inc.) covered ustekinumab under the medical benefit as well. Policies that are summarized in this brief relate to the pharmacy benefit, unless otherwise specified.

Cost Sharing

Eleven of the fifteen payers placed ustekinumab on their lowest relevant tier for the drug class, and therefore meet our criteria for cost sharing. MC-RX placed ustekinumab on its non-preferred brand tier, which is not the lowest relevant tier for the class. However, they place secukinumab, adalimumab, and risankizumab-rzaa on the preferred brand tier, which is the lowest relevant tier, and therefore meet our criteria for cost sharing.

Three payers with 4-tier formularly plans with specialty tiers (Anthem, Inc., Elixir PBM, and Blue Shield of California) all place ustekinumab on their specialty tier, but the lowest relevant tier for the class would be the preferred brand tier (Tier 2). These payers do not place any other drugs in the class on tier 2, so they do not meet our criteria for cost sharing.

Table B28.1. Ustekinumab Cost Sharing by Payer

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
CVS Health (Aetna)	2 (Preferred Brand)	Y	N/A	Y
Express Scripts	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare	2 (Preferred Brand)	Y	N/A	Y
CIGNA Health Plans, Inc.	2 (Preferred Brand)	Y	N/A	Y
Kaiser Foundation Health Plans, Inc.	2 (Brand Drugs)	Y	N/A	Y
Anthem, Inc.	4 (Specialty)	N	2 (Preferred Brand): None	N
MC-RX	3 (Non-Preferred Brand)	N	2 (Preferred Brand): secukinumab, adalimumab, and risankizumab-rzaa	Y
Blue Cross Blue Shield of Massachusetts	2 (Preferred Brand)	Y	N/A	Y
Elixir PBM	4 (Specialty)	N	2 (Preferred Brand): None	N
Blue Shield of California	4 (Specialty)	N	2 (Preferred Brand): None	N

Payer	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Meets Cost-Sharing Criteria?
Health Care Service Corporation	5 (Preferred Specialty)	Y	N/A	Y
Florida Blue	2 (Preferred Brand)	Y	N/A	Y
Highmark, Inc.	2 (Preferred Brand)	Y	N/A	Y
MedImpact Healthcare Systems, Inc.	2 (Preferred Brand)	Y	N/A	Y
Blue Cross Blue Shield of Minnesota	2 (Preferred Brand)	Y	N/A	Y

N: no, N/A: not applicable, Y: yes

Clinical Eligibility

Thirteen policies specified that patients must have a diagnosis of moderate-to-severe plaque psoriasis. This meets our criteria because ustekinumab is indicated for patients age 6 and older with moderate-to-severe plaque psoriasis.

Thirteen policies gave more specific definitions requiring percent body surface area (BSA) affected. CVS Health (Aetna) requires patients to have 10% BSA or crucial areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) affected, or 3% BSA affected and to have undergone step therapy with a conventional agent. Health Care Service Corporation, Blue Cross Blue Shield of Minnesota, and the medical policy from Florida Blue require patients to have 10% BSA or crucial areas affected, or to have undergone step therapy with a conventional agent.

In addition, the pharmacy policy from Florida Blue required patients to have at least 10% BSA or crucial areas affected; CIGNA Health Plans, Inc. and Elixir PBM required patients to have at least 5% BSA or crucial areas affected; and UnitedHealthcare, Anthem, Inc., and Blue Shield of California required patients to have at least 3% BSA or crucial areas affected. Because ustekinumab is indicated for patients with "moderate-to-severe" plaque psoriasis, our criteria allow payers to define "moderate-to-severe" using percent BSA requirements from the clinical trials or clinical guidelines. Therefore, all of these payers meet our criteria for clinical eligibility.

Step Therapy

Most payers required step therapy with some combination of a topical therapy, conventional systemic therapy, or phototherapy. These step therapy requirements meet our criteria because these treatments are generally effective and are unlikely to lead to irremediable harm should they not be effective. *It is important to note that all payers that require previous treatment with a conventional systemic therapy list cyclosporine as a step therapy option, and cyclosporine is not recommended for use by clinicians.*

UnitedHealthcare and Blue Shield of California (pharmacy and medical policies) both require step therapy with two conventional agents to access ustekinumab. This also meets our criteria because the treatments are likely to be effective.

MC-RX is the only payer that requires prior treatments with a preferred biologic. This meets our criteria because the preferred agents have favorable efficacy and safety profiles and are likely to help patients meet their treatment goals.

Table B28.2. Ustekinumab Step Therapy by Payer

Payer and Benefit Plan Type	Steps	Details	Meets ST Criteria? Y/N
CVS Health (Aetna) (Pharmacy and Medical)	1*	Phototherapy, methotrexate, cyclosporine, or acitretin	Y
Express Scripts (Pharmacy)	1	Phototherapy, methotrexate, cyclosporine, or acitretin	Y
UnitedHealthcare (Pharmacy)	2	Topical therapy AND methotrexate	Y
CIGNA Health Plans, Inc. (Pharmacy and Medical)	1	Systemic therapy (e.g., methotrexate, cyclosporine, acitretin), phototherapy, OR topical therapy	Y
Kaiser Foundation Health Plans, Inc. (Pharmacy and Medical)	0	N/A	Y
Anthem, Inc. (Pharmacy and Medical)	1	Systemic therapy (e.g., acitretin, cyclosporine, methotrexate) or phototherapy	Y
MC-RX (Pharmacy)	1	Secukinumab, adalimumab, or risankizumab-rzaa	Y
Blue Cross Blue Shield of Massachusetts (Pharmacy)	1	Systemic therapy (e.g., methotrexate, acitretin, cyclosporine) or phototherapy	Y
Elixir PBM (Pharmacy)	1	Phototherapy, topical therapy, acitretin, cyclosporine, or methotrexate	Y
Blue Shield of California (Pharmacy and Medical)	2	Phototherapy AND acitretin, cyclosporine, or methotrexate	Y
Health Care Service Corporation (Pharmacy)	1ˈ	Phototherapy, topical therapy, or systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y
Florida Blue (Pharmacy and Medical)	1ˈ	Phototherapy, topical therapy, or systemic therapy (e.g., acitretin, methotrexate, cyclosporine)	Y
Highmark, Inc. (Pharmacy and Medical)	1	Phototherapy or systemic therapy (e.g., methotrexate, cyclosporine)	Y
MedImpact Healthcare Systems, Inc.	Not available	N/A	N/A
Blue Cross Blue Shield of Minnesota (Pharmacy)	1ˈ	Phototherapy, topical therapy, or systemic therapy (e.g., acitretin, cyclosporine, methotrexate)	Y

N; no, N/A: not applicable, Y; yes

*If between 3% and 10% BSA affected

ˈUnless patient has severe active psoriasis, defined at greater than 10% BSA or crucial areas affected, intractable pruritus, or serious emotional consequences. For Florida Blue, this only applies to the medical policy.

Provider Qualifications

Express Scripts, UnitedHealthcare, Elixir PBM, Health Care Service Corporation, Florida Blue (pharmacy and medical policies), Blue Cross Blue Shield of Minnesota, CIGNA Health Plans, Inc. (pharmacy and medical policies), Blue Shield of California (pharmacy and medical policies), and Highmark, Inc. (pharmacy and medical policies) require ustekinumab to be prescribed by or in consultation with a dermatologist or specialist. In addition, Blue Cross Blue Shield of Massachusetts required ustekinumab to be prescribed by a dermatologist. These requirements meet our criteria because specialist diagnosis is appropriate for this condition.

B28.5. Summary of Findings

Table B28.3. Ustekinumab Fair Access Criteria by Payer

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
CVS Health (Aetna)				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Express Scripts				
Pharmacy	Y	Y	Y	Y
UnitedHealthcare				
Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	N/A
Anthem, Inc.				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
MC- RX				
Pharmacy	Y	N/A	Y	N/A
Blue Cross Blue Shield of Massachusetts				
Pharmacy	Y	Y	Y	Y
Elixir PBM				
Pharmacy	N	Y	Y	Y
Blue Shield of California				
Pharmacy	N	Y	Y	Y
Medical	N/A	Y	Y	Y
Health Care Service Corporation				
Pharmacy	Y	Y	Y	Y
Florida Blue				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y
Highmark, Inc.				
Pharmacy	Y	Y	Y	Y
Medical	N/A	Y	Y	Y

Payer and Benefit Plan Type	Meets Cost-Sharing Criteria?	Meets Clinical Eligibility Criteria?	Meets Step Therapy Criteria?	Meets Provider Qualifications Criteria?
MedImpact Healthcare Systems, Inc. Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Minnesota Pharmacy	Y	Y	Y	Y

N: no, N/A: not applicable, Y: yes

Table B29. Fair Access Criteria Concordance by Drug and Payer

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Afatinib (Gilotrif) for Lung Cancer – non-small cell (NSCLC)					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	NPA	NPA	NPA
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	NPA	NPA	NPA
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Alemtuzumab (Lemtrada) for Multiple Sclerosis					
CVS Health (Aetna)	Medical	N/A	Y	Y	Y
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.	Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Medical	N/A	Y	Y	Y
Anthem, Inc.	Medical	N/A	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Medical	N/A	Y	Y	Y
Elixir PBM	Pharmacy	N	NPA	Y	Y
Blue Shield of California	Medical	N/A	Y	Y	Y
Health Care Service Corporation	Medical	N/A	Y	Y	Y
Florida Blue	Medical	N/A	Y	Y	Y
Highmark, Inc.	Medical	N/A	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Medical	N/A	Y	Y	Y
Alirocumab (Praluent) for Prevention of Cardiovascular Events					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	N/A	N/A	N/A

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	NPA	Y	NPA
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	Y	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	NPA	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	Y	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Apremilast (Otezla) for Plaque Psoriasis					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	NPA	Y	NPA
Axicabtagene ciloleucel (Yescarta) for Adult Aggressive B-cell Lymphoma					
CVS Health (Aetna)	Medical	N/A	Y	Y	Y
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.	Neither	NPA	NPA	NPA	NPA
Kaiser Foundation Health Plans, Inc.	Medical	N/A	Y	Y	Y
Anthem, Inc.	Medical	N/A	N	Y	Y
MC-RX	Neither	NPA	NPA	NPA	NPA

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Blue Cross Blue Shield of Massachusetts	Neither	NPA	NPA	NPA	NPA
Elixir PBM	Neither	NPA	NPA	NPA	NPA
Blue Shield of California	Medical	N/A	Y	Y	Y
Health Care Service Corporation	Medical	N/A	Y	Y	Y
Florida Blue	Medical	N/A	Y	Y	Y
Highmark, Inc.	Medical	N/A	N	Y	Y
MedImpact Healthcare Systems, Inc.	Neither	NPA	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Medical	N/A	Y	Y	Y
Brodalumab (Siliq) for Plaque Psoriasis					
CVS Health (Aetna)	Medical	N/A	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc.	Pharmacy	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	N/A	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	Y	NPA
Blue Cross Blue Shield of Massachusetts	Medical	N/A	N	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Dupilumab (Dupixent) for Atopic Dermatitis					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	N	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	N	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	Y	N	Y
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	N	Y	Y	Y

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Florida Blue	Pharmacy	N	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc	Pharmacy	Y	NPA	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Elagolix (Orlissa) for Endometriosis					
CVS Health (Aetna)	Pharmacy	Y	NPA	NPA	NPA
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Pharmacy	N	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	N/A	N/A	N/A
Elixir PBM	Pharmacy	N	NPA	NPA	NPA
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Emicizumab (Hemlibra) for Hemophilia A					
CVS Health (Aetna)	Pharmacy	N	Y	Y	Y
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Pharmacy	Y	Y	N	Y
CIGNA Health Plans, Inc.	Pharmacy	N	N	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	N	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	Medical	N/A	Y	Y	Y
Elixir PBM	Pharmacy	N	NPA	NPA	NPA
Blue Shield of California	Medical	N/A	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	N	Y	Y
Florida Blue	Pharmacy	Y	N	N	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	N	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Erenumab (Aimovig) for Chronic Migraine					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Medical	Y	Y	NPA	NPA
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	Y	NPA	Y	Y
Blue Shield of California	Pharmacy	Y	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Fremanezumab (Ajovy) for Chronic Migraine					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Medical	N/A	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Neither	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	Y	NPA	NPA	NPA
Blue Shield of California	Pharmacy	Y	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Gefitinib (Iressa) for Lung Cancer -non-small cell (NSCLC)					
CVS Health (Aetna)	Pharmacy	Y	NPA	NPA	NPA
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	NPA	NPA	NPA

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	NPA	NPA	NPA
MC-RX	Pharmacy	NPA	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	NPA	NPA	NPA
Elixir PBM	Pharmacy	N	NPA	NPA	NPA
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	NPA	NPA	NPA
Florida Blue	Pharmacy	Y	NPA	NPA	NPA
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	NPA	NPA	NPA
Guselkumab (Tremfya) for Plaque Psoriasis					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Neither	N/A	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Icosapent ethyl (Vascepa) for Cardiovascular Disease					
CVS Health (Aetna)	Pharmacy	Y	NPA	NPA	NPA
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Pharmacy	N	N/A	N/A	N/A
CIGNA Health Plans, Inc.	Pharmacy	Y	NPA	NPA	NPA
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	Y	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	N	N/A	N/A	N/A

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Elixir PBM	Pharmacy	Y	NPA	NPA	NPA
Blue Shield of California	Pharmacy	Y	Y	Y	Y
Health Care Service Corporation	Pharmacy	N	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	NPA	NPA	NPA
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	N	Y	Y	Y
Infliximab (Remicade) for Plaque Psoriasis					
CVS Health (Aetna)	Medical	N/A	Y	Y	Y
Express Scripts	Pharmacy	Y	NPA	Y	Y
UnitedHealthcare	Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.	Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Medical	N/A	Y	Y	Y
Anthem, Inc.	Medical	N/A	Y	Y	Y
MC-RX	Neither	N/A	N/A	N/A	N/A
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Medical	N/A	Y	Y	Y
Health Care Service Corporation	Medical	N/A	Y	Y	Y
Florida Blue	Medical	N/A	Y	Y	Y
Highmark, Inc.	Medical	N/A	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Medical	N/A	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Medical	N/A	Y	Y	Y
Infliximab (Remicade) for Rheumatoid Arthritis					
CVS Health (Aetna)	Medical	N/A	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.	Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Medical	N/A	Y	NPA	Y
Anthem, Inc.	Medical	N/A	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	NPA	Y	Y
Blue Shield of California	Medical	N/A	Y	Y	Y
Health Care Service Corporation	Medical	N/A	Y	Y	Y
Florida Blue	Medical	N/A	Y	Y	Y
Highmark, Inc.	Medical	N/A	Y	Y	Y

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
MedImpact Healthcare Systems, Inc.	Neither	N/A	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Medical	N/A	Y	Y	Y
Insulin degludec (Tresiba) for Diabetes Mellitus					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	Y	Y	Y	Y
MC-RX	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	N/A	N/A	N/A
Elixir PBM	Pharmacy	Y	Y	Y	Y
Blue Shield of California	Pharmacy	Y	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Ixekizumab (Taltz) for Plaque Psoriasis					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	Y	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	NPA	NPA	NPA
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Olaparib (Lynparza) for Ovarian Cancer – Recurrent BCRA-Mutated					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	N	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	NPA	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	NPA	NPA	NPA
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	N	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Onasemnogene abeparvovec (Zolgensma) for Spinal Muscular Atrophy (SMA)					
CVS Health (Aetna)	Medical	N/A	Y	Y	Y
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Medical	N/A	N	Y	Y
CIGNA Health Plans, Inc.	Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Medical	N/A	Y	Y	Y
Anthem, Inc.	Medical	N/A	N	Y	Y
MC-RX	Medical	N/A	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Medical	N/A	NPA	NPA	NPA
Elixir PBM	Medical	N/A	NPA	NPA	NPA
Blue Shield of California	Medical	N/A	Y	Y	Y
Health Care Service Corporation	Medical	N/A	Y	Y	Y
Florida Blue	Medical	N/A	Y	Y	Y
Highmark, Inc.	Medical	N/A	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Medical	N/A	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Medical	N/A	N	Y	Y
Plasma-Derived C1-INH (Haegarda) for Hereditary Angioedema					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	N	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
MC-RX	Pharmacy	N	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	NPA	NPA	NPA
Elixir PBM	Pharmacy	N	NPA	NPA	NPA
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	N	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	N	Y	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	NPA	NPA	NPA
Rimegepant (Nurtec) for Acute Migraine					
CVS Health (Aetna)	Pharmacy	Y	NPA	NPA	NPA
Express Scripts	Pharmacy	N	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	N/A	N/A	N/A
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	Y	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	Y	Y
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	NPA	Y	Y
Elixir PBM	Pharmacy	Y	NPA	NPA	NPA
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	N	Y	Y	Y
Florida Blue	Pharmacy	N	Y	Y	Y
Highmark, Inc.	Pharmacy	N	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	N	NPA	NPA	NPA
Rivaroxaban (Xarelto) for Cardiovascular Disease					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	NPA	Y	Y	Y
Anthem, Inc.	Pharmacy	Y	Y	Y	Y
MC-RX	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	Y	Y	Y	Y
Blue Shield of California	Pharmacy	Y	Y	Y	Y

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	Y	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Sacubitril/valsartan (Entresto) for Congestive Heart Failure					
CVS Health (Aetna)	Pharmacy	Y	NPA	NPA	NPA
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	N	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	NPA	NPA	NPA
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	N	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	N	NPA	NPA	NPA
Elixir PBM	Pharmacy	Y	Y	Y	Y
Blue Shield of California	Pharmacy	Y	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	NPA	Y	NPA
Highmark, Inc.	Pharmacy	Y	NPA	NPA	NPA
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	NPA	NPA	NPA
Secukinumab (Cosentyx) for Plaque Psoriasis					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	N/A	N/A	N/A
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	N/A	N/A	N/A
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Medical	N/A	Y	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
Tisagenlecleuc (Kymriah) for Pediatric B-Cell Acute Lymphoblastic Leukemia					
CVS Health (Aetna)	Medical	N/A	Y	Y	Y
Express Scripts	Pharmacy	Y	NPA	NPA	NPA
UnitedHealthcare	Medical	N/A	Y	Y	Y
CIGNA Health Plans, Inc.	Medical	N/A	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Medical	N/A	Y	Y	Y
Anthem, Inc.	Medical	N/A	N	Y	Y
MC-RX	Neither	N/A	NPA	NPA	NPA
Blue Cross Blue Shield of Massachusetts	Medical	N/A	Y	Y	Y
Elixir PBM	Neither	N/A	N/A	N/A	N/A
Blue Shield of California	Medical	N/A	Y	Y	Y
Health Care Service Corporation	Medical	N/A	Y	Y	Y
Florida Blue	Medical	N/A	Y	Y	Y
Highmark, Inc.	Medical	N/A	N	Y	Y
MedImpact Healthcare Systems, Inc.	Neither	N/A	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Medical	N/A	Y	Y	Y
Ubrogepant (Ubrelvy) for Acute Migraine					
CVS Health (Aetna)	Pharmacy	Y	NPA	NPA	NPA
Express Scripts	Pharmacy	N	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	Y	Y	Y
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	Y	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	Y	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	Y	NPA	NPA	NPA
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	N	Y	Y	Y
Florida Blue	Pharmacy	N	Y	Y	Y
Highmark, Inc.	Pharmacy	N	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	Y	Y
Blue Cross Blue Shield of Minnesota	Pharmacy	N	NPA	NPA	NPA
Ustekinumab (Stelara) for Plaque Psoriasis					
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y
Express Scripts	Pharmacy	Y	Y	Y	Y
UnitedHealthcare	Pharmacy	Y	Y	Y	Y

Payer	Benefit Plan Type*	Meets Cost Sharing?	Meets Clinical Eligibility?	Meets Step Therapy?	Meets Prescriber Requirements?
CIGNA Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Kaiser Foundation Health Plans, Inc.	Pharmacy	Y	Y	Y	Y
Anthem, Inc.	Pharmacy	N	Y	Y	Y
MC-RX	Pharmacy	Y	NPA	Y	NPA
Blue Cross Blue Shield of Massachusetts	Pharmacy	Y	Y	Y	Y
Elixir PBM	Pharmacy	N	Y	Y	Y
Blue Shield of California	Pharmacy	N	Y	Y	Y
Health Care Service Corporation	Pharmacy	Y	Y	Y	Y
Florida Blue	Pharmacy	Y	Y	Y	Y
Highmark, Inc.	Pharmacy	Y	Y	Y	Y
MedImpact Healthcare Systems, Inc.	Pharmacy	Y	NPA	NPA	NPA
Blue Cross Blue Shield of Minnesota	Pharmacy	Y	Y	Y	Y
CVS Health (Aetna)	Pharmacy	Y	Y	Y	Y

N: no, N/A: not applicable; NPA: no policy available; PBM: Pharmacy Benefit Manager, Y: yes

*Describes the benefit plan type that was used for the analyses in the report.