

Supplemental Materials

November 3, 2023

Table of Contents

A. Research Methods	6
A1.1. Background	6
A1.2. Objectives	6
A1.3. Research Questions.....	6
A2. Role of the Working Group	8
A3. List of Included Drugs.....	9
A3.1. Initial list of drugs.....	9
A3.2. Determining whether drugs are fairly priced	9
A3.3. Final list	11
A4. List of Payers and Identification of Relevant Coverage Policies.....	12
A5. Determination of Concordance of Coverage Policies with Fair Access Criteria	14
A5.1. Process for Comparing Coverage Policies to Fair Access Criteria	18
B. Results.....	20
B1. Policy Brief: Cibinqo (abrocitinib), JAK Inhibitor (oral).....	20
B1.1. Condition: Atopic Dermatitis, moderate-to-severe	20
B1.2. Clinical Guidelines	20
B1.3. Background	20
B1.4. Findings: Coverage Policies.....	21
B1.5. Summary of Findings	27
B2. Policy Brief: Benlysta (belimumab), B-lymphocyte stimulator-specific inhibitor (intravenous/subcutaneous injection)	28
B2.1. Condition: Lupus Nephritis	28
B2.2. Clinical Guidelines	28
B2.3. Background	28
B2.4. Findings: Coverage Policies.....	30
B2.5. Summary of Findings	35
B3. Policy Brief: Nexletol (bempedoic acid), ATP-citrate lyase inhibitor (oral).....	37
B3.1. Condition: High cholesterol (ASCVD)	37
B3.2. Clinical Guidelines	37

B3.3. Background	37
B3.4. Findings: Coverage Policies.....	38
B3.5. Summary of Findings	42
B4. Policy Brief: Nexlizet (bempedoic acid/ezetimibe), ATP-citrate lyase inhibitor/NPC1L1 protein inhibitor (oral)	43
B4.1. Condition: High cholesterol (ASCVD)	43
B4.2. Clinical Guidelines	43
B4.3. Background	43
B4.4. Findings: Coverage Policies.....	44
B4.5. Summary of Findings	48
B5. Policy Brief: Haegarda (C1 esterase inhibitor), C1 esterase inhibitor (subcutaneous)	49
B5.1. Condition: Hereditary Angioedema	49
B5.2. Clinical Guidelines	49
B5.3. Background	49
B5.4. Findings: Coverage Policies.....	50
B5.5. Summary of Findings	55
B6. Policy Brief: Cinryze (C1 esterase inhibitor), C1 esterase inhibitor (subcutaneous).....	56
B6.1. Condition: Hereditary Angioedema	56
B6.2. Clinical Guidelines	56
B6.3. Background	56
B6.4. Findings: Coverage Policies.....	57
B6.5. Summary of Findings	62
B7. Policy Brief: Carvykti (ciltacabtagene autotemcel), B-cell maturation antigen (BCMA)-directed genetically modified autologous T cell immunotherapy (intravenous)	63
B7.1. Condition: Multiple Myeloma, triple relapsed or refractory.....	63
B7.2. Clinical Guidelines	63
B7.3. Background	63
B7.4. Findings: Coverage Policies.....	65
B7.5. Summary of Findings	70
B8. Policy Brief: Soliris (eculizumab), C5 complement inhibitor (IV).....	71

B8.1. Condition: Generalized myasthenia gravis, anti-acetylcholine receptor (AChR) antibody positive.....	71
B8.2. Clinical Guidelines	71
B8.3. Background	71
B8.4. Findings: Coverage Policies.....	72
B8.5. Summary of Findings	79
B9. Policy Brief: Vyvgart (efgartigimod), neonatal Fc receptor blocker (subcutaneous)	80
B9.1. Condition: Generalized myasthenia gravis, anti-acetylcholine receptor (AChR) antibody positive.....	80
B9.2. Clinical Guidelines	80
B9.3. Background	80
B9.4. Findings: Coverage Policies.....	81
B9.5. Summary of Findings	86
B10. Policy Brief: Abecma (idecabtagene vicleucel), B-cell maturation antigen (BCMA)-directed genetically modified autologous T cell immunotherapy (intravenous)	87
B10.1. Condition: Multiple Myeloma, triple relapsed or refractory.....	87
B10.2. Clinical Guidelines	87
B10.3. Background	87
B10.4. Findings: Coverage Policies.....	89
B10.5. Summary of Findings	93
B11. Policy Brief: Leqvio (inclisiran), siRNA targeting PCSK9 (subcutaneous)	94
B11.1. Condition: <i>High cholesterol (ASCVD)</i>	94
B11.2. Clinical Guidelines	94
B11.3. Background	94
B11.4. Findings: Coverage Policies.....	95
B11.5. Summary of Findings	99
B12. Policy Brief: Takhzyro (lanadelumab), plasma kallikrein inhibitor (subcutaneous)	100
B12.1. Condition: Hereditary Angioedema	100
B12.2. Clinical Guidelines	100
B12.3. Background	100
B12.4. Findings: Coverage Policies.....	101

B12.5. Summary of Findings	106
B13. Policy Brief: Camzyos (mavacamten), cardiac myosin inhibitor (oral)	107
B13.1. Condition: <i>Obstructive hypertrophic cardiomyopathy, NYHA Class II-III</i>	107
B13.2. Clinical Guidelines	107
B13.3 Background	107
B13.4. Findings: Coverage Policies.....	108
B13.5. Summary of Findings	113
B14. Policy Brief: Opzelura (ruxolitinib cream), JAK Inhibitor (topical cream)	114
B14.1. Condition: Atopic Dermatitis, mild-to-moderate.....	114
B14.2 Clinical Guidelines	114
B14.3. Background	114
B14.4. Findings: Coverage Policies.....	115
B14.5. Summary of Findings	121
B15. Policy Brief: Tezspire (tezepelumab), thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody (subcutaneous).....	122
B15.1. Condition: Asthma, severe	122
B15.2. Clinical Guidelines	122
B15.3. Background	122
B15.4. Findings: Coverage Policies.....	123
B15.5. Summary of Findings	129
B16. Policy Brief: Adbry (tralokinumab), Interleukin-13 (subcutaneous).....	130
B16.1. Condition: Atopic Dermatitis, moderate-to-severe	130
B16.2. Clinical Guidelines	130
B16.3. Background	130
B16.4. Findings: Coverage Policies.....	131
B16.5. Summary of Findings	137
B17. Policy Brief: Rinvoq (upadacitinib), JAK Inhibitor (oral)	138
B17.1. Condition: Atopic Dermatitis, moderate-to-severe	138
B17.2. Clinical Guidelines	138
B17.3. Background	138
B17.4. Findings: Coverage Policies.....	139

B17.5. Summary of Findings	144
B18. Policy Brief: Lupkynis (voclosporin), calcineurin-inhibitor (oral capsule)	145
B18.1. Condition: Lupus Nephritis	145
B18.2. Clinical Guidelines	145
B18.3. Background	145
B18.4. Findings: Coverage Policies.....	146
B18.5. Summary of Findings	151
B19. Supplemental Fair Access Criteria Concordance Ratings	152
Table B19. Fair Access Criteria Concordance by Drug and Formulary.....	152
B20. Supplemental Tables for Exploratory Transparency Analyses	164
Table B20.1. Results of Exploratory Transparency Analysis for Nexletol	164
Table B20.2. Results of Exploratory Transparency Analysis for Rinvoq.....	165
Table B20.3. Results of Exploratory Transparency Analysis for Vyvgart	166

A. Research Methods

A1.1. Background

The design and implementation criteria for fair access are taken from the September 28, 2020 white paper, [Cornerstones of “Fair” Drug Coverage: Appropriate Cost-Sharing and Utilization Management Policies for Pharmaceuticals](#). These criteria 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 2023 ICER Barriers to Fair Access Assessment assessed the concordance of drug coverage policies with fair access criteria for ICER-reviewed drugs in 2021. We evaluated coverage policies of the largest and smallest formularies by number of covered lives, not associated with a specific employer, of the five largest commercial payers in the US. We also reviewed the formulary of the VHA and the largest and smallest state health exchange plan formularies in each geographic region of the US (Northeast, Midwest, South, West) as identified in the MMIT Analytics Market Access Database. In addition to core analyses of concordance with fair access criteria for cost sharing and the content of prior authorization policies, the 2023 report also evaluated exploratory analyses on a select set of drugs and formularies on criteria related to the transparency of cost sharing, clinical eligibility criteria, continuation of therapy, and the use of accumulators prior to plan enrollment.

A1.3. Research Questions

The overarching research question this project addressed is whether the prior authorization policies for drugs reviewed by ICER in 2021 meet the criteria for fair access. Within this broad research question, we performed 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:

- Fair access criterion
- Drug
- All formularies in scope
- Individual formularies

Exploratory analyses were also conducted according to formulary type (commercial, state exchange, federal), size (small, large), state exchange location (Northeast, Midwest, South, West), and by condition.

A2. Role of the Working Group

To help provide important guidance on this project, the Barriers to Fair Access Assessment 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 the life sciences industry. The Working Group 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 were:

- **Cat Davis Ahmed**, MBA, Vice President of Policy and Outreach, Familial Hypercholesterolemia Foundation
- **Alan Balch**, PhD, Chief Executive Officer, Patient Advocate Foundation
- **Patrick Gleason**, PharmD, Assistant Vice President of Health Outcomes, Prime Therapeutics
- **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
- **Robert Nordyke**, PhD, Vice President of Research, National Pharmaceutical Council (NPC)
- **M Kay Scanlon**, JD, Sr. Policy Advisor, Haystack Project
- **Carl Schmid**, Executive Director, HIV+Hepatitis Policy Institute
- **Bari Talente**, Executive Vice President, Advocacy, National Multiple Sclerosis Society
- **Sean Fahey**, MD, Board of Directors, American College of Rheumatology

A3. List of Included Drugs

A3.1. Initial list of drugs

Drugs eligible for consideration were those reviewed by ICER in 2021 and that are currently FDA approved for an indication consistent with the ICER review (Table A3.1). Several drugs reviewed by ICER in 2021 were not approved by the FDA (roxadustat [AstraZeneca and FibroGen, Inc.] for anemia in chronic kidney disease) or were withdrawn from the market (belantamab mafodotin [Blenrep™, GlaxoSmithKline] for multiple myeloma) and will not be included in this assessment. In addition, ICER has elected not to include aducanumab (Aduhelm™, Biogen) for the treatment of Alzheimer's in the assessment, as its supporting evidence base was so uncertain that determining whether fair access criteria should apply at all is not clear. Baricitinib (Olumiant®, Eli Lilly, Incyte Corporation) was also removed from the 2023 Fair Access review because it is not approved in the US for the treatment of Atopic Dermatitis.

For these drugs we updated the ceiling price needed to meet the cost-effectiveness threshold to 2022 prices using the medical care component of the [Consumer Price Index](#).

A3.2. Determining whether drugs are fairly priced

Whether the price for a drug is considered “fair” or “not fair” was determined according to whether the most recent net price of a drug fell at or below ICER's cost-effective price calculated in the relevant 2021 report at the \$150,000 per evLYG or QALY threshold (whichever produced a higher price). Net drug prices were obtained from [SSR Health, LLC](#), the health care division of SSR, 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 averaged net price data across the four most recently available quarters for which SSR data was available (January 1, 2022 - December 31, 2022), 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 were not available, we used price estimates from FSS. If no data were 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 consisted 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 required 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 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. Drug List

Brand Drug Name	Generic Drug Name	Indication	Route of Administration	ICER Health Benefit Price Benchmark [†]	Annual Net Price Estimated Above or Below ICER HBPB *
Tezspire®	Tezepelumab	Asthma	SC	\$12,590	Above
Camzyos™	Mavacamten	Hypertrophic Cardiomyopathy	Oral	\$15,608	Above
Soliris®	Eculizumab	Myasthenia Gravis	IV	\$20,186	Above
Vyvgart™	Efgartigimod	Myasthenia Gravis	IV	\$29,550	Above
Takhzyro™	Lanadelumab	Hereditary Angioedema	SC	\$228,749 [‡]	Above
Haegarda®	C1 esterase Inhibitor	Hereditary Angioedema	SC	\$258,856 [‡]	Above
Cinryze®	C1 esterase Inhibitor	Hereditary Angioedema	IV	\$146,243 [‡]	Above
Cibinqo®	Abrocitinib	Atopic Dermatitis	Oral	\$43,493	Above
Adbry®	Tralokinumab	Atopic Dermatitis	SC	\$36,418	Above
Rinvoq®	Upadacitinib	Atopic Dermatitis	Oral	\$43,181	Above
Opzelura™	Ruxolitinib	Atopic Dermatitis	Topical	NC [§]	NA
Abecma®	Idecabtagene vicleucel	Multiple Myeloma	IV	\$275,734	Above
Carvykti™	Ciltacabtagene autoleucel	Multiple Myeloma	IV	\$324,638	Above
Lupkynis™	Voclosporin	Lupus Nephritis	Oral	\$104,988	Above
Benlysta®	Belimumab	Lupus Nephritis	IV, SC	\$63,684	Below
Leqvio®	Inclisiran	High Cholesterol	SC	\$6,243	Above
Nexletol®	Bempedoic acid	High Cholesterol	Oral	NC [§]	NA
Nexlizet™	Bempedoic acid/ezetimibe	High Cholesterol	Oral	\$2,705	Below

HBPB: Health Benefit Price Benchmark, IV: Intravenous, NA: not applicable, NC: not calculated, SC: Subcutaneous

*Average prices net of all discounts and rebates, for the year of 2022, obtained from SSR Health. For prices not available or deemed unreliable, prices are taken from the Federal Supply Schedule (FSS). For physician administered drugs we will use the ASP price plus 6%, if available.

[†] ICER health benefit price benchmarks for the higher of the \$150,000 per QALY or \$150,000 per evLYG threshold, inflated to 2022 prices.

[‡] The cost-effective price was determined by the QALY for drugs treating hereditary angioedema. The evLYG was not calculated in the ICER report assessing treatments for hereditary angioedema, as there was no evidence that these agents had any impact on mortality.

[§] NC indicates instances where ICER did not calculate a benchmark price. Since we did not calculate a benchmark price, any item with this categorization were exempted for the cost sharing analysis.

A4. List of Payers and Identification of Relevant Coverage Policies

We assessed coverage policies across 19 formularies, including the largest and smallest formularies by number of covered lives, not associated with a specific employer, of the five largest commercial payers in the US. We also reviewed the formulary of the Veteran's Health Administration (VHA) and the largest and smallest state health exchange plan formularies in each geographic region of the US (Northeast, Midwest, South, West). All plans and formularies except for VHA were identified using the MMIT Analytics Market Access Database. The entity (payer or PBM) that controlled the coverage decision was assigned the covered life. We obtained the necessary coverage policies such as relevant prior authorization forms, documents, and formulary tiering information through targeted outreach to payers, and as needed, supplemented any additional information needed by leveraging the MMIT Analytics Market Access Database. The final list of payer formularies is listed in Table A4.1.

Table A4.1. Payer Formularies In Scope

Payer	Formulary Name	Plan Type	Tiers Available	Individuals Covered*
CVS Health (Aetna)	CVS Caremark Performance Standard Control w/Advanced Specialty Control (Largest)	Commercial	1 - Generic 2 - Preferred Brand 3 - Non-Preferred Generic or Non-Preferred Brand	11,244,955
CVS Health (Aetna)	CVS Aetna Standard Opt Out with ACSF (Smallest)	Commercial	1 - Generic 2 - Preferred Brand 3 - Non-Preferred Brand 4 - Preferred Specialty 5 - Non-Preferred Specialty	7,741
Express Scripts PBM	Express Scripts National Preferred with Advantage Plus PA (Largest)	Commercial	1 – Formulary Generics 2 – Formulary brands 3 – Non-formulary brands	9,518,940
Express Scripts PBM	Express Scripts High Performance with Limited PA (Smallest)	Commercial	1 - Formulary generics 2 – Formulary brands	37,310
UnitedHealth Group, Inc.	UnitedHealthcare Advantage 3 Tier (Largest)	Commercial	1 – Lower-cost 2 – Mid-range cost 3 – Highest-cost	6,606,217
UnitedHealth Group, Inc.	UnitedHealthcare Flex Access 4 Tier (Smallest)	Commercial	1 – Lower-cost 2 – Mid-range cost 3 – Mid-range cost 4 – Highest-cost	5,145
OptumRx	OptumRx Select Standard Formulary (Largest)	Commercial	1 – Lower-cost 2 – Mid-range cost 3 – Higher-cost	4,336,146
OptumRx	OptumRx Premium Formulary (Smallest)	Commercial	1 – Lower-cost 2 – Mid-range cost 3 – Higher-cost	40,154
Cigna Corporation	Cigna Standard Three Tier (Largest)	Commercial	1 - Generic 2 - Preferred Brand 3 - Non-Preferred Generic or Non-Preferred Brand	4,051,488

Payer	Formulary Name	Plan Type	Tiers Available	Individuals Covered*
Cigna Corporation	Cigna National Preferred (Smallest)	Commercial	1 - Generic 2 - Preferred Brand 3 - Non-Preferred Brand	48,937
Department of Veterans Affairs	VHA National Formulary	Federal	Not applicable	5,069,749
Horizon BlueCross Blue Shield of New Jersey	Horizon BlueCross Blue Shield of NJ HIX (Largest)	Health Exchange (NJ)	1 – Generic 2 – Preferred Brand 3 – Non-Preferred Brand	169,758
UnitedHealth Group, Inc.	UnitedHealthcare MA 3 Tier HIX (Smallest)	Health Exchange (MA)	1 – Lower-cost 2 – Mid-range cost 3 – Highest-cost	483
Health Care Service Corporation	Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX (Largest)	Health Exchange (IL)	1 – Generic 2 – Non-Preferred Generic 3 – Preferred Brand 4 – Non-Preferred Brand 5 – Preferred Specialty 6 – Non-Preferred Specialty	171,066
Quartz Health Solutions	Quartz Health Solutions Standard Choice Four Tier (Smallest)	Health Exchange (IL)	T1 – Generic T2 – Preferred Brand T3 – Non-Preferred Brand T4P – Preferred Specialty T4N – Non-Preferred Specialty	135
Florida Blue	Florida Blue Care Choices HIX (Largest)	Health Exchange (FL)	1 – Generic 2 – Preferred Brand 3 – Non-Preferred Brand 4 - Specialty	921,736
CVS Health (Aetna)	CVS Aetna Health Exchange Plan Innovation Health (Smallest)	Health Exchange (VA)	1 - Generic 2 - Preferred Brand 3 - Non-Preferred Brand 4 - Preferred Specialty 5 - Non-Preferred Specialty	210
Kaiser Foundation Health Plans, Inc.	Kaiser Permanente California HIX (Largest)	Health Exchange (CA)	1 - Generic 2 - Brand 4 - Specialty	591,723
Cambia Health Solutions	BridgeSpan Metallic Formulary HIX (Smallest)	Health Exchange (UT)	1 - Generic/Brand (high value) 2 - Generic/Brand (moderate value) 3 - Brand (moderate value) 4 - Brand (lower value) 5 - Specialty (moderate value) 6 - Specialty (low value)	41

*Covered lives as of 06/01/2023 according to MMIT

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

As with the 2022 report, the 2023 report evaluated formulary concordance with fair access criteria related to cost sharing, clinical eligibility, step therapy, and restrictions on prescriber qualifications. In addition to core analyses of concordance with fair access criteria for cost sharing and the content of prior authorization policies, we conducted exploratory analyses on a select set of drugs and formularies on criteria related to the transparency of cost sharing, clinical eligibility criteria, continuation of therapy, and the use of accumulators prior to plan enrollment. All of the criteria in these domains from the original 2020 white paper are shown in the Tables below. The criteria that were in scope for this review were those that we believed we can reliably judge through review of available coverage documents.

Table A5.1. Cost Sharing Fair Design Criteria

	Cost Sharing
Fair Access 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 <i>lowest relevant</i> 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.	Yes
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 economic 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 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
<p>Clinical eligibility criteria should be developed with explicit mechanisms that require payer staff to document that they have:</p> <ul style="list-style-type: none"> • 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
<p>For all drugs: Clinical eligibility criteria that complement the FDA label language may be used to:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 been deemed reasonable: Except for the three purposes outlined above, clinical eligibility criteria should not deviate from the FDA label language in a manner that would narrow coverage.	Yes
For drugs with prices or price increases that have been deemed reasonable: 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.	Yes
For drugs with prices or price increases that have been 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.	Yes

FDA: U.S. Food and Drug Administration

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

For the 2023 report we continued to use a maximum threshold of 3 step therapies, which would cumulatively represent a failure to meet reasonable standards for fair access. Any step therapy policy requiring 4 or more steps will be judged to not meet concordance with step therapy fair access

criteria. In a recent analysis of step therapy protocols, the vast majority of payers required 1-3 steps and minority (3%) required more than 3.*

Step Therapy and Required Switching	
Fair Access Criteria	In scope for this review?
<p>In order to justify economic step therapy policies extending beyond FDA labeling as appropriate, payers should explicitly affirm or present evidence to document all of the following:</p> <ul style="list-style-type: none"> • Use of the first-step therapy reduces overall health care spending, not just drug spending 	No
<ul style="list-style-type: none"> • 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 – threshold of a maximum of 3 steps even if all include appropriate first-line therapies
<p>In order to justify required switching policies as appropriate, payers should explicitly affirm or present evidence to document all of the following:</p> <ul style="list-style-type: none"> • Use of the required drug reduces overall health care spending. • 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

FDA: U.S. Food and Drug Administration

* Lenahan KL, Nichols DE, Gertler RM, Chambers JD. Variation in Use and Content of Prescription Drug Step Therapy Protocols, Within and Across Health Plans. *Health Affairs*. 2021; 40 (11): 1749-1757.

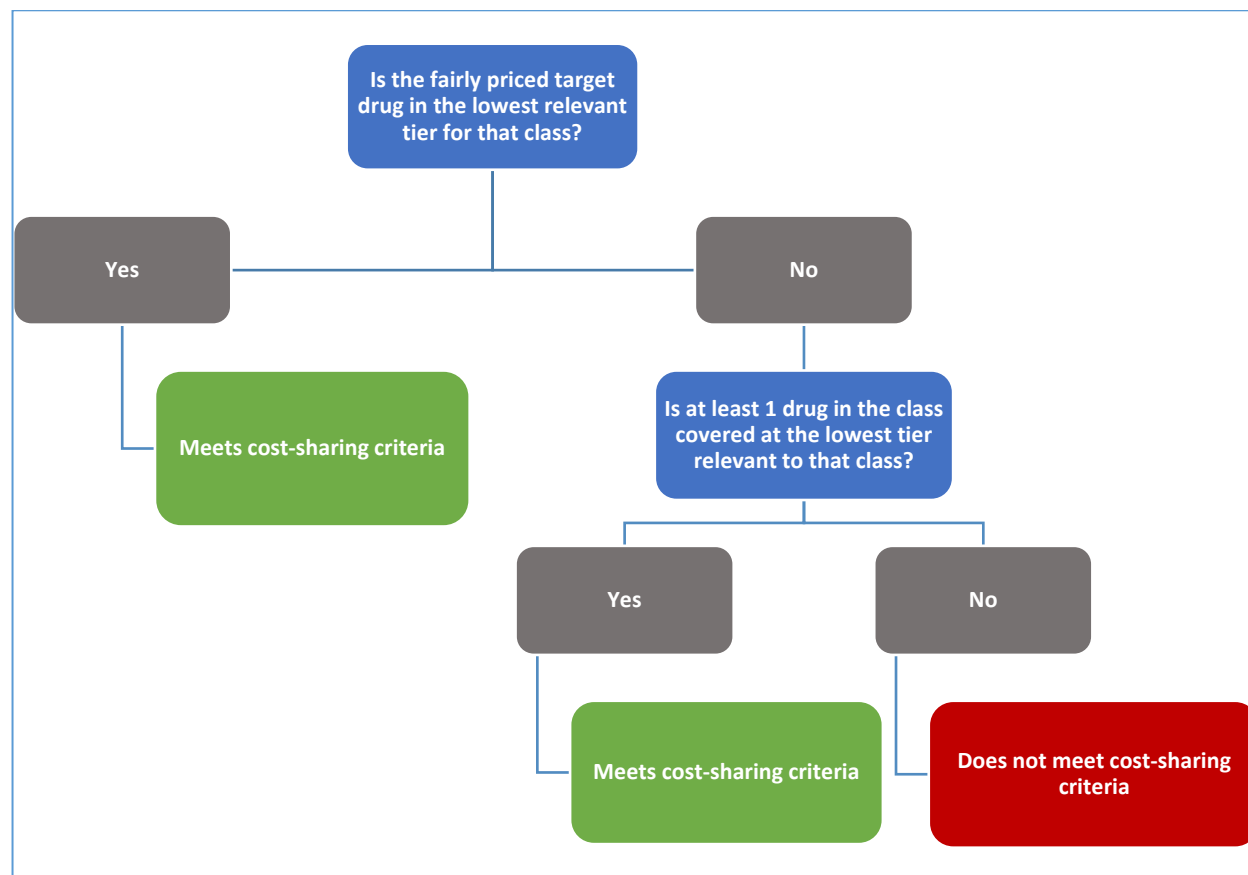
Table A5.4. Provider Qualifications Fair Design Criteria

Provider Qualifications	
Fair Access Criteria	In scope for this review?
Restrictions of coverage to specialty prescribers are reasonable with one or more of the following justifications: <ul style="list-style-type: none"> • 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

Table A5.5. Transparency Fair Design Criteria

Transparency	
Fair Access Criteria	In Scope for this Review?
Cost-sharing policies should be presented clearly to consumers prior to health plan selection, allowing all individuals to understand what cost sharing they will face for treatments they are currently taking or are considering.	Yes
Any significant change to formulary or cost sharing structures should not occur mid-cycle unless plan sponsors include this as a qualifying event allowing plan enrollees to switch plans.	No
At the point of care, clinicians and patients should be able to rapidly determine the cost-sharing requirements for any treatment along with cost sharing for other alternatives.	No
Individuals considering health plan enrollment should be presented with clear information allowing them to understand whether they meet the insurers' clinical criteria for the treatments they are currently taking. The policies should also set out the rationale behind them and be readily understandable.	Yes
Clinicians and patients should be able to rapidly determine the clinical criteria for any treatment and view the clinical rationale supporting these criteria. The referenced clinical information should be readily available to the prescribing/ordering provider and the public.	No
Individuals considering health plan enrollment should be presented with clear information allowing them to understand whether the treatments they currently take or envision taking will be subject to non-medical step therapy or switching policies.	Yes
Clinicians, pharmacists, and patients should be able to rapidly determine the requirements related to step therapy and switching policies and be able to easily view a full justification from the insurer.	No
Individuals considering health plan enrollment should be able to easily find information related to coverage criteria, including prescriber qualifications, for drugs that they or family members are currently taking.	Yes
Clinicians and patients should be able to rapidly determine whether there is a restriction on prescribing for any treatment. Insurers should provide ready assistance to primary care clinicians seeking connection with a relevant specialist for consultation as needed.	No

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.

Supporting documents provided by each payer in scope was used as the primary source for cost-sharing and prior authorization information. Any outstanding gaps in policy details were supplemented by using the MMIT database. 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.

For each drug, ICER research staff summarized results of the policy abstraction data in Tables A5.1-A5.5 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 (GL). When the ICER clinician felt that clinical expert input was needed to determine whether a coverage policy met the fair design criterion, she discussed the question with an expert involved in the original ICER report on that drug.

B. Results

B1. Policy Brief: Cibinqo (abrocitinib), JAK Inhibitor (oral)

B1.1. Condition: Atopic Dermatitis, moderate-to-severe

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: Rinvoq (upadacitinib)

B1.2. Clinical Guidelines

[American Academy of Dermatology \(AAD\) 2014](#)

B1.3. Background

FDA Label

Indication: Adults and pediatric patients **12 years of age and older** with **refractory, moderate-to-severe atopic dermatitis** whose disease is **not adequately controlled with other systemic drug products**, including biologics, or when the use of those therapies is inadvisable.

Dosing: 50mg, 100mg, and 200mg

Warning:

Laboratory Abnormalities: Laboratory monitoring is recommended due to potential changes in platelets, lymphocytes, and lipids.

Immunizations: Avoid the use of live vaccines prior to, during, and immediately after CIBINQO treatment.

Contraindications: Antiplatelet therapies except for low-dose aspirin (≤ 81 mg daily), during the first 3 months of treatment.

Interactions: Strong inhibitors of CYP2C19: The recommended dose is 50 mg once daily or 100 mg once daily for those patients who are not responding to 50 mg once daily. ; Moderate to strong inhibitors of both CYP2C19 and CYP2C9, or strong CYP2C19 or CYP2C9 inducers: Avoid concomitant use. ; P-gp substrate where small concentration changes may lead to serious or life-threatening toxicities: Monitor or titrate dosage of P-gp substrate.

Clinical Trial Eligibility: Patients 12 years and older with moderate-to-severe atopic dermatitis as defined by an IGA score of ≥ 3 , an EASI score of ≥ 16 , BSA involvement of $\geq 10\%$, and a PP-NRS at ≥ 4

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 ICER Review of JAK Inhibitors and Monoclonal Antibodies for the Treatment of Atopic Dermatitis

There is no clear consensus on how to operationalize a definition of the FDA indication for the treatment of patients with “moderate-to-severe” atopic dermatitis. The severity of atopic dermatitis can vary substantially over time and, from a patient’s perspective, can include a complex combination of intensity of itch, location, body surface area involvement, and degree of skin impairment. Some payers will allow clinician attestation, whereas others will adopt criteria based on clinical trial eligibility. Given the variability of patient phenotype and lack of familiarity among clinicians with scoring systems used in clinical trials, it is advisable for payers to create a broad, clinically relevant definition inclusive of multiple specific measures of disease intensity, e.g. “any of the following: BSA \geq 10%, IGA \geq 3, EASI \geq 16,” or “affected BSA \geq 10% OR involvement of body sites that are difficult to treat with prolonged topical corticosteroid therapy (e.g. hands, feet, face, neck, scalp, genitals/groin, skin folds) or severe itch that has been unresponsive to topical therapies.”

Payers establishing step therapy with less expensive, off-label systemic agents and/or phototherapy should allow patients and clinicians to choose from multiple options rather than require patients to try multiple options.

If multiple agents for severe atopic dermatitis are approved, payers should make available at least one biologic (dupilumab and/or tralokinumab) and at least one oral JAK inhibitor given how different these classes are in their onset of action and their risk profile.

[Link to ICER Policy Recommendations](#)

B1.4. Findings: Coverage Policies

Policies for Cibinqo were available for 17 formularies. 15 formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). Two formularies under both the pharmacy and medical benefit (Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Cibinqo was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B1.1. Cibirgo Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	2 (Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	2 (Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	2 (Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	Not Applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	Non-formulary	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Non-formulary	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	Non-formulary	N/A	N/A	N/A
Florida Blue Care Choices HIX	Not Applicable	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

Thirteen formularies require some version of the following: a diagnosis of moderate-to-severe atopic dermatitis, and a patient who is 12 years or older (CVS Aetna Standard Opt Out with ACSF, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). These requirements meet our criteria as they are all in line with the label indication.

Five formularies included a more specific definition of an affected body surface area OR involvement of crucial body areas (CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, OptumRx Premium, OptumRx Select Standard). This definition meets our clinical eligibility criteria because it is consistent with the clinical guidelines.

Four formularies require chart notes or other forms of testing such as TB screening (CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, VHA National Formulary). This meets our clinical eligibility criteria because it is consistent with the clinical guidelines.

Five formularies listed Cibinqo as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

One formulary (Kaiser Permanente California HIX) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Thirteen formularies required prescribing by or in consultation with a specialist (CVS Aetna Standard Opt Out with ACSF, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). This meets our provider qualifications criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Five formularies listed Cibinqo as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier). These formularies were not assessed on these criteria for this drug.

Step Therapy

One formulary (Kaiser Permanente California HIX) did not mention requiring step therapy. This meets our criteria.

Twelve formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, Express Scripts National Preferred, Express Scripts High Performance, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, OptumRx Select Standard, OptumRx Premium, Cigna Standard Three Tier, Cigna National Preferred, UnitedHealthcare MA 3 Tier HIX, Florida Blue Care Choices HIX) required one or more of the following steps in line with the FDA label: inadequate treatment response in the past year to 1) a medium potency to super-high potency topical corticosteroid, 2) a topical calcineurin inhibitor, or 3) systemic or biologic product unless the use is inadvisable. This meets our criteria for step therapy because it is in line with the FDA label and clinical guidelines.

Five formularies listed Cibinqo as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier). These formularies were not assessed on these criteria for this drug.

Table B1.2. Cibinqo Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	Member has had an inadequate treatment response with one of the following in the past year unless treatment is inadvisable: 1) A medium potency to super-high potency topical corticosteroid, 2) a topical calcineurin inhibitor, 3) a systemic drug product or biologic	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	Member has had an inadequate treatment response with one of the following in the past year unless treatment is inadvisable: 1) A medium potency to super-high potency topical corticosteroid, 2) a topical calcineurin inhibitor, 3) a systemic drug product or biologic	Y
Express Scripts National Preferred Pharmacy Medical	0	1) Patient has had a 3-month trial of at least ONE traditional systemic therapy, OR 2) Patient has tried at least ONE traditional systemic therapy but was unable to tolerate a 3-month trial	Y
Express Scripts High Performance Pharmacy Medical	0	1) Patient has had a 3-month trial of at least ONE traditional systemic therapy, OR 2) Patient has tried at least ONE traditional systemic therapy but was unable to tolerate a 3-month trial	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	1	Both of the following: 1) History of failure, contraindication, or intolerance to two of the following therapeutic classes of topical therapies: (a) Medium to very-high potency topical corticosteroid or (b) Topical calcineurin inhibitor or (c) Eucrisa (crisaborole) AND 2) Trial or contraindication to a systemic biologic	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	1	Both of the following: 1) History of failure, contraindication, or intolerance to two of the following therapeutic classes of topical therapies: (a) Medium to very-high potency topical corticosteroid or (b) Topical calcineurin inhibitor or (c) Eucrisa (crisaborole) AND 2) Trial or contraindication to a systemic biologic	Y
OptumRx Select Standard Pharmacy	1	Trial and failure, contraindication, or intolerance to at least ONE of the following: 1) Medium or higher potency topical corticosteroid, 2) Pimecrolimus cream, 3) Tacrolimus ointment, 4) Eucrisa (crisaborole) ointment AND One of the following: 1) one systemic drug product	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
OptumRx Premium Pharmacy	1	Trial and failure, contraindication, or intolerance to at least ONE of the following: 1) Medium or higher potency topical corticosteroid, 2) Pimecrolimus cream, 3) Tacrolimus ointment, 4) Eucrisa (crisaborole) ointment AND One of the following: 1) one systemic drug product	Y
Cigna Standard Three Tier Pharmacy	1	Documentation of ONE of the following: 1) Inadequate response after at least 3 months to ONE conventional systemic therapy, 2) has a contraindication or intolerance to ALL conventional systemic therapy, or 3) already tried Dupixent (dupilumab) or Adbry (tralokinumab-ldrm)	Y
Cigna National Preferred Pharmacy	0	The individual meets one of the following: a) 3-month trial of at least ONE traditional systemic therapy; OR b) Trial of at least ONE traditional systemic therapy but was unable to tolerate a 3-month trial	Y
VHA National Formulary Pharmacy	1	Prior dupilumab OR tralokinumab-ldrm therapy (for ≥ 16 weeks) unless it is contraindicated, not tolerated, or otherwise medically inadvisable.	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	2	The patient has tried and had an inadequate response to, or has an intolerance or contraindication to ONE of the following: A. systemic immunosuppressant, including a biologic AND ONE of the following: A. Dupixent OR B. Rinvoq or C. Adbry AND maintains standard therapy with emollients	N/A
UnitedHealthcare MA 3 Tier HIX Pharmacy	1	A. Both of the following: 1) History of failure, contraindication, or intolerance to two of the following therapeutic classes of topical therapies: (a) Medium to very-high potency topical corticosteroid or (b) Topical calcineurin inhibitor or (c) Eucrisa (crisaborole) AND 2) trial or contraindication to a systemic biologic	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0-1	1) continue standard maintenance therapies	N/A
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	N/A	N/A
Florida Blue Care Choices HIX Pharmacy	3	Inadequate response or intolerance OR contraindication to ONE of the following: A. a mid-potency topical steroid AND a topical calcineurin inhibitor OR B. a mid-potency topical steroid AND a topical calcineurin inhibitor AND ONE a. systemic immunosuppressant, including a biologic AND 1. dupilumab (Dupixent)	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		AND 2. upadacitinib (Rinvoq) AND 3. tralokinumab (Adbry)	
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	0	Member has had an inadequate treatment response with one of the following in the past year unless treatment is inadvisable: 1) A medium potency to super-high potency topical corticosteroid, 2) a topical calcineurin inhibitor, 3) a systemic drug product or biologic	N/A
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	0	Both the following have been ineffective or not tolerated, unless all are contraindicated: 1) A medium to very high-potency corticosteroid AND 2) Topical tacrolimus, OR b. Systemic immunosuppressants have been ineffective, not tolerated, or all are contraindicated	N/A

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

B1.5. Summary of Findings

Table B1.3. Cibinqo Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A	Y Y	Y Y	Y Y
Express Scripts High Performance Pharmacy Medical	N/A	Y Y	Y Y	Y Y
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Pharmacy	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	N/A	N/A

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

B2. Policy Brief: Benlysta (belimumab), B-lymphocyte stimulator-specific inhibitor (intravenous/subcutaneous injection)

B2.1. Condition: Lupus Nephritis

Is Drug Cost-Effective at Current Price?: Yes

Other Drugs in Class: None

B2.2. Clinical Guidelines

[American College of Rheumatology Guidelines for Screening, Case Definition, Treatment and Management of Lupus Nephritis \(2012\)](#)

[2019 Update of the Joint European League Against Rheumatism and European Renal Association–European Dialysis and Transplant Association \(EULAR/ ERA–EDTA\) recommendations for the management of lupus nephritis](#)

B2.3. Background

FDA Label

Indication: For the treatment of **active lupus nephritis in patients aged 5 years and older who are receiving standard therapy**. Limitations of use: not recommended for use in severe active central nervous system (CNS) lupus.

Dosing:

Intravenous Dosage For Adult And Pediatric Patients (5+ Years) With Lupus Nephritis: 10 mg/kg at 2-week intervals for the first 3 doses and at 4-week intervals thereafter. Reconstitute, dilute, and administer as an intravenous infusion over a period of 1 hour.

Subcutaneous Dosage for Adults (18+ years) with Lupus Nephritis: 400 mg (two 200-mg injections) once weekly for 4 doses, then 200 mg once weekly thereafter.

Warning:

Serious Infections: Serious and sometimes fatal infections have occurred in patients receiving immunosuppressive agents, including BENLYSTA. Use with caution in patients with **severe or chronic infections**. Consider interrupting therapy with BENLYSTA if patients develop a new infection during treatment with BENLYSTA.

Progressive Multifocal Leukoencephalopathy (PML): Evaluate patients with new-onset or deteriorating neurological signs and symptoms for PML. If confirmed, discontinue immunosuppressant therapy, including BENLYSTA.

Hypersensitivity Reactions, including Anaphylaxis: Serious and fatal reactions have been reported.

Depression and Suicidality: Depression and suicidality were reported in trials with BENLYSTA. Assess for depression and risk of suicide before treatment with BENLYSTA and monitor during treatment. Instruct

patients to contact their healthcare provider if new or worsening depression, suicidal thoughts, or other mood changes occur.

Immunization: Live vaccines should not be given concurrently with BENLYSTA.

Contraindications: BENLYSTA is contraindicated in patients who have had anaphylaxis with belimumab.

Interactions: Formal drug interaction studies have not been performed with BENLYSTA. In clinical trials, BENLYSTA was administered concomitantly with other drugs, including corticosteroids, antimalarials, immunomodulatory and immunosuppressive agents, angiotensin pathway antihypertensives, HMG-CoA reductase inhibitors (statins), and/or non-steroidal anti-inflammatory drugs (NSAIDs) without evidence of a clinically meaningful effect of these concomitant medications on belimumab pharmacokinetics.

Clinical Trial Eligibility:

BLISS-LN Trial in Adults with Lupus Nephritis (IV): The patients had a clinical diagnosis of SLE according to American College of Rheumatology classification criteria; biopsy-proven lupus nephritis Class III, IV, and/or V; and had active renal disease at screening requiring standard therapy: **corticosteroids with 1) mycophenolate for induction followed by mycophenolate for maintenance, or 2) cyclophosphamide for induction followed by azathioprine for maintenance.**

PLUTO Trial in Pediatric Patients with Lupus (IV): Patients had active SLE disease, defined as a SELENA-SLEDAI score ≥ 6 and positive autoantibodies at screening as defined in the adult trials. Patients were on a **stable SLE treatment regimen (standard of care)** and had similar inclusion and exclusion criteria as in the adult studies.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 ICER Review of Belimumab and Voclosporin for Lupus Nephritis

Given the significant uncertainty that remains about the longer-term safety and effectiveness of **belimumab** and voclosporin for lupus nephritis, it is reasonable for payers to use prior authorization as a component of coverage. Prior authorization criteria for both drugs should be based on clinical evidence and input from clinical experts and patient groups. The process for authorization should also be clear, accessible, efficient, and timely for providers

Coverage Criteria

Patient Eligibility Criteria: Patients should be receiving standard therapy, which consists of concomitant treatment with corticosteroids and MMF or cyclophosphamide. Successful treatment may allow patients to minimize or even eliminate steroid use.

Duration of Therapy and Renewal of Coverage: Because belimumab appears to have no risk of nephrotoxicity, and because it may be useful in addressing other symptoms of SLE, payers may opt to require no demonstration of benefit or time limit on initial coverage. Physician attestation of a response to therapy of at least a 50% reduction in proteinuria after 6 to 12 months of therapy is a reasonable consideration.

Provider Criteria: The therapy should be prescribed by a rheumatologist or nephrologist with expertise in LN or, at minimum, access to consultation with an expert. Virtual consultation with a SLE expert at a Lupus Center of Excellence should be supported.

Step Therapy: There is no other treatment that could be considered a first-step treatment prior to eligibility.

[Link to ICER Policy Recommendations](#)

B2.4. Findings: Coverage Policies

Policies for Benlysta were available for 16 formularies: six formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard) and 10 formularies under both the pharmacy and medical benefits (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, Cigna Standard Three Tier, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX).

Cost Sharing

One formulary did not mention requiring cost sharing criteria (VHA National Formulary). This meets our cost-sharing criteria.

Eight formularies have Benlysta placed on a Preferred Brand tier, the lowest relevant tier (Cigna National Preferred, Express Scripts High Performance, Horizon BlueCross BlueShield of NJ HIX, Cambia BridgeSpan Metallic Formulary HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, Express Scripts National Preferred). This meets our cost-sharing criteria.

Nine formularies did not place Benlysta on the lowest relevant tier available (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Cigna Standard Three Tier, Florida Blue Care Choices HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, Kaiser Permanente California HIX). This does not meet our cost-sharing criteria because Benlysta is the only drug in its class with no alternatives on a lower relevant tier.

One formulary listed Benlysta as non-formulary (CVS Aetna Health Exchange Plan Innovation Health). This formulary was not assessed on these criteria for this drug.

Table B2.1. Benlysta Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	3 (Non-Preferred Brand)	N	2 (Preferred Brand)	N
CVS Aetna Standard Opt Out with ACSF	5 (Non-Preferred Specialty)	N	4 (Preferred Specialty)	N
Express Scripts National Preferred	2 (Preferred Brand)	Y	N/A	Y
Express Scripts High Performance	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	Y	N/A	Y
OptumRx Select Standard	3 (Non-Preferred Brand)	N	2 (Preferred Brand)	N
OptumRx Premium	3 (Non-Preferred Brand)	N	2 (Preferred Brand)	N
Cigna Standard Three Tier	3 (Non-Preferred Brand)	N	2 (Preferred Brand)	N
Cigna National Preferred	2 (Preferred Brand)	Y	N/A	Y
VHA National Formulary	N/A	N	N/A	Y
Horizon BlueCross BlueShield of NJ HIX	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	Y	N/A	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	6 (Non-Preferred Specialty)	N	5 (Preferred Specialty)	N
Quartz Health Solutions Standard Choice Four Tier	4 (Non-Preferred Specialty)	N	2 (Preferred Brand)	N
Florida Blue Care Choices HIX	4 (Specialty)	N	2 (Preferred Brand)	N
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N	2 (Preferred Brand)	N
Kaiser Permanente California HIX	Non-formulary	N	2 (Preferred Brand)	N
Cambia BridgeSpan Metallic Formulary HIX	5 Specialty (moderate value)	Y	N/A	Y

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

Clinical Eligibility

Two formularies (Kaiser Permanente California HIX, VHA National Formulary) did not mention requiring clinical eligibility criteria. This meets our provider qualifications criteria.

Fourteen formularies (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3

Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require some version of the following: Individuals with biopsy-proven diagnosis of active lupus nephritis and systemic lupus erythematosus (SLE) to be used in combination with an immunosuppressive regimen (mycophenolate and corticosteroids) who are five years of age or older (intravenous formulation) or 18 years or older (subcutaneous formulation). These are all in line with the label indication and clinical trial inclusion criteria.

Most of the above formularies included additional diagnostic requirements: Eight formularies (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required patients to not have severe active central nervous system lupus. One formulary (Horizon BlueCross BlueShield of NJ HIX) also required baseline measures of one or more of the following: eGFR, urine protein, or urine protein to creatinine ratio (uPCR). These requirements meet our criteria because they are in line with treatment guidelines and clinical trial inclusion criteria.

One formulary listed Benlysta as non-formulary (CVS Aetna Health Exchange Plan Innovation Health). This formulary was not assessed on these criteria for this drug.

Provider Qualifications

Eight formularies (CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Kaiser Permanente California HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Nine formularies required prescribing by or in consultation with a specialist (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, Cigna Standard Three Tier, Express Scripts High Performance, Express Scripts National Preferred, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, Quartz Health Solutions Standard Choice Four Tier). This meets our criteria because specialist clinician diagnosis/ monitoring is appropriate for this condition.

One formulary listed Benlysta as non-formulary (CVS Aetna Health Exchange Plan Innovation Health). This formulary was not assessed on these criteria for this drug.

Step Therapy

Step therapy was not required by any formulary. This meets our criteria for step therapy because it is in line with the FDA label.

One formulary listed Benlysta as non-formulary (CVS Aetna Health Exchange Plan Innovation Health). This formulary was not assessed on these criteria for this drug.

Table B2.2. Benlysta Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	No steps	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	No steps	Y
Express Scripts National Preferred Pharmacy	0	No steps	Y
Express Scripts National Preferred Medical	0	No steps	Y
Express Scripts High Performance Pharmacy	0	No steps	Y
Express Scripts High Performance Medical	0	No steps	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	0	No steps	Y
UnitedHealthcare Advantage 3 Tier Medical	0	No steps	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	0	No steps	Y
UnitedHealthcare Flex Access 4 Tier Medical	0	No steps	Y
OptumRx Select Standard Pharmacy	0	No steps	Y
OptumRx Premium Pharmacy	0	No steps	Y
Cigna Standard Three Tier Pharmacy	0	No steps	Y
Cigna Standard Three Tier Medical	0	No steps	Y
Cigna National Preferred Pharmacy	0	No steps	Y
Cigna National Preferred Medical	0	No steps	Y
VHA National Formulary Pharmacy	N/A	N/A	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	0	No steps	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	0	No steps	Y
UnitedHealthcare MA 3 Tier HIX Medical	0	No steps	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0	No steps	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	0	No steps	Y
Quartz Health Solutions Standard Choice Medical	0	No steps	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
Medical			
Florida Blue Care Choices HIX			
Pharmacy	0	No steps	Y
Medical	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health			
Pharmacy	0	No steps	N/A
Kaiser Permanente California HIX			
Pharmacy	N/A	N/A	Y
Medical	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX			
Pharmacy	N/A	N/A	N/A
Medical	N/A	N/A	N/A

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

B2.5. Summary of Findings

Table B2.3. Benlysta Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N	Y	Y	Y
Express Scripts National Preferred Pharmacy	Y	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	Y	Y	Y	Y
Express Scripts High Performance Medical	N/A	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	Y	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Medical	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	Y	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Medical	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N	Y	Y	Y
OptumRx Premium Pharmacy	N	Y	Y	Y
Cigna Standard Three Tier Pharmacy	N	Y	Y	Y
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	Y	Y	Y	Y
Cigna National Preferred Medical	N/A	Y	Y	Y
VHA National Formulary Pharmacy	Y	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	Y	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	Y	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Medical	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Y	Y	Y
Florida Blue Care Choices HIX Pharmacy	N	Y	Y	Y
Florida Blue Care Choices HIX Medical	N/A	Y	Y	Y

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy Medical	N N/A	Y Y	Y Y	Y Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy Medical	Y N/A	N/A N/A	N/A N/A	N/A N/A

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

B3. Policy Brief: Nexletol (bempedoic acid), ATP-citrate lyase inhibitor (oral)

B3.1. Condition: High cholesterol (ASCVD)

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B3.2. Clinical Guidelines

[2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk](#)

B3.3. Background

FDA Label

Indication: Adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

Dosing: Administer 180 mg orally once daily with or without food.

Warning:

Hyperuricemia: Elevations in serum uric acid have occurred. Assess uric acid levels periodically as clinically indicated. Monitor for signs and symptoms of hyperuricemia, and initiate treatment with urate-lowering drugs as appropriate.

Tendon Rupture: Tendon rupture has occurred. Discontinue NEXLETOL at the first sign of tendon rupture. Avoid NEXLETOL in patients who have a history of tendon disorders or tendon rupture.

Interactions: **Simvastatin:** Avoid concomitant use of NEXLETOL with simvastatin greater than 20 mg.

Pravastatin: Avoid concomitant use of NEXLETOL with pravastatin greater than 40 mg.

Clinical Trial Eligibility: Patients were randomized 2:1 to receive either NEXLETOL (n = 1488) or placebo (n = 742) as add-on to a maximally tolerated lipid lowering therapy. Maximally tolerated lipid lowering therapy was defined as a maximally tolerated statin dose alone or in combination with other lipid-lowering therapies. Patients on simvastatin 40 mg per day or higher and patients taking PCSK9 inhibitors were excluded from the trial.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 Review of Bempedoic Acid and Inclisiran for High Cholesterol

All stakeholders should ensure that the introduction of new therapies for high cholesterol do not exacerbate existing health inequities and should strive to decrease inequity in the health care system by decreasing cost and access barriers for patients to access effective therapies.

Payers should develop consistent prior authorization criteria for lipid-lowering drugs and assure that the documentary burden and other administrative elements of prior authorization do not create an unreasonable burden on clinicians and patients.

Manufacturers should seek to set prices that will foster affordability and good access for all patients by aligning prices with independent assessments of the therapeutic value of their treatments.

[ICER Bempedoic Acid and Inclisiran for Patients with Heterozygous Familial Hypercholesterolemia and for Secondary Prevention of ASCVD: Final Policy Recommendations](#)

B3.4. Findings: Coverage Policies

Policies for Nexletol were available for 11 formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) under the pharmacy benefit and two formularies (Express Scripts National Preferred, Express Scripts High Performance) under both the pharmacy and medical benefits.

Cost Sharing

Because Nexletol was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B3.1. Nexletol Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	2 (Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts National Preferred	3 (Non-Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	Non-formulary	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	2 (Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	2 (Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	2 (Preferred Brand)	N/A	N/A	N/A

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
VHA National Formulary	Not applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	3 (Non-Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	2 (Preferred Brand)	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	Not covered	N/A	N/A	N/A
Florida Blue Care Choices HIX	2 (Preferred Brand)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N/A

N/A: not applicable, Y: yes

Clinical Eligibility

Four formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, Kaiser Permanente California HIX, VHA National Formulary) do not require clinical eligibility criteria. This meets our clinical eligibility criteria.

Eleven formularies (Cigna Standard Three Tier, Cigna National Preferred, Express Scripts National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require some version of the following: clinical ASCVD as confirmed by one of the following: myocardial infarction, acute coronary syndrome, angina, stroke, transient ischemic attack, peripheral arterial disease, arterial revascularization. This meets our clinical eligibility criteria as it is in line with the labeled indication.

Three formularies listed Nexletol as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Nexletol. We were not able to issue ratings for this criterion because the policy was not available.

Provider Qualifications

Among formularies that cover Nexletol, none mentioned requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Three formularies listed Nexletol as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Nexletol. We were not able to issue ratings for this criterion because the policy was not available.

Step Therapy

All formularies required current administration with maximally tolerated statin therapy. This meets our criteria step therapy because it is in line with the FDA label.

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

- Eleven formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Express Scripts National Preferred, Express Scripts High Performance, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require trial and failure of ezetimibe. This meets our criteria step therapy because ezetimibe is recommended as a second-line option for additional lipid-lowering after statins according to guidelines.

Three formularies listed Nexletol as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Nexletol. We were not able to issue ratings for this criterion because the policy was not available.

Table B3.2. Nexletol Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Not applicable	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Not applicable	N/A
Express Scripts National Preferred Pharmacy Medical	1 1	Tried and failed ezetimibe	Y Y
Express Scripts High Performance Pharmacy Medical	N/A N/A	Not applicable	N/A N/A

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
UnitedHealthcare Advantage 3 Tier Pharmacy	1	Tried and failed ezetimibe	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	1	Tried and failed ezetimibe	Y
OptumRx Select Standard Pharmacy	1	Tried and failed ezetimibe	Y
OptumRx Premium Pharmacy	1	Tried and failed ezetimibe	Y
Cigna Standard Three Tier Pharmacy	1	Tried and failed ezetimibe	Y
Cigna National Preferred Pharmacy	1	Tried and failed ezetimibe	Y
VHA National Formulary Pharmacy	N/A	Not applicable	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	1	Tried and failed ezetimibe	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	1	Tried and failed ezetimibe	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	Not applicable	N/A
Florida Blue Care Choices HIX Pharmacy	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	Not applicable	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Not applicable	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	Not applicable	Y

N/A: not applicable, ST: step therapy, Y: yes

B3.5. Summary of Findings

Table B3.3. Nexletol Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	N/A	N/A	N/A
Express Scripts National Preferred Pharmacy Medical	N/A N/A	Y Y	Y Y	Y Y
Express Scripts High Performance Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Pharmacy	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	N/A	N/A	N/A
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	N/A	N/A

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

B4. Policy Brief: Nexlizet (bempedoic acid/ezetimibe), ATP-citrate lyase inhibitor/NPC1L1 protein inhibitor (oral)

B4.1. Condition: High cholesterol (ASCVD)

Is Drug Cost-Effective at Current Prices?: Yes

Other Drugs in Class: None

B4.2. Clinical Guidelines

[2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk](#)

B4.3. Background

FDA Label

Indication: Adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

Dosing: Administer one tablet (180 mg bempedoic acid and 10 mg ezetimibe) orally once daily with or without food. Swallow the tablet whole. Coadministration with Bile Acid Sequestrants: Administer at least 2 hours before or at least 4 hours after bile acid sequestrants.

Warning:

Hyperuricemia: Elevations in serum uric acid have occurred. Assess uric acid levels periodically as clinically indicated. Monitor for signs and symptoms of hyperuricemia, and initiate treatment with urate-lowering drugs as appropriate.

Tendon Rupture: Tendon rupture has occurred. Discontinue NEXLIZET at the first sign of tendon rupture. Avoid NEXLIZET in patients who have a history of tendon disorders or tendon rupture.

Interactions:

Simvastatin: Avoid concomitant use of NEXLIZET with simvastatin greater than 20 mg.

Pravastatin: Avoid concomitant use of NEXLIZET with pravastatin greater than 40 mg.

Cyclosporine: Monitor cyclosporine concentrations.

Fibrates: If cholelithiasis is suspected in a patient receiving NEXLIZET and fenofibrate, consider alternative lipid-lowering therapy.

Clinical Trial Eligibility: Patients were randomized 2:2:2:1 to receive either NEXLIZET (180 mg of bempedoic acid and 10 mg of ezetimibe) (n = 86), bempedoic acid 180 mg (n = 88), ezetimibe 10 mg (n = 86), or placebo (n = 41) once daily as add-on to maximally tolerated statin therapy. Patients were stratified by cardiovascular risk and baseline statin intensity. Patients on simvastatin 40 mg per day or higher and patients taking non-statin lipid-lowering therapy (including fibrates, niacin, bile acid sequestrants, ezetimibe, and PCSK9 inhibitors) were excluded from the trial.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 Review of Bempedoic Acid and Inclisiran for High Cholesterol

All stakeholders should ensure that the introduction of new therapies for high cholesterol do not exacerbate existing health inequities and should strive to decrease inequity in the health care system by decreasing cost and access barriers for patients to access effective therapies.

Payers should develop consistent prior authorization criteria for lipid-lowering drugs and assure that the documentary burden and other administrative elements of prior authorization do not create an unreasonable burden on clinicians and patients.

Manufacturers should seek to set prices that will foster affordability and good access for all patients by aligning prices with independent assessments of the therapeutic value of their treatments.

[ICER Bempedoic Acid and Inclisiran for Patients with Heterozygous Familial Hypercholesterolemia and for Secondary Prevention of ASCVD: Final Policy Recommendations](#)

B4.4. Findings: Coverage Policies

Policies for Nexlizet were available for 11 formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) under the pharmacy benefit and 2 formularies (Express Scripts National Preferred, Express Scripts High Performance) under both the pharmacy and medical benefits.

Cost Sharing

Twelve formularies (Cigna Standard Three Tier, Cigna National Preferred, CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, Express Scripts National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) have Nexlizet placed on a Preferred Brand tier, the lowest relevant tier. This meets our cost-sharing criteria.

One formulary (Horizon BlueCross BlueShield of NJ HIX) does not have Nexlizet placed on the lowest relevant tier. This does not meet our cost-sharing criteria because a preferred tier is available but Nexlizet and its class competitor Nexletol are listed as non-preferred brand.

Three formularies (CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX, Express Scripts High Performance) listed Nexlizet as non-formulary. This does not meet our cost-sharing criteria because a preferred tier is available, but Nexlizet and its therapeutic alternative Nexletol are not on formulary.

Two formularies (Kaiser Permanente California HIX, VHA National Formulary) listed Nexlizet as non-formulary, but were judged as concordant with our cost-sharing criteria. This is because both plans

allow physicians to request prior authorization for the drug and, if approved, it is covered as if it is on the formulary at the relevant tier (Kaiser) or at a fixed cost-sharing amount (VHA).

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Nexletol. We were not able to issue ratings for this criterion because the policy was not available.

Table B4.1. Nexlizet Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	2 (Preferred Brand)	Y	N/A	Y
CVS Aetna Standard Opt Out with ACSF	2 (Preferred Brand)	Y	N/A	Y
Express Scripts National Preferred	2 (Preferred Brand)	Y	N/A	Y
Express Scripts High Performance	Non-formulary	N/A	N/A	N
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	Y	N/A	Y
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	Y	N/A	Y
OptumRx Select Standard	2 (Preferred Brand)	Y	N/A	Y
OptumRx Premium	2 (Preferred Brand)	Y	N/A	Y
Cigna Standard Three Tier	2 (Preferred Brand)	Y	N/A	Y
Cigna National Preferred	2 (Preferred Brand)	Y	N/A	Y
VHA National Formulary	Not applicable	N/A	N/A	Y
Horizon BlueCross BlueShield of NJ HIX	3 (Non-Preferred Brand)	N	2 (Preferred Brand)	N
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	Y	N/A	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	2 (Preferred Brand)	Y	N/A	Y
Quartz Health Solutions Standard Choice Four Tier	Not covered	N/A	N/A	N/A
Florida Blue Care Choices HIX	2 (Preferred Brand)	Y	N/A	Y
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N

N/A: not applicable, Y: yes

Clinical Eligibility

Four formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, Kaiser Permanente California HIX, VHA National Formulary) do not require clinical eligibility criteria. This meets our clinical eligibility criteria.

Eleven formularies (Cigna Standard Three Tier, Cigna National Preferred, Express Scripts National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, OptumRx Premium,

UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require some version of the following: clinical ASCVD as confirmed by one of the following: myocardial infarction, acute coronary syndrome, angina, stroke, transient ischemic attack, peripheral arterial disease, arterial revascularization. This meets our criteria as it is in line with the labeled indication.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Nexlizet. We were not able to issue ratings for this criterion because the policy was not available.

Three formularies listed Nexlizet as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

Among the formularies that cover Nexlizet, none required specialist prescribing or consultation. This meets our provider qualifications criteria.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Nexlizet. We were not able to issue ratings for this criterion because the policy was unavailable.

Three formularies listed Nexlizet as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Step Therapy

All formularies required current administration with maximally tolerated statin therapy. This meets our criteria step therapy because it is in line with the FDA label.

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

- Ten formularies (Cigna Standard Three Tier, Cigna National Preferred, Express Scripts National Preferred, Express Scripts High Performance, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require trial and failure of ezetimibe. This meets our criteria step therapy because ezetimibe is recommended as a second-line option for additional lipid-lowering after statins according to guidelines.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Nexlizet. We were not able to issue ratings for this criterion because the policy was unavailable.

Three formularies listed Nexlizet as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Table B4.2. Nexlizet Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Not applicable	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Not applicable	N/A
Express Scripts National Preferred Pharmacy Medical	1 1	Tried and failed ezetimibe	Y Y
Express Scripts High Performance Pharmacy Medical	N/A N/A	Not applicable	N/A N/A
UnitedHealthcare Advantage 3 Tier Pharmacy	1	Tried and failed ezetimibe	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	1	Tried and failed ezetimibe	Y
OptumRx Select Standard Pharmacy	1	Tried and failed ezetimibe	Y
OptumRx Premium Pharmacy	1	Tried and failed ezetimibe	Y
Cigna Standard Three Tier Pharmacy	1	Tried and failed ezetimibe	Y
Cigna National Preferred Pharmacy	1	Tried and failed ezetimibe	Y
VHA National Formulary Pharmacy	N/A	Not applicable	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	1	Tried and failed ezetimibe	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	1	Tried and failed ezetimibe	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	Not applicable	N/A
Florida Blue Care Choices HIX Pharmacy	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	Not applicable	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Not applicable	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	Not applicable	Y

N/A: not applicable, ST: step therapy, Y: yes

B4.5. Summary of Findings

Table B4.3. Nexlizet Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	Y	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	Y	N/A	N/A	N/A
Express Scripts National Preferred Pharmacy	Y	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	N	N/A	N/A	N/A
Express Scripts High Performance Medical	N/A	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier Pharmacy	Y	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	Y	Y	Y	Y
OptumRx Select Standard Pharmacy	Y	Y	Y	Y
OptumRx Premium Pharmacy	Y	Y	Y	Y
Cigna Standard Three Tier Pharmacy	Y	Y	Y	Y
Cigna National Preferred Pharmacy	Y	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	Y	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	Y	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	N/A	N/A	N/A
Florida Blue Care Choices HIX Pharmacy	Y	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N	N/A	N/A	N/A

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

B5. Policy Brief: Haegarda (C1 esterase inhibitor), C1 esterase inhibitor (subcutaneous)

B5.1. Condition: Hereditary Angioedema

Is Drug Cost-Effective at Current Prices? No

Other Drugs in Class: Cinryze

B5.2. Clinical Guidelines

[US HAEA Medical Advisory Board 2020 Guidelines for the Management of Hereditary Angioedema](#)

[The international WAO/EAACI guideline for the management of hereditary angioedema—The 2021 revision and update](#)

B5.3. Background

FDA Label

Indication: Indicated for **routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in patients 6 years of age and older.**

Dosing: For subcutaneous use after reconstitution only. Intended for self (or caregiver)-administration after reconstitution at a dose of 60 International Units (IU) per kg body weight by subcutaneous injection twice weekly (every 3 or 4 days).

Warning:

Hypersensitivity: Severe hypersensitivity reactions may occur. In case of severe hypersensitivity, discontinue HAEGARDA administration and institute appropriate treatment. Epinephrine should be immediately available for treatment of severe hypersensitivity reaction.

Thromboembolic Events: At the recommended subcutaneous (S.C.) dose, a causal relationship between thromboembolic events (TEEs) and the use of HAEGARDA has not been established. However, thrombosis has occurred in treatment attempts with high doses of C1-INH intravenous (I.V.) for prevention or therapy of capillary leak syndrome before, during or after cardiac surgery (unapproved indication and dose).

Transmissible Infectious Agents: Because HAEGARDA is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent

Contraindications: Do not use in patients with a history of life-threatening immediate hypersensitivity reactions, including anaphylaxis to C1-INH preparations or its excipients.

Interactions: No interaction studies have been conducted.

Clinical Trial Eligibility:

Study 1: Adult and adolescent subjects with symptomatic HAE type I or II

Study 2: Adult and pediatric subjects with symptomatic HAE type I or II: Males or females aged 6 years or older. A confirmed diagnosis of HAE type I or II. HAE attacks over a consecutive 2-month period that required acute treatment, medical attention, or caused significant functional impairment. For subjects who have used oral therapy for prophylaxis against HAE attacks within 3 months of first study visit: use of a stable regimen within 3 months of the first study visit.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2018 Review of Lanadelumab and C1 Inhibitors for Hereditary Angioedema

Patients with HAE 1/2 confirmed by laboratory diagnosis 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

For attack frequency, a threshold of **≥2 attacks per month is in line with the eligibility criteria used in pivotal clinical trials**

A requirement for specialty diagnosis for coverage of therapy 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

[Link to ICER Policy Recommendations](#)

B5.4. Findings: Coverage Policies

Policies for Haegarda were available for 18 formularies: 13 formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary), two formularies under the medical benefit (Cigna Standard Three Tier, Quartz Health Solutions Standard Choice Four Tier) and three formularies under both the pharmacy and medical benefits (Cambia BridgeSpan Metallic Formulary HIX, Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Haegarda was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B5.1. Haegarda Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	3 (Non-Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	5 (Non-Preferred Specialty)	N/A	N/A	N/A
Express Scripts National Preferred	Non-formulary	N/A	N/A	N/A
Express Scripts High Performance	Non-formulary	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	3 (Non-Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	6 (Non-Preferred Specialty)	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	4 (Non-Preferred Specialty)	N/A	N/A	N/A
Florida Blue Care Choices HIX	4 (Specialty)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	5 (Non-Preferred Specialty)	N/A	N/A	N/A
Kaiser Permanente California HIX	4 (Specialty)	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	5 (Specialty)	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) does not require clinical eligibility criteria. This meets our clinical eligibility criteria, as it is not a restrictive policy.

Sixteen formularies (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary) require some version of the following criteria in line with diagnostic guidelines: Individuals with Type I or II hereditary angioedema (defined by a combination of laboratory values of C1 inhibitor (C1-INH) antigenic and functional levels and/or serum C4 levels, documentation of a mutation associated with HAE, or a family history of HAE

with HAE attacks refractory to high-dose antihistamines). These requirements meet our criteria as they are all in line with the label indication.

Three formularies (Florida Blue Care Choices HIX, OptumRx Premium, OptumRx Select Standard) specify an age requirement of at least 6 years of age. This meets our criteria because it is consistent with the label-defined population.

Several of the above formularies list additional criteria around history of HAE attacks: one formulary (Quartz Health Solutions Standard Choice Four Tier) requires a history of 2 or more attacks per month or moderate to severe symptoms. One formulary (Cambia BridgeSpan Metallic Formulary HIX) requires a history of attacks that are "severe" (significantly interrupt daily activity despite symptomatic treatment). Three formularies (UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require patients to have experienced attacks of a severity and/or frequency such that they would clinically benefit from prophylactic therapy with Haegarda. One formulary (Horizon BlueCross BlueShield of NJ HIX) requires a history of at least 2 severe HAE attacks per month, disability for more than five days per month due to HAE, or one laryngeal attack caused by HAE. These requirements meet our criteria because they are consistent with the clinical trial clinical eligibility requirements and treatment guidelines.

One formulary (Cigna Standard Three Tier) lists an additional requirement of a history of recurrent angioedema in the absence of concomitant urticaria. This meets our criteria because it is in line with treatment guidelines for diagnosis.

Two formularies listed Haegarda as non-formulary (Express Scripts National Preferred, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

One formulary did not mention requiring specialist prescribing or consultation (Kaiser Permanente California HIX). This meets our provider qualifications criteria.

Sixteen formularies required prescribing by or in consultation with a specialist (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Two formularies listed Haegarda as non-formulary (Express Scripts National Preferred, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Step Therapy

Two formularies (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX) required patients to step through on demand therapy (i.e. Kalbitor, Firazyr, Ruconest, or Berinert) unless they otherwise have an intolerance, hypersensitivity, contraindication, or limited access to on demand therapy or required prophylaxis prior to medical procedures. This meets our criteria for step therapy because it is in line with the FDA label.

Two formularies listed Haegarda as non-formulary (Express Scripts National Preferred, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

All other formularies did not have step therapy requirements. This meets our criteria.

Table B5.2. Haegarda Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	No steps	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	No steps	Y
Express Scripts National Preferred Pharmacy Medical	N/A	N/A	N/A
Express Scripts High Performance Pharmacy Medical	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier Pharmacy	0	No steps	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	0	No steps	Y
OptumRx Select Standard Pharmacy	0	No steps	Y
OptumRx Premium Pharmacy	0	No steps	Y
Cigna Standard Three Tier Medical	0	No steps	Y
Cigna National Preferred Medical	0	No steps	Y
VHA National Formulary Pharmacy	0	No steps	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	0-1	1. The patient has not had satisfactory control of HAE symptoms with on demand therapy (i.e. Kalbitor, Firazyr, Ruconest, or Berinert) OR 2. Access to on demand HAE therapy is limited OR	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		3. The patient requires prophylaxis prior to a medical, surgical, or dental procedure	
UnitedHealthcare MA 3 Tier HIX Pharmacy	0	No steps	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	1	1. The patient has tried and had an inadequate response to the preferred agent(s) for on-demand use OR 2. The patient has an intolerance or hypersensitivity to the preferred agent(s) for on-demand use OR 3. The patient has an FDA labeled contraindication to the preferred agent(s) for on-demand use	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	0	No steps	Y
Medical	0	No steps	Y
Florida Blue Care Choices HIX Pharmacy	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	0	No steps	Y
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	0	No steps	Y
Medical	0	No steps	Y

N/A: not applicable, ST: step therapy, Y: yes

B5.5. Summary of Findings

Table B5.3. Haegarda Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Express Scripts High Performance Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	N/A N/A	N/A Y	Y Y	N/A Y
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	Y	Y	Y
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy Medical	N/A N/A	Y Y	Y Y	Y Y

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

B6. Policy Brief: Cinryze (C1 esterase inhibitor), C1 esterase inhibitor (subcutaneous)

B6.1. Condition: Hereditary Angioedema

Is Drug Cost-Effective at Current Prices? No

Other Drugs in Class: Haegarda

B6.2. Clinical Guidelines

[US HAEA Medical Advisory Board 2020 Guidelines for the Management of Hereditary Angioedema](#)

[The international WAO/EAACI guideline for the management of hereditary angioedema—The 2021 revision and update](#)

B6.3. Background

FDA Label

Indication: Indicated for **routine prophylaxis against angioedema attacks in adults, adolescents, and pediatric patients (6 years of age and older) with Hereditary Angioedema (HAE).**

Dosing: For Intravenous Use Only.

Warning:

Hypersensitivity Reactions: Hypersensitivity reactions may occur. Have epinephrine immediately available for treatment of acute severe hypersensitivity reaction

Thromboembolic Events: Serious arterial and venous thromboembolic (TE) events have been reported at the recommended dose of C1 Esterase Inhibitor (Human) products, including CINRYZE, following administration in patients with HAE. Risk factors may include presence of an indwelling venous catheter/access device, prior history of thrombosis, underlying atherosclerosis, use of oral contraceptives, certain androgens, morbid obesity, and immobility.

Transmissible Infectious Agents: CINRYZE is made from human plasma and may contain infectious agents e.g., viruses and, theoretically, the CreutzfeldtJakob disease agent.

Contraindications: Patients who have manifested life-threatening immediate hypersensitivity reactions, including anaphylaxis, to the product

Interactions: None listed in Label

Clinical Trial Eligibility: Diagnosis of Type I or Type II HAE. History of angioedema attacks.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2018 Review of Lanadelumab and C1 Inhibitors for Hereditary Angioedema

Patients with HAE 1/2 confirmed by laboratory diagnosis 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

For attack frequency, a threshold of **≥2 attacks per month is in line with the eligibility criteria used in pivotal clinical trials**

A requirement for specialty diagnosis for coverage of therapy 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

[Link to ICER Policy Recommendations](#)

B6.4. Findings: Coverage Policies

Policies for Cinryze were available for 17 formularies: seven formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, OptumRx Premium, OptumRx Select Standard, VHA National Formulary), four formularies under the medical benefit (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier) and six formularies under both the pharmacy and medical benefits (Cambia BridgeSpan Metallic Formulary HIX, Express Scripts High Performance, Express Scripts National Preferred, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX).

Cost Sharing

Because Cinryze was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B6.1. Cinryze Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Non-formulary	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	Non-formulary	N/A	N/A	N/A
Express Scripts National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	Non-formulary	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	Non-formulary	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	3 (Non-Preferred Brand)	N/A	N/A	N/A

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
Cigna Standard Three Tier	Non-formulary	N/A	N/A	N/A
Cigna National Preferred	N/A	N/A	N/A	N/A
VHA National Formulary	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	Non-formulary	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	N/A	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	4 (Non-Preferred Specialty)	N/A	N/A	N/A
Florida Blue Care Choices HIX	4 (Specialty)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	4 (Specialty)	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) does not require clinical eligibility criteria. This meets our clinical eligibility criteria.

Nine formularies (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, VHA National Formulary) require some version of the following criteria in line with diagnostic guidelines: Individuals with Type I or II hereditary angioedema (defined by a combination of laboratory values of C1 inhibitor (C1-INH) antigenic and functional levels and/or serum C4 levels, documentation of a mutation associated with HAE, or a family history of HAE with HAE attacks refractory to high-dose antihistamines). These requirements meet our criteria as they are all in line with the label indication.

One formulary (Horizon BlueCross BlueShield of NJ HIX) includes additional criteria for those with Type III HAE based on similar laboratory values and presence of an HAE-causing mutation, family history of HAE, or HAE attacks refractory to high-dose antihistamines. This is broader than the label population, so it meets our criteria.

Five formularies (Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX) specify an age requirement of at least 6 years of age. This meets our criteria because it is consistent with the label-defined population.

Several of the above formularies list additional criteria around the required history of HAE attacks: 1 formulary (Quartz Health Solutions Standard Choice Four Tier) requires a history of 2 or more attacks per month or moderate to severe symptoms. For patients who will use Cinryze for long-term prophylaxis, 1 formulary (Horizon BlueCross BlueShield of NJ HIX) requires a history of at least 2 severe HAE attacks per month, disability for more than five days per month due to HAE, or one laryngeal attack caused by HAE. These meet our criteria because they are consistent with the clinical trial clinical eligibility requirements.

One formulary (Quartz Health Solutions Standard Choice Four Tier) requires failure or intolerability of 3 treatments (Haegarda, Takhzyro, and Orladeyo) prior to receiving Cinryze in patients older than 12 years of age. This does not meet our criteria because it is not consistent with the recommendations outlined in treatment guidelines.

Eight formularies listed Cinryze as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

Two formularies did not mention requiring specialist prescribing or consultation (Kaiser Permanente California HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX). This meets our provider qualifications criteria.

Ten formularies required prescribing by or in consultation with a specialist (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, VHA National Formulary, Quartz Health Solutions Standard Choice Four Tier). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Eight formularies listed Cinryze as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). These formularies were not assessed on these criteria for this drug.

Step Therapy

One formulary (Horizon BlueCross BlueShield of NJ HIX) required patients to step through on demand therapy (i.e. Kalbitor, Firazyr, Ruconest, or Berinert) unless they otherwise had limited access to on

demand therapy or required prophylaxis prior to medical procedures. This meets our criteria for step therapy because it is in line with treatment guidelines recommendations and does not exceed our limit of three steps.

One formulary (Quartz Health Solutions Standard Choice Four Tier) required patients over the age of 12 to have failed or have intolerable side effects with Haegarda, lanadelumab, and berotralstat. This meets our criteria for step therapy because it is in line with treatment guidelines recommendations and does not exceed our limit of three steps.

Eight formularies listed Cinryze as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). These formularies were not assessed on these criteria for this drug.

Table B6.2. Cinryze Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	N/A	N/A
Express Scripts National Preferred Pharmacy Medical	0	No Step	Y
Express Scripts High Performance Pharmacy Medical	0	No Step	Y
UnitedHealthcare Advantage 3 Tier Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A
UnitedHealthcare Flex Access 4 Tier Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A
OptumRx Select Standard Pharmacy	0	No step	Y
OptumRx Premium Pharmacy	0	No step	Y
Cigna Standard Three Tier Medical	N/A	N/A	N/A
Cigna National Preferred Medical	0	No step	Y
VHA National Formulary Pharmacy	0	No step	Y
Horizon BlueCross BlueShield of NJ HIX Medical	0-1	Treatment of patient with “on demand” therapy (i.e. Kalbitor, Firazyr, Ruconest, or Berinert) did not provide	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		satisfactory control or access to “on demand therapy” is limited OR for short-term prophylaxis if prior to medical, surgical, dental procedure	
UnitedHealthcare MA 3 Tier HIX Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	No Step	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	0 0, 3	No Step Age 6-12 years OR failure or intolerable side effects with Haegarda, lanadelumab, and berotralstat	Y Y
Florida Blue Care Choices HIX Pharmacy	0	No Step	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A
Kaiser Permanente California HIX Medical	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A

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

B6.5. Summary of Findings

Table B6.3. Cinryze Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	N/A	N/A	N/A
Express Scripts National Preferred Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	N/A	Y	Y	Y
Express Scripts High Performance Medical	N/A	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier Medical	N/A	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier Medical	N/A	N/A	N/A	N/A
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Medical	N/A	N/A	N/A	N/A
Cigna National Preferred Medical	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Medical	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX Medical	N/A	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	N/A	Y	N/A
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	N	Y	Y
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Medical	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX Medical	N/A	N/A	N/A	N/A

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

B7. Policy Brief: Carvykti (ciltacabtagene autotemcel), B-cell maturation antigen (BCMA)-directed genetically modified autologous T cell immunotherapy (intravenous)

B7.1. Condition: Multiple Myeloma, triple relapsed or refractory

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B7.2. Clinical Guidelines

[Multiple myeloma: EHA-ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up](#)

[NCCN Guidelines® Insights: Multiple Myeloma, Version 3.2022](#)

B7.3. Background

FDA Label

Indication: Indicated for the treatment of **adult patients** with **relapsed or refractory multiple myeloma** after **four or more prior lines of therapy**, including a **proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody**.

Dosing: For autologous use only. For intravenous use only. Dosing of CARVYKTI is based on the number of chimeric antigen receptor (CAR)-positive viable T cells. Recommended dose range is **0.5-1.0×10⁶ CAR-positive viable T cells per kg of body weight**, with a maximum dose of 1×10⁸ CAR-positive viable T cells per single-dose infusion. Administer a lymphodepleting regimen of cyclophosphamide and fludarabine before infusion of CARVYKTI. Administer CARVYKTI at a REMS-certified healthcare facility.

Warning:

Prolonged and Recurrent Cytopenias: Patients may exhibit ≥Grade 3 cytopenias following CARVYKTI infusion. One or more recurrences of Grade 3 or higher cytopenias may occur after partial or complete recovery of cytopenias. Monitor blood counts prior to and after CARVYKTI infusion. Prolonged neutropenia has been associated with increased risk of infection.

Infections: Monitor patients for signs and symptoms of infection; treat appropriately.

Hypogammaglobulinemia: Monitor and consider immunoglobulin replacement therapy.

Hypersensitivity Reactions: Hypersensitivity reactions have occurred. Monitor for hypersensitivity reactions during infusion.

Secondary Malignancies: In the event that a secondary malignancy occurs after treatment with CARVYKTI, contact Janssen Biotech, Inc.

Effects on Ability to Drive and Use Machines: Advise patients to refrain from driving and engaging in hazardous occupations or activities, such as operating heavy or potentially dangerous machinery, for at least 8 weeks after receiving CARVYKTI and in the event of any new onset of neurologic toxicities.

Contraindications: None

Interactions: HIV and the lentivirus used to make CARVYKTI have limited, short spans of identical genetic material (RNA). Therefore, some commercial HIV nucleic acid tests (NATs) may yield false-positive results in patients who have received CARVYKTI.

Clinical Trial Eligibility:

CARTITUDE-1: Enrollment included adult patients with relapsed or refractory multiple myeloma, who previously received at least 3 prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody. Patients with **known active or prior history of significant central nervous system (CNS) disease**, including **CNS multiple myeloma, plasma cell leukemia, allogeneic stem cell transplant within 6 months** before apheresis or ongoing treatment with immunosuppressants, creatinine clearance <40 mL/min, absolute lymphocyte concentration <300/ μ L, absolute neutrophil count, <750 cells/mm³, platelet count 50,000/mm³, hepatic transaminases >3 times the upper limit of normal, cardiac ejection fraction <45%, or with **active serious infection** were **excluded from the trial**. Have Eastern Cooperative Oncology Group (ECOG) Performance Status grade of 0 or 1.

Trial Exclusions: The following cardiac conditions: a) New York Heart Association (NYHA) stage III or IV congestive heart failure b) Myocardial infarction or coronary artery bypass graft (CABG) less than or equal to (<=) 6 months prior to enrollment c) History of clinically significant ventricular arrhythmia or unexplained syncope, not believed to be vasovagal in nature or due to dehydration d) History of severe non-ischemic cardiomyopathy e) Impaired cardiac function (left ventricular ejection fraction [LVEF] less than [<]45%) as assessed by echocardiogram or multiple-gated acquisition (MUGA) scan (performed less than or equal to (<=) 8 weeks of apheresis). Either **a) an allogeneic stem cell transplant within 6 months before apheresis**. Participants who received an allogeneic transplant must be off all immunosuppressive medications for 6 weeks **without signs of graft-versus-host disease (GVHD)** **b) an autologous stem cell transplant less than or equal to (<=) 12 weeks before apheresis. Known active, or prior history of central nervous system (CNS) involvement or exhibits clinical signs of meningeal involvement of multiple myeloma.**

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 Review of Anti BCMA CAR-T Therapy for Relapsed and Refractory Multiple Myeloma

Payers should use the FDA label as the guide to coverage policy and engage clinical experts and diverse patient representatives in considering how to address coverage issues for which there is limited or no evidence at the current time. Given the significant uncertainty that remains about anti-BCMA therapy, it is reasonable for payers to use prior authorization as a component of coverage. Prior authorization criteria should be based on the FDA label, clinical evidence, specialty society guidelines, and input from clinical experts and patient groups.

Patient Eligibility Criteria: As per the FDA label, with no need for definition of clinical terms. Key inclusion criteria in pivotal trials included ECOG status of 0-1. Clinical experts did not feel these criteria were needed for inclusion in coverage language in order to prevent inappropriate use.

Step Therapy: Besides the FDA label clinical requirements, there is no other relevant treatment that could be considered a first-step treatment requirement prior to eligibility for CAR-T. The risks and

benefits of belantamab are so different from those of CAR-T that it does not meet criteria for reasonable consideration of step therapy.

Exclusion Criteria: Pivotal trials excluded patients who have received allogeneic SCT. There is no evidence on the use of CAR-T in patients who have had inadequate response or have recurrence following an anti-BCMA therapy such as belantamab. Many payers are likely to restrict coverage pending clinical research on the risks and benefits of retreatment with anti-BCMA therapies.

[Link to ICER Policy Recommendations](#)

B7.4. Findings: Coverage Policies

Policies for Carvykti were available for 16 formularies: 14 formularies under the medical benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) and two formularies under both the pharmacy and medical benefits (Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Carvykti was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B7.1. Carvykti Cost Sharing by Formulary

Formulary	Tier (Description)*	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	N/A	N/A	N/A	N/A
Express Scripts National Preferred	3 (Non-Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	N/A	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	N/A	N/A	N/A	N/A
OptumRx Select Standard	N/A	N/A	N/A	N/A
OptumRx Premium	N/A	N/A	N/A	N/A
Cigna Standard Three Tier	N/A	N/A	N/A	N/A
Cigna National Preferred	N/A	N/A	N/A	N/A
VHA National Formulary	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	N/A	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	N/A	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	N/A	N/A	N/A	N/A

Formulary	Tier (Description)*	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
Florida Blue Care Choices HIX	N/A	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	N/A	N/A	N/A	N/A

* N/A in this column indicates coverage only under a medical benefit, those with a tier and description are available on the pharmacy benefit.

N/A: not applicable

Clinical Eligibility

Two formularies (VHA National Formulary, Kaiser Permanente California HIX) do not require clinical eligibility criteria. This meets our clinical eligibility criteria.

The 11 formularies covering Carvykti with available policies (CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required some version of the following: Individuals ages 18 or older with a diagnosis of relapsed or refractory multiple myeloma after receiving four or more prior lines of therapy (including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody) Individuals cannot have received another CAR-T or gene therapy. These requirements meet our criteria as they are all in line with the label indication.

Most of the above formularies required additional criteria that are in line with clinical trial exclusion criteria: no central nervous system involvement (Cigna National Preferred, Cigna Standard Three Tier, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health), no prior allogeneic hematopoietic stem cell transplant (Horizon BlueCross BlueShield of NJ HIX, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health) or B-cell maturation antigen-targeting therapy (Cambia BridgeSpan Metallic Formulary HIX, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health), having an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2 (CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health), having an ECOG performance status of 0 to 1 and no plasma cell leukemia (Cigna National Preferred, Cigna Standard Three Tier, Horizon BlueCross BlueShield of NJ HIX). These requirements meet our criteria.

One formulary (Horizon BlueCross BlueShield of NJ HIX) includes more specific requirements for diagnosis with relapsed or refractory multiple myeloma requiring confirmation with one of the following: serum M-protein >1.0 g/dL, urine M-protein > 200mg/24 hours, serum light chain assay level > 10 mg/dL. This meets our criteria because it is consistent with diagnostic guidelines.

One formulary (Cambia BridgeSpan Metallic Formulary HIX) requires individuals to have had a prior HSCT if otherwise not contraindicated. This meets our criteria because it is in line with NCCN treatment guidelines.

Clinical eligibility requirements were unknown for one formulary and could not be assessed on these criteria (Quartz Health Solutions Standard Choice Four Tier).

Five formularies for Carvykti associated with a PBM were not assessed on any of our clinical eligibility criteria as they do not typically manage medical benefit coverage (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium).

Provider Qualifications

Four formularies did not mention requiring specialist prescribing or consultation (Kaiser Permanente California HIX, VHA National Formulary, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health). This meets our provider qualifications criteria.

Nine formularies required prescribing by or in consultation with a specialist (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Provider requirements were unknown for one formulary and could not be assessed on these criteria (Quartz Health Solutions Standard Choice Four Tier).

Five formularies for Carvykti associated with a PBM were not assessed on any of our provider qualifications criteria as they do not typically manage medical benefits (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium).

Step Therapy

One formulary required prior step therapy of a prior hematopoietic stem cell transplantation (HCST) (Cambia BridgeSpan Metallic Formulary HIX). This meets our criteria for step therapy because it is clinically reasonable and does not exceed three prior steps.

Step therapy requirements were unknown for one formulary and could not be assessed on these criteria (Quartz Health Solutions Standard Choice Four Tier).

All other formularies did not have step therapy requirements. This meets our criteria.

Five formularies for Carvykti associated with a PBM were not assessed on any of our step therapy criteria as they do not typically manage medical benefits (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium).

Table B7.2. Carvykti Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Medical	0	No steps	N/A
CVS Aetna Standard Opt Out with ACSF Medical	0	No steps	Y
Express Scripts National Preferred Pharmacy Medical	0 0	No steps No steps	N/A N/A
Express Scripts High Performance Pharmacy Medical	0 0	No steps No steps	N/A N/A
UnitedHealthcare Advantage 3 Tier Medical	0	No steps	Y
UnitedHealthcare Flex Access 4 Tier Medical	0	No steps	Y
OptumRx Select Standard Medical	0	No steps	N/A
OptumRx Premium Medical	0	No steps	N/A
Cigna Standard Three Tier Medical	0	No steps	Y
Cigna National Preferred Medical	0	No steps	Y
VHA National Formulary Medical	N/A	Not applicable	Y
Horizon BlueCross BlueShield of NJ HIX Medical	0	No steps	Y
UnitedHealthcare MA 3 Tier HIX Medical	0	No steps	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	Unknown Unknown	Unknown Unknown	N/A N/A

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
Florida Blue Care Choices HIX Medical	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	0	No steps	Y
Kaiser Permanente California HIX Medical	N/A	Not applicable	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	1	Prior hematopoietic stem cell transplantation (HSCT)	Y

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

B7.5. Summary of Findings

Table B7.3. Carvykti Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Medical	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Medical	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Express Scripts High Performance Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
UnitedHealthcare Advantage 3 Tier Medical	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Medical	N/A	Y	Y	Y
OptumRx Select Standard Medical	N/A	N/A	N/A	N/A
OptumRx Premium Medical	N/A	N/A	N/A	N/A
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Medical	N/A	Y	Y	Y
VHA National Formulary Medical	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Medical	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Medical	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Florida Blue Care Choices HIX Medical	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	N/A	Y	Y	Y
Kaiser Permanente California HIX Medical	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	N/A	Y	Y	Y

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

B8. Policy Brief: [Soliris \(eculizumab\), C5 complement inhibitor \(IV\)](#)

B8.1. Condition: Generalized myasthenia gravis, anti-acetylcholine receptor (AChR) antibody positive

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: Tavneos (avacopan), Ultomiris (ravulizumab)

B8.2. Clinical Guidelines

[AAN: International Consensus Guidance for Management of Myasthenia Gravis \(2020\)](#)

B8.3. Background

FDA Label

Indication: The treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive

Dosing: Injection: 300 mg/30 mL (10 mg/mL) in a single-dose vial

Warning:

Discontinue Soliris in patients who are being treated for serious meningococcal infections

Use caution when administering Soliris to patients with any other systemic infections

Infusion-Related Reactions: Monitor patients during infusion, interrupt for reactions, and institute appropriate supportive measures

Contraindications: Patients with unresolved serious *Neisseria meningitidis* infection. Patients who are not currently vaccinated against *Neisseria meningitidis*, unless the risks of delaying Soliris treatment outweigh the risks of developing a meningococcal infection.

Clinical Trial Eligibility:

Positive serologic test for anti-AChR antibodies,

Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV,

MG-Activities of Daily Living (MG-ADL) total score ≥ 6 ,

Failed treatment over 1 year or more with 2 or more immunosuppressive therapies (ISTs) either in combination or as monotherapy, or failed at least 1 IST and required chronic plasmapheresis or plasma exchange (PE) or intravenous immunoglobulin (IVIg).

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 Review of Eculizumab and Efgartigimod for Myasthenia Gravis

All stakeholders have a responsibility and an important role to play in ensuring that effective new treatment options for patients with generalized myasthenia gravis are introduced in a way that will help reduce health inequities.
Payers should use the FDA label as the guide to coverage policy and engage clinical experts and diverse patient representatives in considering how to address coverage issues for which there is limited or no evidence at the current time.
Payers should use step therapy based on clinical trial eligibility and/or authoritative evidence based clinical specialty guidelines as they become available. Given the limited current evidence base for efgartigimod, payers should not require therapy with efgartigimod prior to coverage of eculizumab. However, as additional clinical evidence accumulates, it may be reasonable to require step therapy based on price.
Manufacturers should set prices that will foster affordability and good access for all patients by aligning prices with the patient-centered therapeutic value of their treatments. In the setting of these new interventions for gMG, there remains substantial uncertainty regarding their longer term safety and effectiveness. Manufacturer pricing should reflect these considerations in more moderate launch pricing.
Clinical specialty societies should continue to bear witness to the impact of high prices for novel therapies on patients.
Patient organizations have a vital role to play by complementing existing clinical research with patient focused surveys collecting data on the impact of gMG on the diversity of patient experiences and the impact on caregivers.
Researchers should continue to explore the potential effectiveness of less expensive therapies for patients with gMG.
Researchers should collect data on the larger societal impact of novel therapeutics used to treat patients with gMG, not just the immediate impacts on patients.

[ICER Eculizumab and Efgartigimod for the Treatment of Myasthenia Gravis: Final Policy Recommendations](#)

B8.4. Findings: Coverage Policies

Policies for Soliris were available for six formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, VHA National Formulary, OptumRx Select Standard, OptumRx Premium) under the pharmacy benefit, 10 formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) under the medical benefit, and two formularies (Express Scripts National Preferred, Express Scripts High Performance) under both the pharmacy and medical benefits.

Cost Sharing

Because Soliris was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B8.1. Soliris Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	3 (Non-Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	Not applicable	N/A	N/A	N/A
Express Scripts National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	Not applicable	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	Not applicable	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	Not applicable	N/A	N/A	N/A
Cigna National Preferred	Not applicable	N/A	N/A	N/A
VHA National Formulary	Not applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	Not applicable	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	Not applicable	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Not applicable	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	Not applicable	N/A	N/A	N/A
Florida Blue Care Choices HIX	Not applicable	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Not applicable	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Not applicable	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) did not require clinical eligibility criteria. This meets our clinical eligibility criteria, as it is not a restrictive policy.

Sixteen formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, Express Scripts National Preferred, Express Scripts High

Performance, OptumRx Select Standard, OptumRx Premium, VHA National Formulary, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require some version of the following: anti-acetylcholine receptor (AChR) antibody positive, Myasthenia Gravis Foundation of America (MGFA) clinical classification II to IV, MG activity of daily living (MG-ADL) total score ≥ 6 . This meets our clinical eligibility criteria as it is in line with the label indication and clinical trial eligibility criteria.

One formulary (CVS Aetna Health Exchange Plan Innovation Health) listed Soliris as non-formulary. This formulary was not assessed on these criteria for this drug.

Provider Qualifications

Five formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Kaiser Permanente California HIX) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Twelve formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, OptumRx Select Standard, OptumRx Premium, VHA National Formulary) required that the prescriber be a specialist. This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

One formulary (CVS Aetna Health Exchange Plan Innovation Health) listed Soliris as non-formulary. This formulary was not assessed on these criteria for this drug.

Step Therapy

Two formularies (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Kaiser Permanente California HIX) did not require step therapy. This meets our criteria for step therapy because it is in line with the FDA label.

Seventeen formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium, VHA National Formulary, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier,

UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required trial and failure of at least two immunosuppressive therapies. This meets our step therapy criteria because it is in line with the clinical trial eligibility criteria from the pivotal studies.

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

- Eleven formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, VHA National Formulary, Cambia BridgeSpan Metallic Formulary HIX, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require inadequate response to chronic IVIG, plasma exchange/plasmapheresis. This meets our step therapy criteria because it is in line with the clinical trial eligibility criteria from the pivotal studies.
- Six formularies (Express Scripts National Preferred, Express Scripts High Performance, VHA National Formulary, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred) require trial and failure of pyridostigmine. This meets our step therapy criteria because it is a reasonable treatment option according to practice guidelines.
- Four formularies (OptumRx Select Standard, OptumRx Premium, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX) require trial and failure of Ultomiris (ravulizumab) and/or Vyvgart (efgartigimod). This meets our step therapy criteria because it is a reasonable treatment option according to practice guidelines.

One formulary (CVS Aetna Health Exchange Plan Innovation Health) listed Soliris as non-formulary. This formulary was not assessed on these criteria for this drug.

Table B8.2. Soliris Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	3	Member has had an inadequate response to at least two immunosuppressive therapies AND chronic IVIG	Y
CVS Aetna Standard Opt Out with ACSF Medical	3	Member has had an inadequate response to at least two immunosuppressive therapies AND chronic IVIG	Y
Express Scripts National Preferred Pharmacy Medical	3	Tried and/or failed pyridostigmine AND two different immunosuppressant therapies for ≥ 1 year	Y
	3		Y
Express Scripts High Performance Pharmacy Medical	3	Tried and/or failed pyridostigmine AND two different immunosuppressant therapies for ≥ 1 year	Y
	3		
UnitedHealthcare Advantage 3 Tier Medical	2	History of failure of at least two immunosuppressive agents over the course of at least 12 months OR patient has a history of failure of at least one immunosuppressive therapy and has required four or more courses of plasmapheresis/ plasma exchanges and/or intravenous immune globulin over the course of at least 12 months without symptom control	Y
UnitedHealthcare Flex Access 4 Tier Medical	2	History of failure of at least two immunosuppressive agents over the course of at least 12 months OR patient has a history of failure of at least one immunosuppressive therapy and has required four or more courses of plasmapheresis/ plasma exchanges and/or intravenous immune globulin over the course of at least 12 months without symptom control	Y
OptumRx Select Standard Pharmacy	3	Trial and failure of two immunosuppressive; OR both of the following: 1) Trial and failure of one immunosuppressive therapy 2) Trial and failure of chronic plasmapheresis, plasma exchange, or IVIG. Trial and failure of Ultomiris (ravulizumab) or Vyvgart (efgartigimod)	Y
OptumRx Premium Pharmacy	3	Trial and failure of two immunosuppressive; OR both of the following: 1) Trial and failure of one immunosuppressive therapy	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		2) Trial and failure of chronic plasma-pheresis, plasma exchange, or IVIG. Trial and failure of Ultomiris (ravulizumab) or Vyvgart (efgartigimod)	
Cigna Standard Three Tier Medical	3	Tried and/or failed pyridostigmine AND two different immunosuppressant therapies for ≥ 1 year	Y
Cigna National Preferred Medical	3	Tried and/or failed pyridostigmine AND two different immunosuppressant therapies for ≥ 1 year	Y
VHA National Formulary Pharmacy	1-3	One of the following: Tried and/or failed pyridostigmine AND at least two immunosuppressive therapies, OR Lack of symptom control despite 4 or more courses of plasma exchange, high-dose steroid bursts, and/or IVIG	Y
Horizon BlueCross BlueShield of NJ HIX Medical	4	Tried and/or failed treatment over at least 1 year with at least 2 immunosuppressive therapies OR failed at least 1 immunosuppressive therapy and required chronic plasmapheresis, plasma exchange, or IVIG; AND Tried and/or failed Ultomiris and Vyvgart	N
UnitedHealthcare MA 3 Tier HIX Medical	2	History of failure of at least two immunosuppressive agents over the course of at least 12 months OR patient has a history of failure of at least one immunosuppressive therapy and has required four or more courses of plasmapheresis/ plasma exchanges and/or intravenous immune globulin over the course of at least 12 months without symptom control	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Medical	3	Tried and/or failed two immunosuppressive therapies for at least 6 months. If intolerance occurs, a third immunosuppressive agent must be tried. Tried and failed at least 3 months of therapeutics doses of IVIG OR PLEX given at least four times per year without symptom control.	Y
Florida Blue Care Choices HIX Medical	2	Inadequate response to at least two immunosuppressants OR inadequate response to at least one	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		immunosuppressant in combination with either chronic IVIG or plasmapheresis; AND trial and failure of Ultomiris and Vyvgart	
CVS Aetna Health Exchange Plan Innovation Health Medical	3	Member has had an inadequate response to at least two immunosuppressive therapies AND chronic IVIG	Y
Kaiser Permanente California HIX Medical	0	No steps	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	4	Tried and failed pyridostigmine AND at least two immunosuppressive therapies AND one of the following: 1) Chronic IVIG given at least the past six months 2) Plasmapheresis/plasma exchange in the past 12 months without symptom control	N

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

B8.5. Summary of Findings

Table B8.3. Soliris Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Medical	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	N/A	Y	Y	Y
Express Scripts High Performance Medical	N/A	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Medical	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Medical	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Medical	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Medical	N/A	Y	N	Y
UnitedHealthcare MA 3 Tier HIX Medical	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Y	Y	Y
Florida Blue Care Choices HIX Medical	N/A	Y	N	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Medical	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	N/A	Y	N	Y

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

B9. Policy Brief: Vyvgart (efgartigimod), neonatal Fc receptor blocker (subcutaneous)

B9.1. Condition: Generalized myasthenia gravis, anti-acetylcholine receptor (AChR) antibody positive

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B9.2. Clinical Guidelines

[AAN: International Consensus Guidance for Management of Myasthenia Gravis \(2020\)](#)

B9.3. Background

FDA Label

Indication: Generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

Dosing: Injection: 400 mg in 20 mL (20 mg/mL) single-dose vial. (3)

Warning:

Infections: Delay administration of VYVGART to patients with an active infection. Monitor for signs and symptoms of infection in patients treated with VYVGART. If serious infection occurs, administer appropriate treatment and consider withholding VYVGART until the infection has resolved. (5.1)

Hypersensitivity Reactions: Angioedema, dyspnea, and rash have occurred. If a hypersensitivity reaction occurs, discontinue the infusion and institute appropriate therapy. (5.2)

Interactions: Closely monitor for reduced effectiveness of medications that bind to the human neonatal Fc receptor. When concomitant long-term use of such medications is essential for patient care, consider discontinuing VYVGART and using alternative therapies. (7)

Clinical Trial Eligibility:

Myasthenia Gravis Foundation of America (MGFA) clinical classification class II to IV MG-Activities of Daily Living (MG-ADL) total score of ≥ 5 . On stable dose of MG therapy prior to screening, that included acetylcholinesterase (AChE) inhibitors, steroids, or non-steroidal immunosuppressive therapies (NSISTs), either in combination or alone. IgG levels of at least 6 g/L.

[Link to Full FDA Label](#)

**ICER Policy Recommendations from the 2021 Review of Eculizumab and Efgartigimod
Myasthenia Gravis**

All stakeholders have a responsibility and an important role to play in ensuring that effective new treatment options for patients with generalized myasthenia gravis are introduced in a way that will help reduce health inequities.
Payers should use the FDA label as the guide to coverage policy and engage clinical experts and diverse patient representatives in considering how to address coverage issues for which there is limited or no evidence at the current time.
Payers should use step therapy based on clinical trial eligibility and/or authoritative evidence based clinical specialty guidelines as they become available. Given the limited current evidence base for efgartigimod, payers should not require therapy with efgartigimod prior to coverage of eculizumab. However, as additional clinical evidence accumulates, it may be reasonable to require step therapy based on price.
Manufacturers should set prices that will foster affordability and good access for all patients by aligning prices with the patient-centered therapeutic value of their treatments. In the setting of these new interventions for gMG, there remains substantial uncertainty regarding their long term safety and effectiveness. Manufacturer pricing should reflect these considerations in more moderate launch pricing.
Clinical specialty societies should continue to bear witness to the impact of high prices for novel therapies on patients.
Patient organizations have a vital role to play by complementing existing clinical research with patient focused surveys collecting data on the impact of gMG on the diversity of patient experiences and the impact on caregivers.
Researchers should continue to explore the potential effectiveness of less expensive therapies for patients with gMG.
Researchers should collect data on the larger societal impact of novel therapeutics used to treat patients with gMG, not just the immediate impacts on patients.

[ICER Eculizumab and Efgartigimod for the Treatment of Myasthenia Gravis: Final Policy Recommendations](#)

B9.4. Findings: Coverage Policies

Policies for Vyvgart were available for four formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, OptumRx Select Standard, OptumRx Premium, VHA National Formulary) under the pharmacy benefit, 12 formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) under the medical benefit, and two formularies (Express Scripts National Preferred, Express Scripts High Performance) under both the pharmacy and medical benefits.

Cost Sharing

Because Vyvgart was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B9.1. Vyvgart Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Non-formulary	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	Not applicable	N/A	N/A	N/A
Express Scripts National Preferred	Non-formulary	N/A	N/A	N/A
Express Scripts High Performance	Non-formulary	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	Not applicable	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	Not applicable	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	Not applicable	N/A	N/A	N/A
Cigna National Preferred	Not applicable	N/A	N/A	N/A
VHA National Formulary	Not applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	Not applicable	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	Not applicable	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Not applicable	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	Not applicable	N/A	N/A	N/A
Florida Blue Care Choices HIX	Not applicable	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Not applicable	N/A	N/A	N/A
Kaiser Permanente California HIX	Not applicable	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Not applicable	N/A	N/A	N/A

N/A: not applicable, ST: step therapy, Y: yes

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) did not require clinical eligibility criteria. This meets our clinical eligibility criteria, as it is not a restrictive policy.

Eighteen formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium, VHA National Formulary, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois

Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require some version of the following: anti-acetylcholine receptor (AChR) antibody positive, Myasthenia Gravis Foundation of America (MGFA) clinical classification II to IV, MG activity of daily living (MG-ADL) total score ≥ 5 . This meets our clinical eligibility criteria as it is in line with the label indication and clinical trial eligibility criteria.

Three formularies have Vyvgart listed as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

Five formularies (CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, VHA National Formulary, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Kaiser Permanente California HIX) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Eleven formularies (OptumRx Select Standard, OptumRx Premium, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required that the prescriber be a specialist. This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Three formularies have Vyvgart listed as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Step Therapy

Step therapy was not required by eight formularies (CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts National Preferred, Express Scripts High Performance, VHA National Formulary, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Kaiser Permanente California HIX). This meets our criteria for step therapy because it is in line with the FDA label.

Eight formularies (OptumRx Select Standard, OptumRx Premium, Cambia BridgeSpan Metallic Formulary HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required trial and failure of at least two immunosuppressive therapies. This meets our step therapy criteria because it is in line with the clinical trial eligibility criteria from the pivotal studies.

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

- Eight formularies (OptumRx Select Standard, OptumRx Premium, Cambia BridgeSpan Metallic Formulary HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require inadequate response to chronic IVIG, plasma exchange/plasmapheresis. This meets our step therapy criteria because it is in line with the clinical trial eligibility criteria from the pivotal studies.
- Four formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Horizon BlueCross BlueShield of NJ HIX) require trial and failure of pyridostigmine. This meets our step therapy criteria because it is a reasonable treatment option according to practice guidelines.

Three formularies have Vyvgart listed as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance). These formularies were not assessed on these criteria for this drug.

Table B9.2. Vyvgart Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	No steps	Y
CVS Aetna Standard Opt Out with ACSF Medical	0	No steps	Y
Express Scripts National Preferred Pharmacy Medical	0	No steps	Y
	0	No steps	Y
Express Scripts High Performance Pharmacy Medical	0	No steps	Y
	0	No steps	Y
UnitedHealthcare Advantage 3 Tier Medical	2	History of failure of ≥ 2 immunosuppressive agents over ≥ 12 months OR history of failure of ≥ 1 immunosuppressive therapy and has required 4 or more courses of plasmapheresis/plasma exchanges and/or intravenous immune globulin over ≥ 12 months without symptom control	Y
UnitedHealthcare Flex Access 4 Tier Medical	2	History of failure of ≥ 2 immunosuppressive agents over ≥ 12 months OR history of failure of ≥ 1 immunosuppressive therapy and has required 4 or more courses of plasmapheresis/plasma exchanges and/or	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		intravenous immune globulin over ≥ 12 months without symptom control	
OptumRx Select Standard Pharmacy	2	Trial and failure of two immunosuppressive agents; OR both of the following: Trial and failure of one immunosuppressive therapy AND Trial and failure of chronic plasmapheresis, plasma exchange, or IVIG.	Y
OptumRx Premium Pharmacy	2	Trial and failure of two immunosuppressive; OR both of the following: Trial and failure of one immunosuppressive therapy AND Trial and failure of chronic plasmapheresis, plasma exchange, or IVIG.	Y
Cigna Standard Three Tier Medical	1	Tried and failed pyridostigmine	Y
Cigna National Preferred Medical	1	Tried and failed pyridostigmine	Y
VHA National Formulary Pharmacy	0	No steps	Y
Horizon BlueCross BlueShield of NJ HIX Medical	2	Member is receiving stable dose of at least one of the following (pyridostigmine, steroids, immunosuppressive therapies). Member has inadequate response to at least 2 conventional therapies OR member required chronic plasmapheresis, plasma exchange, or IVIG	Y
UnitedHealthcare MA 3 Tier HIX Medical	2	History of failure of ≥ 2 immunosuppressive agents over ≥ 12 months OR history of failure of ≥ 1 immunosuppressive therapy and has required 4 or more courses of plasmapheresis/plasma exchanges and/or intravenous immune globulin over ≥ 12 months without symptom control	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Medical	2	Tried and failed at least two immunosuppressive therapies	Y
Florida Blue Care Choices HIX Medical	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	0	No steps	Y
Kaiser Permanente California HIX Medical	0	No steps	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	4	Tried and failed pyridostigmine AND at least two immunosuppressive therapies AND one of the following: Chronic IVIG given at least the past six months OR Plasmapheresis/plasma exchange in the past 12 months without symptom control	N

N/A: not applicable, Y: yes

B9.5. Summary of Findings

Table B9.3. Vvygart Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Medical	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A N/A	N/A Y	N/A Y	N/A Y
Express Scripts High Performance Pharmacy Medical	N/A N/A	N/A Y	N/A Y	N/A Y
UnitedHealthcare Advantage 3 Tier Medical	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Medical	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Medical	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Medical	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Medical	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Y	Y	Y
Florida Blue Care Choices HIX Medical	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	N/A	Y	Y	Y
Kaiser Permanente California HIX Medical	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	N/A	Y	N	Y

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

B10. Policy Brief: [Abecma \(idecabtagene vicleucel\), B-cell maturation antigen \(BCMA\)-directed genetically modified autologous T cell immunotherapy \(intravenous\)](#)

B10.1. Condition: Multiple Myeloma, triple relapsed or refractory

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B10.2. Clinical Guidelines

[Multiple myeloma: EHA-ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up](#)

[NCCN Guidelines® Insights: Multiple Myeloma, Version 3.2022](#)

B10.3. Background

FDA Label

Indication: Indicated for the treatment of **adult patients** with **relapsed or refractory multiple myeloma** after **four or more prior lines of therapy**, including an **immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody**.

Dosing: For autologous use only. For intravenous use only. Dosing of ABECMA is based on the number of chimeric antigen receptor (CAR)-positive T cells. The recommended dose range is 300 to 460 × 10⁶ CAR-positive T cells. Administer a lymphodepleting chemotherapy regimen of cyclophosphamide and fludarabine before infusion of ABECMA. Administer ABECMA at a certified healthcare facility.

Warning:

Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions, occurred in patients following treatment with ABECMA. Do not administer ABECMA to patients with **active infection or inflammatory disorders**.

Hypersensitivity Reactions: Monitor for hypersensitivity reactions during infusion

Infections: Monitor patients for signs and symptoms of infection; treat appropriately

Prolonged Cytopenias: Patients may exhibit prolonged Grade 3 or higher cytopenias following ABECMA infusion. Monitor blood counts prior to and after ABECMA infusion

Hypogammaglobulinemia: Monitor and consider immunoglobulin replacement therapy

Secondary Malignancies: In the event that a secondary malignancy occurs after treatment with ABECMA, contact Bristol-Myers Squibb

Effects on Ability to Drive and Use Machines: Advise patients to refrain from driving or operating heavy or potentially dangerous machines for at least 8 weeks after ABECMA administration

Contraindications: None

Interactions: Drug/Laboratory Test Interactions HIV and the lentivirus used to make ABECMA have limited, short spans of identical genetic material (RNA). Therefore, some commercial HIV nucleic acid tests may yield false-positive results in patients who have received ABECMA.

Clinical Trial Eligibility:

KarMMa Trial: Enrollment included adult patients with relapsed and refractory multiple myeloma who had received at least 3 prior lines of antimyeloma therapy including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody. The study included patients with **ECOG performance status of 0 or 1**. Lymphodepleting chemotherapy consisted of cyclophosphamide (300 mg/m² IV infusion daily for 3 days) and fludarabine (30 mg/m² IV infusion daily for 3 days) starting 5 days prior to the target infusion date of ABECMA.

Trial Exclusions: Subjects with known **central nervous system involvement** with myeloma. History or presence of clinically relevant **central nervous system (CNS) pathology**. Subjects with active or history of **plasma cell leukemia**. **Previous history of an allogeneic hematopoietic stem cell transplantation** or treatment with any gene therapy-based therapeutic for cancer or investigational cellular therapy for cancer or BCMA targeted therapy.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 Review of Anti BCMA CAR-T Therapy for Relapsed and Refractory Multiple Myeloma

Payers should use the FDA label as the guide to coverage policy and engage clinical experts and diverse patient representatives in considering how to address coverage issues for which there is limited or no evidence at the current time. Given the significant uncertainty that remains about anti-BCMA therapy, it is reasonable for payers to use prior authorization as a component of coverage. Prior authorization criteria should be based on the FDA label, clinical evidence, specialty society guidelines, and input from clinical experts and patient groups.

Patient Eligibility Criteria: As per the FDA label, with no need for definition of clinical terms. Key inclusion criteria in pivotal trials included ECOG status of 0-1. Clinical experts did not feel these criteria were needed for inclusion in coverage language in order to prevent inappropriate use.

Step Therapy: Besides the FDA label clinical requirements, there is no other relevant treatment that could be considered a first-step treatment requirement prior to eligibility for CAR-T. The risks and benefits of belantamab are so different from those of CAR-T that it does not meet criteria for reasonable consideration of step therapy.

Exclusion Criteria: Pivotal trials excluded patients who have received allogeneic SCT. There is no evidence on the use of CAR-T in patients who have had inadequate response or have recurrence following an anti-BCMA therapy such as belantamab. Many payers are likely to restrict coverage pending clinical research on the risks and benefits of retreatment with anti-BCMA therapies.

[Link to ICER Policy Recommendations](#)

B10.4. Findings: Coverage Policies

Policies for Abecma were available for 16 formularies: 14 formularies under the medical benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) and two under both the pharmacy and medical benefits (Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Abecma was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B10.1. Abecma Cost Sharing by Formulary

Formulary	Tier (Description)*	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	N/A	N/A	N/A	N/A
Express Scripts National Preferred	Non-formulary	N/A	N/A	N/A
Express Scripts High Performance	Non-formulary	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	N/A	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	N/A	N/A	N/A	N/A
OptumRx Select Standard	N/A	N/A	N/A	N/A
OptumRx Premium	N/A	N/A	N/A	N/A
Cigna Standard Three Tier	N/A	N/A	N/A	N/A
Cigna National Preferred	N/A	N/A	N/A	N/A
VHA National Formulary	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	N/A	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	N/A	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	N/A	N/A	N/A	N/A
Florida Blue Care Choices HIX	N/A	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	N/A	N/A	N/A	N/A

N/A: not applicable

* N/A in this column indicates coverage only under a medical benefit, those with a tier and description are available on a pharmacy benefit.

Clinical Eligibility

Two formularies (VHA National Formulary, Kaiser Permanente California HIX) do not require clinical eligibility criteria. This meets our clinical eligibility criteria, as it is not a restrictive policy.

Clinical eligibility requirements were unknown for one formulary and could not be assessed on these criteria (Quartz Health Solutions Standard Choice Four Tier).

The 11 formularies covering Abecma with available policies (CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required some version of the following coverage criteria: Individuals ages 18 or older with a diagnosis of relapsed or refractory multiple myeloma after receiving four or more prior lines of therapy (including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody). Individuals cannot receive another CAR-T or gene therapy. These requirements meet our criteria as they are all in line with the label indication.

Most of the above formularies required additional criteria that are in line with clinical trial exclusion criteria: no central nervous system involvement (Cigna National Preferred, Cigna Standard Three Tier, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health), no prior allogeneic hematopoietic stem cell transplant (Horizon BlueCross BlueShield of NJ HIX, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health) or B-cell maturation antigen-targeting therapy (Cambia BridgeSpan Metallic Formulary HIX, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health), having an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2 (CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health), having an ECOG performance status of 0 to 1 (Cigna National Preferred, Cigna Standard Three Tier, Horizon BlueCross BlueShield of NJ HIX), or plasma cell leukemia (Cigna National Preferred, Cigna Standard Three Tier). These requirements meet our criteria.

One formulary (Horizon BlueCross BlueShield of NJ HIX) includes more specific requirements for diagnosis with relapsed or refractory multiple myeloma requiring confirmation with one of the following: serum M-protein >1.0 g/dL, urine M-protein > 200mg/24 hours, serum light chain assay level > 10 mg/dL. This meets our criteria because it is consistent with diagnostic guidelines.

One formulary (Cambia BridgeSpan Metallic Formulary HIX) requires individuals to have had a prior HSCT if otherwise not contraindicated. This meets our criteria because it is in line with NCCN treatment guidelines.

Five formularies associated with a PBM were not assessed for Abecma on any of our criteria as they do not typically manage medical benefits (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium). This includes two formularies listing Abecma as non-formulary (Express Scripts National Preferred, Express Scripts High Performance).

Provider Qualifications

Five formularies did not mention requiring specialist prescribing or consultation (Kaiser Permanente California HIX, Quartz Health Solutions Standard Choice Four Tier, VHA National Formulary, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health). This meets our provider qualifications criteria.

Nine formularies required prescribing by or in consultation with a specialist (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Five formularies for Abecma associated with a PBM were not assessed on any of our criteria as they do not typically manage medical benefits (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium). This includes two formularies listing Abecma as non-formulary (Express Scripts National Preferred, Express Scripts High Performance).

Step Therapy

One formulary required prior step therapy of a prior hematopoietic stem cell transplantation (HCST) (Cambia BridgeSpan Metallic Formulary HIX). This meets our criteria for step therapy because it is clinically reasonable and does not exceed three prior steps.

All other formularies did not have step therapy requirements. This meets our criteria.

Five formularies for Abecma associated with a PBM were not assessed on any of our criteria as they do not typically manage medical benefits (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium). This includes two formularies listing Abecma as non-formulary (Express Scripts National Preferred, Express Scripts High Performance).

Table B10.2. Abecma Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Medical	0	No steps	N/A
CVS Aetna Standard Opt Out with ACSF Medical	0	No steps	Y
Express Scripts National Preferred Pharmacy Medical	0 0	No steps No steps	N/A N/A
Express Scripts High Performance Pharmacy Medical	0 0	No steps No steps	N/A N/A
UnitedHealthcare Advantage 3 Tier Medical	0	No steps	Y
UnitedHealthcare Flex Access 4 Tier Medical	0	No steps	Y
OptumRx Select Standard Medical	0	No steps	N/A
OptumRx Premium Medical	0	No steps	N/A
Cigna Standard Three Tier Medical	0	No steps	Y
Cigna National Preferred Medical	0	No steps	Y
VHA National Formulary Medical	N/A	Not applicable	Y
Horizon BlueCross BlueShield of NJ HIX Medical	0	No steps	Y
UnitedHealthcare MA 3 Tier HIX Medical	0	No steps	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Medical	0	No steps	Y
Florida Blue Care Choices HIX Medical	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	0	No steps	Y
Kaiser Permanente California HIX Medical	N/A	Not applicable	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	1	Prior hematopoietic stem cell transplantation (HSCT)	Y

N/A: not applicable, Y: yes

B10.5. Summary of Findings

Table B10.3. Abecma Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Medical	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Medical	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Express Scripts High Performance Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
UnitedHealthcare Advantage 3 Tier Medical	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Medical	N/A	Y	Y	Y
OptumRx Select Standard Medical	N/A	N/A	N/A	N/A
OptumRx Premium Medical	N/A	N/A	N/A	N/A
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Medical	N/A	Y	Y	Y
VHA National Formulary Medical	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Medical	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Medical	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	N/A	Y	Y
Florida Blue Care Choices HIX Medical	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	N/A	Y	Y	Y
Kaiser Permanente California HIX Medical	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	N/A	Y	Y	Y

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

B11. Policy Brief: [Leqvio \(inclisiran\), siRNA targeting PCSK9 \(subcutaneous\)](#)

B11.1. Condition: *High cholesterol (ASCVD)*

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: Repatha (evolocumab), Praluent (alirocumab)

B11.2. Clinical Guidelines

[2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk](#)

B11.3. Background

FDA Label

Indication: Adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low density lipoprotein cholesterol (LDL-C)

Dosing: The recommended dosage of LEQVIO, in combination with maximally tolerated statin therapy, is 284 mg administered as a single subcutaneous injection initially, again at 3 months, and then every 6 months. LEQVIO should be administered by a healthcare professional. Injection: 284 mg/1.5 mL (189 mg/mL) in a single-dose prefilled syringe.

Clinical Trial Eligibility: Patients were taking a maximally tolerated dose of statin with or without other lipid modifying therapy, and required additional LDL-C reduction. Patients taking PCSK9 inhibitors were excluded from the trial.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 High Cholesterol Report

All stakeholders should ensure that the introduction of new therapies for high cholesterol do not exacerbate existing health inequities and should strive to decrease inequity in the health care system by decreasing cost and access barriers for patients to access effective therapies.

Payers should develop consistent prior authorization criteria for lipid-lowering drugs and assure that the documentary burden and other administrative elements of prior authorization do not create an unreasonable burden on clinicians and patients.

Manufacturers should seek to set prices that will foster affordability and good access for all patients by aligning prices with independent assessments of the therapeutic value of their treatments. In particular, until cardiovascular outcomes data are available from ongoing trials, Novartis should fulfill its stated intent to set the price of inclisiran at or below the cost-effective range of pricing for PCSK9 inhibitors.

B11.4. Findings: Coverage Policies

Policies for Leqvio were available for four formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, OptumRx Select Standard, OptumRx Premium, VHA National Formulary) under the pharmacy benefit, 12 formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) under the medical benefit, and two formularies (Express Scripts National Preferred, Express Scripts High Performance) under both the pharmacy and medical benefits.

Cost Sharing

Because Leqvio was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B11.1. Leqvio Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Non-formulary	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	Not applicable	N/A	N/A	N/A
Express Scripts National Preferred	Non-formulary	N/A	N/A	N/A
Express Scripts High Performance	Non-formulary	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	Not applicable	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	Not applicable	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	Non-formulary	N/A	N/A	N/A
Cigna Standard Three Tier	Not applicable	N/A	N/A	N/A
Cigna National Preferred	Not applicable	N/A	N/A	N/A
VHA National Formulary	Not applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	Not applicable	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	Not applicable	N/A	N/A	N/A

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Not applicable	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	Not applicable	N/A	N/A	N/A
Florida Blue Care Choices HIX	Not applicable	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Not applicable	N/A	N/A	N/A
Kaiser Permanente California HIX	Not applicable	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Not applicable	N/A	N/A	N/A

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

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) did not require clinical eligibility criteria. This meets our clinical eligibility criteria.

Eighteen formularies (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium, VHA National Formulary, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require some version of the following: clinical ASCVD as confirmed by one of the following: myocardial infarction, acute coronary syndrome, angina, stroke, transient ischemic attack, peripheral arterial disease, arterial revascularization. This meets our criteria because it is in line with the labeled indication.

Four formularies listed Leqvio as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

Four formularies (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, Kaiser Permanente California HIX, VHA National Formulary) do not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Thirteen formularies (Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of

Illinois Marketplace 6 Tier HMO-HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required prescribing by or in consultation with a specialist. This meets our criteria because specialist clinician monitoring is appropriate for this condition.

Four formularies listed Leqvio as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Step Therapy

One formulary (Kaiser Permanente California HIX) did not mention requiring specialist prescribing or consultation. This meets our step therapy criteria.

All formularies required maximally tolerated or contraindications to statin therapy. This meets our step therapy criteria because it is in line with the FDA label.

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

- Eight formularies (Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium, Cambia BridgeSpan Metallic Formulary HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require trial and failure of ezetimibe. This meets our step therapy criteria because ezetimibe is guideline appropriate as a preferred option for lipid-lowering secondary to statins.
- Four formularies (VHA National Formulary, Cambia BridgeSpan Metallic Formulary HIX, Florida Blue Care Choices HIX, Quartz Health Solutions Standard Choice Four Tier) require trial and failure of a PCSK9 inhibitor. This meets our step therapy criteria because Leqvio is recommended for inadequate response to PCSK9 inhibitors.

Four formularies listed Leqvio as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Table B11.2. Leqvio Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control			
Pharmacy	N/A	N/A	N/A

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Aetna Standard Opt Out with ACSF Medical	0	No steps	Y
Express Scripts National Preferred Pharmacy Medical	1 1	Patient has tried one high-intensity statin along with ezetimibe (as a single-entity or as a combination product) for ≥ 8 continuous weeks	Y Y
Express Scripts High Performance Pharmacy Medical	1 1	Patients have tried one high-intensity statin along with ezetimibe (as a single-entity or as a combination product) for ≥ 8 continuous weeks	Y Y
UnitedHealthcare Advantage 3 Tier Medical	1	Tried and failed ezetimibe	Y
UnitedHealthcare Flex Access 4 Tier Medical	1	Tried and failed ezetimibe	Y
OptumRx Select Standard Pharmacy	2	Tried and failed ezetimibe as adjunct to maximally tolerated statin therapy. Tried and failed Repatha.	Y
OptumRx Premium Pharmacy	2	Tried and failed ezetimibe as adjunct to maximally tolerated statin therapy. Tried and failed Repatha.	Y
Cigna Standard Three Tier Medical	1	Tried and failed ezetimibe	Y
Cigna National Preferred Medical	1	Tried and failed ezetimibe	Y
VHA National Formulary Pharmacy	N/A	Not applicable	Y
Horizon BlueCross BlueShield of NJ HIX Medical	2	Tried and failed ezetimibe AND a PCSK9 inhibitor	Y
UnitedHealthcare MA 3 Tier HIX Medical	1	Tried and failed ezetimibe	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Not applicable	N/A
Florida Blue Care Choices HIX Medical	1	Tried and failed a PCSK9 inhibitor while on maximally tolerated statins	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	0	No steps	Y
Kaiser Permanente California HIX Pharmacy	0	Not applicable	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	2	Tried and failed high-intensity statin AND ezetimibe AND either Praluent or Repatha	Y

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

B11.5. Summary of Findings

Table B11.3. Leqvio Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Medical	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A N/A	N/A Y	N/A Y	N/A Y
Express Scripts High Performance Pharmacy Medical	N/A N/A	N/A Y	N/A Y	N/A Y
UnitedHealthcare Advantage 3 Tier Medical	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Medical	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	N/A	N/A	N/A
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Medical	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Medical	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Medical	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Y	Y	Y
Florida Blue Care Choices HIX Medical	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Medical	N/A	Y	Y	Y
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Medical	N/A	Y	Y	Y

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

B12. Policy Brief: [Takhzyro \(lanadelumab\), plasma kallikrein inhibitor \(subcutaneous\)](#)

B12.1. Condition: Hereditary Angioedema

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B12.2. Clinical Guidelines

[US HAEA Medical Advisory Board 2020 Guidelines for the Management of Hereditary Angioedema](#)

[The international WAO/EAACI guideline for the management of hereditary angioedema—The 2021 revision and update](#)

B12.3. Background

FDA Label

Indication: Indicated for **prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients 2 years and older.**

Dosing: For subcutaneous use only.

Adult and pediatric patients 12 years of age and older: administer 300 mg every 2 weeks by the patient or caregiver. Dosing interval every 4 weeks may be considered in some patients.

Pediatric patients 6 to less than 12 years of age: administer 150 mg every 2 weeks by a healthcare provider or caregiver. Dosing interval every 4 weeks may be considered in some patients.

Pediatric patients 2 to less than 6 years of age: administer 150 mg every 4 weeks by a healthcare provider or caregiver.

Warning: **Hypersensitivity reactions** have been observed. In case of a severe hypersensitivity reaction, discontinue TAKHZYRO administration and institute appropriate treatment.

Contraindications: None

Interactions: No dedicated drug interaction studies have been conducted.

Clinical Trial Eligibility:

Trial 1: Adult and pediatric patients (12 years of age and older) with **Type I or II HAE** who experienced **at least one investigator-confirmed attack per 4 weeks** during the run-in period. Patients ≥ 18 years of age were required to discontinue other prophylactic HAE medications prior to entering the study; however, all patients were allowed to use rescue medications for treatment of breakthrough HAE attacks.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2018 Review of Lanadelumab and C1 Inhibitors for Hereditary Angioedema

Patients with HAE 1/2 confirmed by laboratory diagnosis 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

A requirement for specialty diagnosis for coverage of therapy 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

[Link to ICER Policy Recommendations](#)

B12.4. Findings: Coverage Policies

Policies for Takhzyro were available for 18 formularies: 14 formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary), two formularies under the medical benefit (Cigna Standard Three Tier, Quartz Health Solutions Standard Choice Four Tier) and two formularies under both the pharmacy and medical benefits (Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Takhzyro was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B12.1. Takhzyro Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	2 (Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	4 (Preferred Specialty)	N/A	N/A	N/A
Express Scripts National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
Cigna National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	Not Applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	5 (Preferred Specialty)	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	4 (Non-Preferred Specialty)	N/A	N/A	N/A
Florida Blue Care Choices HIX	4 (Specialty)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	4 (Specialty)	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	6 (Specialty)	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) does not require clinical eligibility criteria. This meets our clinical eligibility criteria, as it is not a restrictive policy.

Sixteen formularies (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary) require some version of the following criteria in line with diagnostic guidelines: Individuals with Type I or II hereditary angioedema (defined by a combination of laboratory values of C1 inhibitor (C1-INH) antigenic and functional levels and/or serum C4 levels, documentation of a mutation associated with HAE, or a family history of HAE with HAE attacks refractory to high-dose antihistamines). These requirements meet our criteria as they are all in line with the label indication.

Some formularies specified additional age requirements: two formularies (OptumRx Premium, OptumRx Select Standard) required patients to be at least 2 years of age which is in line with the label's indication and meets our criteria. One formulary (Florida Blue Care Choices HIX) included an age limit of 12 years and older. Although the label includes those 2 years of age and older in the indicated population, this is in line with clinical trial inclusion requirements and thus meets our criteria.

Six formularies list additional criteria around history of HAE attacks: one formulary (Quartz Health Solutions Standard Choice Four Tier) requires a history of 2 or more attacks per month or moderate to severe symptoms. one formulary (Cambia BridgeSpan Metallic Formulary HIX) requires a history of attacks that are "severe" (significantly interrupt daily activity despite symptomatic treatment). One formulary (Horizon BlueCross BlueShield of NJ HIX) requires a history of at least 2 severe HAE attacks per month, disability for more than five days per month due to HAE, or one laryngeal attack caused by HAE. Three formularies (UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require patients to have experienced attacks of a severity and/or frequency such that they would clinically benefit from prophylactic therapy with Takhzyro and documentation of a baseline HAE attack rate of at least one attacks per month. These requirements meet our criteria because they are consistent with the clinical trial clinical eligibility requirements and treatment guidelines.

One formulary (Cigna Standard Three Tier) lists an additional requirement of a history of recurrent angioedema in the absence of concomitant urticaria. This meets our criteria because it is in line with treatment guidelines for diagnosis.

One formulary listed Takhzyro as non-formulary (CVS Aetna Health Exchange Plan Innovation Health). This formulary was not assessed on these criteria for this drug.

Provider Qualifications

One formulary (Kaiser Permanente California HIX) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Seventeen formularies required prescribing by or in consultation with a specialist (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary, Quartz Health Solutions Standard Choice Four Tier). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

One formulary listed Takhzyro as non-formulary (CVS Aetna Health Exchange Plan Innovation Health). This formulary was not assessed on these criteria for this drug.

Step Therapy

One formulary (Horizon BlueCross BlueShield of NJ HIX) required patients to step through on demand therapy (i.e. Kalbitor, Firazyr, Ruconest, or Berinert) unless they otherwise had limited access to on

demand therapy or required prophylaxis prior to medical procedures. This meets our criteria for step therapy because it is in line with treatment guidelines recommendations.

One formulary listed Takhzyro as non-formulary (CVS Aetna Health Exchange Plan Innovation Health). This formulary was not assessed on these criteria for this drug.

Table B12.2. Takhzyro Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	No steps	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	No steps	Y
Express Scripts National Preferred Pharmacy	0	No steps	Y
Express Scripts National Preferred Medical	0	No steps	Y
Express Scripts High Performance Pharmacy	0	No steps	Y
Express Scripts High Performance Medical	0	No steps	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	0	No steps	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	0	No steps	Y
OptumRx Select Standard Pharmacy	0	No steps	Y
OptumRx Premium Pharmacy	0	No steps	Y
Cigna Standard Three Tier Medical	0	No steps	Y
Cigna National Preferred Pharmacy	0	No steps	Y
VHA National Formulary Pharmacy	0	No steps	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	1	1. The patient has not had satisfactory control of HAE symptoms with on demand therapy (i.e. Kalbitor, Firazy, Ruconest, or Berinert) OR 2. Access to on demand HAE therapy is limited OR 3. The patient requires prophylaxis prior to a medical, surgical, or dental procedure	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	0	No steps	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0	No steps	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	0	No steps	Y
Medical	0	No steps	Y
Florida Blue Care Choices HIX Pharmacy	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	0	No steps	Y

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

B12.5. Summary of Findings

Table B12.3. Takhzyro Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	N/A	Y	Y	Y
Express Scripts High Performance Medical	N/A	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Medical	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	N/A	Y	N/A
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Y	Y	Y
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	Y	Y	Y

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

B13. Policy Brief: [Camzyos \(mavacamten\)](#), cardiac myosin inhibitor (oral)

B13.1. Condition: *Obstructive hypertrophic cardiomyopathy, NYHA Class II-III*

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B13.2. Clinical Guidelines

[2020 AHA/ACC Guideline for the Diagnosis and Treatment of Patients With Hypertrophic Cardiomyopathy](#)

B13.3 Background

FDA Label

Indication: Treatment of adults with symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms.

Dosing: Capsules: 2.5 mg, 5 mg, 10 mg, and 15 mg

Warnings:

Heart Failure: Consider interruption of CAMZYOS in patients with intercurrent illness.

Drug Interactions Leading to Heart Failure or Loss of Effectiveness: Advise patients of the potential for drug interactions including with over-the-counter medications.

Embryo-Fetal Toxicity: May cause fetal harm. Advise females of reproductive potential to use effective contraception until 4 months after the last dose. Use a contraceptive not affected by CYP450 enzyme induction or add nonhormonal contraception.

Contraindications: Moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors. Moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 inducers.

Interactions:

Weak CYP2C19 inhibitors and moderate CYP3A4 inhibitors: May increase risk of heart failure. If initiating an inhibitor, CAMZYOS dose reduction and additional monitoring are required.

Negative inotropes: Close medical supervision and LVEF monitoring is recommended if a negative inotrope is initiated, or the dose of a negative inotrope is increased. Avoid certain combinations of negative inotropes.

Clinical Trial Eligibility: Adults with symptomatic NYHA class II and III obstructive HCM, LVEF $\geq 55\%$, and Valsalva LVOT peak gradient ≥ 50 mmHg at rest or with provocation.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 Hypertrophic Cardiomyopathy Report

All stakeholders have a responsibility to facilitate meaningful patient access to multidisciplinary centers of excellence for HCM in ways that do not exacerbate disparities.
The manufacturer of mavacamten should commit to sponsoring research that will address the lack of data on the comparative effectiveness of mavacamten versus disopyramide and septal reduction procedures.
The manufacturer of mavacamten should align the price of mavacamten with the explicit and transparent estimates of its treatment benefits for patients and families. Pricing should also be moderated to reflect the uncertainty about longer term safety until such time as further outcomes data are generated.
Payers should use the FDA label as the guide to coverage policy and engage clinical experts and diverse patient representatives in considering how to address coverage issues for which there is limited or no evidence at the current time.

[ICER Mavacamten for Hypertrophic Cardiomyopathy: Policy Recommendations](#)

B13.4. Findings: Coverage Policies

Policies for Camzyos were available for 17 formularies (Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier, Cigna National Preferred, CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, VHA National Formulary, Express Scripts National Preferred, Express Scripts High Performance, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) under the pharmacy benefit and two formularies (Express Scripts National Preferred, Express Scripts High Performance) under both the pharmacy and medical benefits.

Information for the Quartz Health Solutions Standard Choice Four Tier formulary was unavailable, thus we were not able to issue ratings for this formulary.

Cost Sharing

Because Camzyos was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B13.1. Camzyos Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	3 (Non-Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	5 (Non-Preferred Specialty)	N/A	N/A	N/A
Express Scripts National Preferred	3 (Non-Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
UnitedHealthcare Advantage 3 Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	4 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	Non-formulary	N/A	N/A	N/A
Cigna Standard Three Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	Not applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	Non-formulary	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	3 (Non-Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	6 (Non-Preferred Specialty)	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A
Florida Blue Care Choices HIX	4 (Specialty)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N/A

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

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) does not require clinical eligibility criteria. This meets our clinical eligibility criteria.

All formularies require some version of the following: New York Heart Association (NYHA) functional class II-III, left ventricular ejection fraction (LVEF) $\geq 55\%$, left ventricular outflow tract (LVOT) gradient ≥ 50 mmHg at rest, after Valsalva maneuver, or exercise. This meets our criteria as it is in line with clinical trial parameters.

Four formularies listed Camzyos as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Information for the Quartz Health Solutions Standard Choice Four Tier formulary was unavailable. We were not able to issue ratings for this criterion.

Provider Qualifications

Six formularies (Cambia BridgeSpan Metallic Formulary HIX, CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Kaiser Permanente California HIX, VHA National Formulary) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Eleven formularies (Cigna Standard Three Tier, Cigna National Preferred, Express Scripts National Preferred, Express Scripts High Performance, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required that the prescriber be a specialist. This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Four formularies listed Camzyos as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Information for the Quartz Health Solutions Standard Choice Four Tier formulary was unavailable. We were not able to issue ratings for this criterion.

Step Therapy

Nine formularies (Cigna Standard Three Tier, Cigna National Preferred, CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, CVS Aetna Health Exchange Plan Innovation Health, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium) did not require step therapy. This meets our criteria for step therapy because it is in line with the FDA label.

Nine formularies (Cambia BridgeSpan Metallic Formulary HIX, Florida Blue Care Choices HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, OptumRx Select Standard, OptumRx Premium, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary) required trial and failure of a beta blocker and/or nondihydropyridine calcium channel blocker. This meets our criteria for step therapy because these agents are first-line treatment for HCM management according to guidelines.

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

- Three formularies (UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) requires trial and failure of disopyramide. This meets our

criteria step therapy because disopyramide is safe and effective for reducing heart failure symptoms and LVOT gradient according to guidelines.

Four formularies listed Camzyos as non-formulary (Cambia BridgeSpan Metallic Formulary HIX, CVS Aetna Health Exchange Plan Innovation Health, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Information for the Quartz Health Solutions Standard Choice Four Tier formulary was unavailable. We were not able to issue ratings for this criterion.

Table B13.2. Camzyos Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	No steps	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	No steps	Y
Express Scripts National Preferred Pharmacy Medical	0 0	No steps	Y Y
Express Scripts High Performance Pharmacy Medical	0 0	No steps	Y Y
UnitedHealthcare Advantage 3 Tier Pharmacy	2	Tried and failed two of the following: 1) non-vasodilating beta blocker, 2) nondihydropyridine calcium channel blocker, 3) disopyramide	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	2	Tried and failed two of the following: 1) non-vasodilating beta blocker, 2) nondihydropyridine calcium channel blocker, 3) disopyramide	Y
OptumRx Select Standard Pharmacy	2	Tried and failed a non-vasodilating beta blocker AND nondihydropyridine calcium channel blocker	Y
OptumRx Premium Pharmacy	N/A	Not applicable	N/A
Cigna Standard Three Tier Pharmacy	0	No steps	Y
Cigna National Preferred Pharmacy	0	No steps	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
VHA National Formulary Pharmacy	2	Tried and failed a non-vasodilating beta blocker AND nondihydropyridine calcium channel blocker	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	Not applicable	N/A
UnitedHealthcare MA 3 Tier HIX Pharmacy	2	Tried and failed two of the following: 1) non-vasodilating beta blocker, 2) nondihydropyridine calcium channel blocker, 3) disopyramide	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	2	Tried and failed two of the following: 1) non-vasodilating beta blocker, 2) nondihydropyridine calcium channel blocker, 3) disopyramide	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	Unknown	Unknown	N/A
Florida Blue Care Choices HIX Pharmacy	1	Member has tried and failed treatment with EITHER a beta-blocker OR a nondihydropyridine calcium channel blocker	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	Not applicable	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Not applicable	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	Not applicable	N/A

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

B13.5. Summary of Findings

Table B13.3. Camzyos Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	N/A	Y	Y	Y
Express Scripts High Performance Medical	N/A	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	N/A	N/A	N/A
Cigna Standard Three Tier Pharmacy	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	N/A	N/A	N/A
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	N/A	N/A

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

B14. Policy Brief: [Opzelura \(ruxolitinib cream\)](#), JAK Inhibitor (topical cream)

B14.1. Condition: Atopic Dermatitis, mild-to-moderate

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B14.2 Clinical Guidelines

[American Academy of Dermatology \(AAD\) 2014](#)

B14.3. Background

FDA Label

Indication: For the topical short-term and non-continuous chronic treatment of **mild to moderate atopic dermatitis** in non-immunocompromised adult and pediatric patients **12 years of age and older** whose disease is **not adequately controlled with topical prescription therapies** or when those therapies are not advisable.

Dosing: cream – 1.5% ruxolitinib

Warnings:

Serious Infections: Serious bacterial, mycobacterial, fungal, and viral infections have occurred. Regularly monitor patients for infection and manage it promptly.

Non-melanoma Skin Cancers. Basal cell and squamous cell carcinoma have occurred. Perform periodic skin examinations during treatment and following treatment as appropriate.

Thrombosis. Thromboembolic events have occurred.

Thrombocytopenia, Anemia, and Neutropenia: Thrombocytopenia, anemia, and neutropenia have occurred. Perform CBC monitoring as clinically indicated.

Contraindications: None.

Interactions: Use of OPZELURA in combination with therapeutic biologics, other JAK inhibitors or potent immunosuppressants such as azathioprine or cyclosporine is not recommended.

Clinical Trial Eligibility: adult and pediatric subjects 12 years of age and older with atopic dermatitis.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 ICER Review of JAK Inhibitors and Monoclonal Antibodies for the Treatment of Atopic Dermatitis

There is no clear consensus on how to operationalize a definition of the FDA indication for the treatment of patients with “moderate to severe” atopic dermatitis. The severity of atopic dermatitis can vary substantially over time and, from a patient’s perspective, can include a complex combination of intensity of itch, location, body surface area involvement, and degree of skin impairment. Some payers will allow clinician attestation, whereas others will adopt criteria based on clinical trial eligibility. Given the variability of patient phenotype and lack of familiarity among clinicians with scoring systems used in clinical trials, it is advisable for payers to create a broad, clinically relevant definition inclusive of multiple specific measures of disease intensity, e.g. “any of the following: BSA \geq 10%, IGA \geq 3, EASI \geq 16,” or “affected BSA \geq 10% OR involvement of body sites that are difficult to treat with prolonged topical corticosteroid therapy (e.g. hands, feet, face, neck, scalp, genitals/groin, skin folds) or severe itch that has been unresponsive to topical therapies.”

Payers establishing step therapy with less expensive, off-label systemic agents and/or phototherapy should allow patients and clinicians to choose from multiple options rather than require patients to try multiple options.

If multiple agents for severe atopic dermatitis are approved, payers should make available at least one biologic (dupilumab and/or tralokinumab) and at least one oral JAK inhibitor given how different these classes are in their onset of action and their risk profile.

[Link to ICER Policy Recommendations](#)

B14.4. Findings: Coverage Policies

Policies for Opzelura were available for 14 formularies. 12 formularies under the pharmacy benefit (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). two formularies under both the pharmacy and medical benefit (Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Opzelura was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B14.1. Opzelura Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	3 (Non-Preferred)	N/A	N/A	N/A

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Aetna Standard Opt Out with ACSF	3 (Non-Preferred)	N/A	N/A	N/A
Express Scripts National Preferred	Non-formulary	N/A	N/A	N/A
Express Scripts High Performance	Non-formulary	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	3 (Non-Preferred)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	4 (Non-Preferred)	N/A	N/A	N/A
OptumRx Select Standard	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	Non-formulary	N/A	N/A	N/A
Cigna Standard Three Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	3 (Non-Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	Non-formulary	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	3 (Non-Preferred)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Non-formulary	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	3 (Non-Preferred)	N/A	N/A	N/A
Florida Blue Care Choices HIX	3 (Non-Preferred)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

Three formularies did not require clinical eligibility criteria (CVS Caremark Performance Standard Control w/Advanced Specialty Control, Kaiser Permanente California HIX, VHA National Formulary). This meets our clinical eligibility criteria, as it is not a restrictive policy.

Nine formularies (CVS Aetna Standard Opt Out with ACSF, Cigna National Preferred, Cigna Standard Three Tier, Florida Blue Care Choices HIX, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) require some version of the following: Patient aged 12 and older with mild to moderate atopic dermatitis with less than or equal to 20% affected body surface area. These requirements meet our criteria as they are all in line with the label indication.

One formulary required greater than or equal to 3% body surface area (BSA) involvement (rather than less than 20%) and additionally requires involvement of sensitive body areas (e.g., face, hands, feet, scalp, groin) (OptumRx Select Standard). This meets our criteria because it is consistent with the definition of “moderate-to-severe.”

One formulary required patients not to be immunocompromised (Florida Blue Care Choices HIX). This meets our criteria because it is consistent with the FDA label.

Seven formularies listed Opzelura as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Express Scripts High Performance, Express Scripts National Preferred, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

Seven formularies did not mention requiring specialist prescribing or consultation (CVS Aetna Standard Opt Out with ACSF, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). This meets our provider qualifications criteria.

Four formularies required prescribing by or in consultation with a specialist (Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Seven formularies listed Opzelura as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Express Scripts High Performance, Express Scripts National Preferred, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Step Therapy

Step therapy was not required by five formularies (CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, VHA National Formulary, Kaiser Permanente California HIX, Quartz Health Solutions Standard Choice Four Tier). This meets our criteria for step therapy.

Seven formularies (Cigna National Preferred, Cigna Standard Three Tier, Florida Blue Care Choices HIX, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) required some version of the following: tried and had an inadequate response to or has a contraindication to at least a low-potency topical corticosteroid or a topical corticosteroid or calcineurin inhibitor. This meets our criteria for step therapy because it is in line with the FDA label.

Seven formularies listed Opzelura as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Express Scripts High Performance, Express Scripts National Preferred, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Table B14.2. Opzelura Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	No steps	Y
Express Scripts National Preferred Pharmacy Medical	0	Patient has tried, had an intolerance or contraindication to: a) at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid OR one topical calcineurin inhibitor	N/A
Express Scripts High Performance Pharmacy Medical	0	Patient has tried, had an intolerance or contraindication to: a) at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid OR one topical calcineurin inhibitor	N/A
UnitedHealthcare Advantage 3 Tier Pharmacy	0	A. History of failure, contraindication, or intolerance to two of the following therapeutic classes of topical therapies: 1) topical corticosteroid, 2) topical corticosteroid of at least a medium- to high-potency or 3) One topical calcineurin inhibitor or Eucrisa (crisaborole)	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	0	A. History of failure, contraindication, or intolerance to two of the following therapeutic classes of topical therapies: 1) topical corticosteroid, 2) topical corticosteroid of at least a medium- to high-potency or 3) One topical calcineurin inhibitor or Eucrisa (crisaborole)	Y
OptumRx Select Standard Pharmacy	0	Trial and failure, contraindication, or intolerance to one topical corticosteroid, unless the affected area is sensitive (i.e., face, axillae, groin) OR Trial and failure or intolerance to one generic topical calcineurin inhibitor unless the patient is not a candidate for therapy.	Y
OptumRx Premium Pharmacy	0	Trial and failure of non-pharmacologic topical therapies (e.g., moisturizers) AND trial and failure of a contraindication, or intolerance to ALL of the following:	N/A

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		1) Medium or higher potency topical corticosteroid, 2) Elidel (pimecrolimus) cream OR Tacrolimus ointment, and 3) Eucrisa (crisaborole) ointment	
Cigna Standard Three Tier Pharmacy	0	i. inadequate response to ONE prescription topical corticosteroid unless contraindicated or intolerant, ii. Individual is treating atopic dermatitis affecting one of the following areas: face, skin folds, and/or genitalia D. Documented inadequate response to ONE topical calcineurin inhibitor unless contraindicated or intolerant	Y
Cigna National Preferred Pharmacy	0	Individual has tried at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid; AND a) Inadequate efficacy was demonstrated with this topical corticosteroid therapy, according to the prescriber; OR b) Individual is treating atopic dermatitis affecting one of the following areas: face, eyes/eyelids, skin folds, and/or genitalia; AND c) Individuals meets ALL of the following (i, ii, and iii): i. Individual has tried at least one topical calcineurin inhibitor; AND iii. Inadequate efficacy was demonstrated with this topical calcineurin inhibitor, according to the prescriber;	Y
VHA National Formulary Pharmacy	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX Pharmacy	0	ONE of the following unless contraindicated or intolerant: A. a low-potency topical corticosteroid or B. topical calcineurin inhibitor AND 5. The patient will be using standard maintenance therapy	N/A
UnitedHealthcare MA 3 Tier HIX Pharmacy	0	A. History of failure, contraindication, or intolerance to two of the following therapeutic classes of topical therapies: 1) topical corticosteroid, 2) topical corticosteroid of at least a medium- to high-potency or 3) One topical calcineurin inhibitor or Eucrisa (crisaborole)	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0	The patient has tried and had an inadequate or intolerance or hypersensitivity to: 1) a low-potency topical corticosteroid OR 2) a topical corticosteroid OR 3) to all topical corticosteroids AND ONE of the following 1) a topical calcineurin inhibitor	N/A
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	P: 0 M: Unknown	P: No step M: Unknown	P: Y M: N/A

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
Florida Blue Care Choices HIX Pharmacy	0	ONE of the following, unless the use is contraindicated or not tolerated: A. a low-potency topical corticosteroid OR A. topical calcineurin inhibitor and the patient will be using standard maintenance therapy	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	0	1. A topical corticosteroid has been ineffective, contraindicated, or not tolerated. AND 2. A topical calcineurin inhibitor has been ineffective, contraindicated, or not tolerated.	N/A

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

B14.5. Summary of Findings

Table B14.3. Opzelura Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Express Scripts High Performance Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	N/A	N/A	N/A
Cigna Standard Three Tier Pharmacy	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	N/A N/A	Y N/A	Y N/A	Y N/A
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	N/A	N/A

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

B15. Policy Brief: Tezspire (tezepelumab), thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody (subcutaneous)

B15.1. Condition: Asthma, severe

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B15.2. Clinical Guidelines

[GINA Asthma Guidelines 2023](#)

[National Heart, Lung, and Blood Institute Guidelines](#)

[American Family Physician Guidelines](#)

[NICE Guidelines](#)

B15.3. Background

FDA Label

Indication: Indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.

Dosing: 210 mg/1.91 mL (110 mg/mL) solution in a single-dose glass vial or 210 mg/1.91 mL (110 mg/mL) solution in a single-dose pre-filled syringe

Warning:

Hypersensitivity Reactions: Hypersensitivity reactions (e.g., rash, allergic conjunctivitis) can occur after administration of TEZSPIRE. Initiate appropriate treatment as clinically indicated in the event of a hypersensitivity reaction.

Risk Associated with Abrupt Reduction in Corticosteroid Dosage: Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Decrease corticosteroids gradually, if appropriate.

Parasitic (Helminth) Infection: Treat patients with pre-existing helminth infections before therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to antihelminth treatment, discontinue TEZSPIRE until the parasitic infection resolves.

Vaccination: Avoid use of live attenuated vaccines.

Contraindications: Known hypersensitivity to tezepelumab-ekko or excipients.

Interactions: None

Clinical Trial Eligibility: Patients 12 years and older with severe asthma. Severity is defined as a history of 2 or more asthma exacerbations requiring oral or injectable corticosteroid treatment or 1 asthma exacerbation resulting in hospitalization in the past 12 months. Additionally, patients were required to have an ACQ-6 score of 1.5 or more, and a pre-bronchodilator FEV below 80% in adults and 90% in adolescents, as well as been on regular treatment with medium or high-dose inhaled corticosteroids and at least one additional asthma controller with or without oral corticosteroids.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 ICER Review of Tezepelumab for Severe Asthma

Payers will need to consider subpopulations of people with severe asthma when designing coverage policies for tezepelumab and other biologics.

In order to justify step therapy policies extending beyond FDA labeling as appropriate, payers should ensure that:

1. 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;
2. Patients will have a reasonable chance to meet their clinical goals with first-step therapy;
3. 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;
4. 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.

Payers should recognize that step therapy has generally not been used for biologic therapy in asthma. Individual biologic therapies frequently fail and so all options using different mechanisms of action should be available to patients with asthma.

Researchers looking at real world evidence in treatments of asthma should be aware of potential threats to validity, including selection bias.

[Link to ICER Policy Recommendations](#)

B15.4. Findings: Coverage Policies

Policies for Tezspire were available for 15 formularies: nine formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, VHA National Formulary). Six formularies under the medical benefit (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Florida Blue Care Choices HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX).

Cost Sharing

Because Tezspire was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B15.1. Tezspire Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	2 (Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	4 (Specialty)	N/A	N/A	N/A
Express Scripts National Preferred	Non-formulary	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	N/A	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	N/A	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred)	N/A	N/A	N/A
OptumRx Premium	Non-formulary	N/A	N/A	N/A
Cigna Standard Three Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	Not Applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	Non-formulary	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	Not Applicable	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Not Applicable	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	Not Applicable	N/A	N/A	N/A
Florida Blue Care Choices HIX	Not Applicable	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-Formulary	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) does not require clinical eligibility criteria. This meets our clinical eligibility criteria.

All formularies require some version of the following: a patient 12 years or older with severe asthma, that is uncontrolled defined as one of the following a) experiencing two or more asthma exacerbations in the past year requiring systemic corticosteroids, b) one or more asthma exacerbations requiring hospitalization or emergency department visit, c) and FEV volume of 80% or less or an FVC of .80 or less. This meets our criteria because it is in line with the label indication.

One formulary (Cigna Standard Three Tier) additionally requires evidence of variable expiratory airflow obstruction. This meets our criteria as it is in line with treatment guidelines.

Four formularies included a more specific definition requiring poor symptom control defined as some version of frequent symptoms or activity limited by asthma (CVS Aetna Standard Opt Out with ACSF,

CVS Caremark Performance Standard Control w/Advanced Specialty Control, Cambia BridgeSpan Metallic Formulary HIX, Cigna Standard Three Tier). This meets our criteria because it is consistent with the definition of “severe” asthma.

Four formularies required chart notes or other relevant documentation (CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, OptumRx Select Standard). This meets our criteria because it is reasonable for the condition to require documentation or char notes.

Two formularies have separate requirements based on eosinophil levels (<150 uL for non-eosinophilic asthma and ≥150 uL for eosinophilic asthma) (Quartz Health Solutions Standard Choice Four Tier, VHA National Formulary). This meets our criteria because it is in line with the GINA guidelines, with separate treatment recommendations for non-eosinophilic and eosinophilic asthma.

Five formularies listed Tezspire as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX, Express Scripts National Preferred, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

Two formularies (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Kaiser Permanente California HIX) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

The following 12 formularies required prescribing by or in consultation with a specialist: (CVS Aetna Standard Opt Out with ACSF, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Florida Blue Care Choices HIX, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Five formularies listed Tezspire as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX, Express Scripts National Preferred, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Step Therapy

Seven formularies (Florida Blue Care Choices HIX, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier

HIX, VHA National Formulary, Cigna Standard Three Tier) required some variation of the following: at least three-month trial of a high dose corticosteroid, an additional controller, and continuing maintenance treatment. This meets our criteria for step therapy because it is in line with the clinical guidelines.

Several formularies have additional step therapy requirements (in addition to the above): For patients with eosinophilic asthma (eosinophil level ≥ 150), one formulary requires inadequate response or adverse events to 2 interleukin receptor monoclonal antibodies (VHA National Formulary). One formulary requires trial and failure, contraindication, or adverse event to one biologic medication (Quartz Health Solutions Standard Choice Four Tier). This meets our criteria for step therapy because it is less than 3 steps.

Five formularies listed Tezspire as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX, Express Scripts National Preferred, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium). These formularies were not assessed on these criteria for this drug.

Table B15.2. Tezspire Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	Inadequate asthma control despite current treatment with both of the following medications at optimized doses: 1) High dose inhaled corticosteroid and 2) Additional controller, and 3) continue maintenance therapy	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	Inadequate asthma control despite current treatment with both of the following medications at optimized doses: 1) High dose inhaled corticosteroid and 2) Additional controller, and 3) continue maintenance therapy	Y
Express Scripts National Preferred Pharmacy Medical	0	BOTH of the following: a) An inhaled corticosteroid; AND b) At least one additional asthma controller or asthma maintenance medication	N/A
Express Scripts High Performance Pharmacy Medical	0	BOTH of the following: a) An inhaled corticosteroid; AND b) At least one additional asthma controller or asthma maintenance medication	Y
UnitedHealthcare Advantage 3 Tier Medical	0	Used in combination with one of the following: maximally dosed combination ICS/LABA, symbicort, breo OR combination therapy including both of the following: one high-dose ICS product AND one additional asthma-controlled medication	Y
UnitedHealthcare Flex Access 4 Tier Medical	0	Used in combination with one of the following: maximally dosed combination ICS/LABA, symbicort, breo OR combination therapy including both of the following: one high-dose ICS product AND one additional asthma-controlled medication	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
OptumRx Select Standard Pharmacy	0	An inhaled corticosteroid; AND At least one additional asthma controller or asthma maintenance medication	Y
OptumRx Premium Pharmacy	0	An inhaled corticosteroid; AND At least one additional asthma controller or asthma maintenance medication	N/A
Cigna Standard Three Tier Pharmacy	0	BOTH of the following (i and ii) i. An inhaled corticosteroid AND ii. At least one additional asthma controller or asthma maintenance medication	Y
Cigna National Preferred Pharmacy	0	BOTH of the following (i and ii) i. An inhaled corticosteroid AND ii. At least one additional asthma controller or asthma maintenance medication	Y
VHA National Formulary Pharmacy	0, 2	high-dose inhaled corticosteroid (or maximally tolerated dose) AND at least 3 months of a long-acting beta-agonist and/or other controller medication For eosinophilic asthma, trial and failure or adverse event to two interleukin receptor monoclonal antibodies	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	1	ONE of the following, unless contraindicated or intolerated: A. maximally tolerated inhaled corticosteroid OR B. The patient is currently being treated with the requested agent AND ONE of the following: 1. an inhaled corticosteroid OR 2 maximally tolerated inhaled corticosteroid OR AND 3. ONE of the following: 1. A long-acting beta-2 agonist (LABA) OR 2. A leukotriene receptor antagonist (LTRA) OR 3. Long-acting muscarinic antagonist (LAMA) OR 4. Theophylline	N/A
UnitedHealthcare MA 3 Tier HIX Medical	0	Used in combination with one of the following: maximally dosed combination ICS/LABA, Symbicort, Breo OR combination therapy including both of the following: one high-dose ICS product AND one additional asthma-controlled medication	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	0	N/A	Y
Quartz Health Solutions Standard Choice Four Tier Medical	0, 1	The patient is intolerant, in adherence or has a contraindication to: 1) medium to high-dose inhaled corticosteroids in combination with a long-acting bronchodilator, long-acting muscarinic For eosinophilic asthma, trial and failure, contraindication, or adverse event to one biologic therapy	Y
Florida Blue Care Choices HIX Medical	1	ONE of the following, unless intolerant or contraindicated:	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		1) The member is NOT currently being treated with mepolizumab AND is currently treated with a maximally tolerated inhaled corticosteroid for at least 3 months or 2) The member is currently being treated with the mepolizumab AND ONE of the following: a) inhaled corticosteroid that is adequately dosed to control symptoms b) a maximally tolerated inhaled corticosteroid 2) Member will continue asthma control therapy in combination with mepolizumab	
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	0	Inadequate asthma control despite current treatment with both of the following medications at optimized doses: 1) High dose inhaled corticosteroid and 2) Additional controller, and 3) continue maintenance therapy	N/A
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy Medical	1	Adherent use of maximally tolerated inhaled corticosteroids (ICS) and long-acting inhaled beta-2 agonist (LABA) therapy has been ineffective as defined by at least one of the following markers of uncontrolled asthma within the previous 12 months OR Treatment with at least one monoclonal antibody for severe asthma listed below has been ineffective, not tolerated, or is contraindicated.	N/A

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

B15.5. Summary of Findings

Table B15.3. Tezspire Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Express Scripts High Performance Pharmacy Medical	N/A N/A	Y Y	Y Y	Y Y
UnitedHealthcare Advantage 3 Tier Medical	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Medical	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	N/A	N/A	N/A
Cigna Standard Three Tier Pharmacy	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX Medical	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Medical	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Y	Y	Y
Florida Blue Care Choices HIX Medical	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy Medical	N/A N/A	N/A N/A	N/A N/A	N/A N/A

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

B16. Policy Brief: [Adbry \(tralokinumab\), Interleukin-13 \(subcutaneous\)](#)

B16.1. Condition: Atopic Dermatitis, moderate-to-severe

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B16.2. Clinical Guidelines

[American Academy of Dermatology \(AAD\) 2014](#)

B16.3. Background

FDA Label

Indication: Used to treat **moderate-to-severe atopic dermatitis** in **adult patients** whose disease is **not adequately controlled with topical prescription therapies** or when those therapies are not advisable.

Dosing: an initial dose of 600 mg (four 150 mg injections), followed by 300 mg (two 150 mg injections) administered every other week. A dosage of 300 mg every 4 weeks may be considered for patients below 100 kg who achieve clear or almost clear skin after 16 weeks of treatment.

Warning:

Hypersensitivity: Hypersensitivity reactions, including anaphylaxis, and angioedema have occurred after the administration of ADBRY. Discontinue ADBRY in the event of a hypersensitivity reaction.

Conjunctivitis and Keratitis: Patients should report new onset or worsening eye symptoms to their healthcare provider.

Parasitic (Helminth) Infections: Treat patients with pre-existing helminth infections before initiating treatment with ADBRY. If patients become infected while receiving ADBRY and do not respond to anti-helminth treatment, discontinue treatment with ADBRY until the infection resolves.

Risk of Infection with Live Vaccines: Avoid use of live vaccines.

Contraindications: Known hypersensitivity to tralokinumab-ldrm or any excipients in ADBRY.

Interactions: ADBRY can be used with or without topical corticosteroids.

Clinical Trial Eligibility: 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 IGA score of ≥ 3 , an EASI score of ≥ 16 , and a minimum BSA involvement of $\geq 10\%$

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 ICER Review of JAK Inhibitors and Monoclonal Antibodies for the Treatment of Atopic Dermatitis

There is no clear consensus on how to operationalize a definition of the FDA indication for the treatment of patients with “moderate to severe” atopic dermatitis. The severity of atopic dermatitis can vary substantially over time and, from a patient’s perspective, can include a complex combination of intensity of itch, location, body surface area involvement, and degree of skin impairment. Some payers will allow clinician attestation, whereas others will adopt criteria based on clinical trial eligibility. Given the variability of patient phenotype and lack of familiarity among clinicians with scoring systems used in clinical trials, it is advisable for payers to create a broad, clinically relevant definition inclusive of multiple specific measures of disease intensity, e.g. “any of the following: BSA \geq 10%, IGA \geq 3, EASI \geq 16,” or “affected BSA \geq 10% OR involvement of body sites that are difficult to treat with prolonged topical corticosteroid therapy (e.g. hands, feet, face, neck, scalp, genitals/groin, skin folds) or severe itch that has been unresponsive to topical therapies.”

Payers establishing step therapy with less expensive, off-label systemic agents and/or phototherapy should allow patients and clinicians to choose from multiple options rather than require patients to try multiple options.

If multiple agents for severe atopic dermatitis are approved, payers should make available at least one biologic (dupilumab and/or tralokinumab) and at least one oral JAK inhibitor given how different these classes are in their onset of action and their risk profile.

[Link to ICER Policy Recommendations](#)

B16.4. Findings: Coverage Policies

Policies for Adbry were available for 17 formularies: 15 formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary) and two formularies under both the pharmacy and medical benefit (Express Scripts High Performance, Express Scripts National Preferred). Adbry is not covered by one formulary (Quartz Health Solutions Standard Choice Four Tier).

Cost Sharing

Because Adbry was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B16.1. Adbry Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	2 (Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	4 (Specialty)	N/A	N/A	N/A
Express Scripts National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	2 (Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	2 (Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	5 (Preferred Brand Specialty)	N/A	N/A	N/A
VHA National Formulary	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	5 (Preferred Specialty)	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	Not Covered	N/A	N/A	N/A
Florida Blue Care Choices HIX	4 (Specialty)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) did not list clinical eligibility criteria. This meets our criteria.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Adbry on the pharmacy benefit and information for the medical benefit is unknown. We were not able to issue ratings for this criterion because the policy was not available.

Fifteen formularies (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary)

require some version of the following: a diagnosis of moderate-to-severe atopic dermatitis with the FDA-approved age. This meets our criteria because it is in line with the label indication.

Seven formularies included a more specific definition of an affected body surface area of greater than or equal to 10% OR involvement of crucial body areas (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard). This meets our criteria because it is consistent with the diagnosis methods outlined in clinical guidelines.

Three formularies included a definition of moderate to severe as only having an affected body surface area of greater than or equal to 10% with no mention of involved crucial body areas (Cigna National Preferred, Express Scripts High Performance, Express Scripts National Preferred). This does not meet our criteria, because we consider it restrictive to the patient as consensus recommendations state to consider involvement of crucial areas and quality of life in defining moderate to severe disease.[†]

Two formularies listed Adbry as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX). These formularies were not assessed on these criteria for this drug.

Provider Qualifications

One formulary (Kaiser Permanente California HIX) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Fifteen formularies required prescribing by or in consultation with a specialist (CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Two formularies listed Adbry as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX). These formularies were not assessed on these criteria for this drug.

[†] Boguniewicz M, Alexis AF, Beck LA, et al. Expert Perspectives On Management Of Moderate-To-Severe Atopic Dermatitis: A Multidisciplinary Consensus Addressing Current And Emerging Therapies. *The Journal of Allergy and Clinical Immunology: In Practice*. 2017;5(6):1519-1531. doi:10.1016/j.jaip.2017.08.005

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Adbry on the pharmacy benefit and information for the medical benefit is unknown. We were not able to issue ratings for this criterion because the policy was not available.

Step Therapy

Step therapy was not required by one formulary (Kaiser Permanente California HIX). This meets our criteria for step therapy because it is not restrictive.

Three formularies (HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Florida Blue Care Choices HIX, VHA National Formulary) required some version of the following: inadequate response, intolerance, or contraindication to 1) a medium potency to super-high potency topical corticosteroid, 2) a topical calcineurin inhibitor. This meets our criteria step therapy because it is in line with the FDA label.

In addition to the above, one formulary (VHA National Formulary) required the following: a trial of two treatments from the following list: 1) Phototherapy, 2) SHORT-TERM THERAPY with cyclosporine, 3) a systemic corticosteroid, 4) methotrexate plus daily folic acid, 4) Azathioprine (minimum 12 consecutive weeks, 5) Mycophenolate mofetil. This meets our criteria for step therapy because, while multiple treatments mentioned are not recommended by the clinical guidelines, patients have the option to refuse treatment, and guideline-approved treatments are available in the list.

Two formularies listed Adbry as non-formulary (CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX). These formularies were not assessed on these criteria for this drug.

One formulary (Quartz Health Solutions Standard Choice Four Tier) does not cover Adbry on the pharmacy benefit and information for the medical benefit is unknown. We were not able to issue ratings for this criterion because the policy was not available.

Table B16.2. Adbry Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	Inadequate response or contraindication to: 1) A medium potency to super-high potency topical corticosteroid or 2) A topical calcineurin inhibitor	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	Inadequate response or contraindication to: 1) A medium potency to super-high potency topical corticosteroid or 2) A topical calcineurin inhibitor	Y
Express Scripts National Preferred Pharmacy Medical	0	Tried at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid; AND Inadequate efficacy was	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		demonstrated with this topical corticosteroid therapy, according to the prescriber	
Express Scripts High Performance Pharmacy Medical	0	Tried at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid; AND Inadequate efficacy was demonstrated with this topical corticosteroid therapy, according to the prescriber	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	0	History of failure, contraindication, or intolerance to two of the following: (a) Medium to very-high potency topical corticosteroid (b) Topical calcineurin inhibitor (c) Eucrisa (crisaborole)*	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	0	History of failure, contraindication, or intolerance to two of the following: (a) Medium to very-high potency topical corticosteroid (b) Topical calcineurin inhibitor (c) Eucrisa (crisaborole)*	Y
OptumRx Select Standard Pharmacy	0	Trial and failure of, contraindication, or intolerance to at least ONE of the following: 1) Medium or higher potency topical corticosteroid, 2) Pimecrolimus cream, 3) Tacrolimus ointment, 4) Eucrisa ointment	Y
OptumRx Premium Pharmacy	0	Trial and failure of, contraindication, or intolerance to at least ONE of the following: 1) Medium or higher potency topical corticosteroid, 2) Pimecrolimus cream, 3) Tacrolimus ointment, 4) Eucrisa ointment	Y
Cigna Standard Three Tier Pharmacy	0	One of the following: a. Individual has had an inadequate response after at least 3 months of therapy with ONE conventional systemic immunomodulator used for the treatment of atopic dermatitis or b. Individual has had an inadequate response to ONE prescription topical corticosteroid (medium-potency or higher) used for at least 28 days, unless contraindicated or intolerant or c. Individual meets BOTH of the following criteria (1 and 2): i. Individual has atopic dermatitis affecting ONLY the following areas: face, skin folds, and/or genitalia ii. Individual has had an inadequate response to ONE topical calcineurin inhibitor tacrolimus 0.03% or 0.1% ointment	Y
Cigna National Preferred Pharmacy	0	iii. Individual meets ALL of the following criteria (a, b, and c): (1) Individual has tried at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid; AND (2) This topical corticosteroid was applied daily for at least 28 consecutive days; AND	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
		(3) Inadequate efficacy was demonstrated with this topical corticosteroid therapy, according to the prescriber	
VHA National Formulary Pharmacy	2	≥ 2 drug classes of topical therapies for atopic dermatitis unless the therapy is contraindicated, not tolerated, or otherwise medically inadvisable. AND TWO of the following unless the therapy is contraindicated, not tolerated, otherwise medically inadvisable, or documented as refused by the patient after informed discussion: 1) Phototherapy, only if available, feasible, no unacceptable risks, 2) SHORT-TERM THERAPY with cyclosporine, 3) a systemic corticosteroid WEEKLY, 4) methotrexate plus daily folic acid, 4) Azathioprine (minimum 12 consecutive weeks, 5) Mycophenolate mofetil (minimum 12 consecutive weeks).	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	0	Tried and inadequate response to one of the following unless intolerant or contraindicated: 1) oral systemic immunosuppressant OR 2) BOTH at least a mid-potency topical steroid AND a topical calcineurin inhibitor	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	0	History of failure, contraindication, or intolerance to two of the following: (a) Medium to very-high potency topical corticosteroid (b) Topical calcineurin inhibitor (c) Eucrisa	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0	Tried and inadequate response to one of the following unless intolerant or contraindicated: 1) oral systemic immunosuppressant OR 2) BOTH at least a mid-potency topical steroid AND a topical calcineurin inhibitor	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	Not applicable	N/A
Florida Blue Care Choices HIX Pharmacy	0	Tried and inadequate response to one of the following unless intolerant or contraindicated: 1) oral systemic immunosuppressant OR 2) BOTH at least a mid-potency topical steroid AND a topical calcineurin inhibitor	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	0	Inadequate response or contraindication to: 1) A medium potency to super-high potency topical corticosteroid or 2) A topical calcineurin inhibitor	N/A
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	0	No steps	N/A

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

B16.5. Summary of Findings

Table B16.3. Adbry Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy	N/A	N	Y	Y
Express Scripts National Preferred Medical	N/A	N	Y	Y
Express Scripts High Performance Pharmacy	N/A	N	Y	Y
Express Scripts High Performance Medical	N/A	N	Y	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Pharmacy	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	N	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	N/A	N/A	N/A
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	N/A	N/A

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

B17. Policy Brief: [Rinvoq \(upadacitinib\)](#), JAK Inhibitor (oral)

B17.1. Condition: Atopic Dermatitis, moderate-to-severe

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: Cibinqo (abrocitinib)

B17.2. Clinical Guidelines

[American Academy of Dermatology \(AAD\) 2014](#)

B17.3. Background

FDA Label

Indication: Adults and pediatric patients **12 years of age and older** with **refractory, moderate to severe atopic dermatitis** whose disease is **not adequately controlled with other systemic drug products**, including biologics, or when the use of those therapies is inadvisable.

Dosing: 15mg, 30 mg, and 45mg extended-release tablets

Warning:

Serious Infections: Avoid use in patients with an active, serious infection, including localized infections.

Hypersensitivity: Serious hypersensitivity reactions (e.g., anaphylaxis) have been reported. Discontinue if a serious hypersensitivity reaction occurs.

Gastrointestinal (GI) Perforations: Monitor patients at risk for GI perforations and promptly evaluate patients with symptoms.

Laboratory Abnormalities: Monitoring is recommended due to potential changes in lymphocytes, neutrophils, hemoglobin, liver enzymes, and lipids.

Embryo-Fetal Toxicity: May cause fetal harm based on animal studies. Advise female patients of reproductive potential of the potential risk to a fetus and to use effective contraception.

Vaccinations: Avoid use with live vaccines.

Contraindications: Known hypersensitivity to upadacitinib or any of the excipients in RINVOQ.

Interactions: **Strong CYP3A4 Inhibitors:** See the Full Prescribing Information for dosage modification for patients with atopic dermatitis and ulcerative colitis. **Strong CYP3A4 Inducers:** Coadministration of RINVOQ with strong CYP3A4 inducers is not recommended. RINVOQ is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants.

Clinical Trial Eligibility: Patients 12 years and older with moderate-to-severe atopic dermatitis, not adequately controlled by topical medications. Disease severity was defined by an IGA score of ≥ 3 , and EASI score of ≥ 16 , minimum BSA involvement of $\geq 10\%$ and a weekly average PP-NRS score of ≥ 4 .

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 ICER Review of JAK Inhibitors and Monoclonal Antibodies for the Treatment of Atopic Dermatitis

There is no clear consensus on how to operationalize a definition of the FDA indication for the treatment of patients with “moderate to severe” atopic dermatitis. The severity of atopic dermatitis can vary substantially over time and, from a patient’s perspective, can include a complex combination of intensity of itch, location, body surface area involvement, and degree of skin impairment. Some payers will allow clinician attestation, whereas others will adopt criteria based on clinical trial eligibility. Given the variability of patient phenotype and lack of familiarity among clinicians with scoring systems used in clinical trials, it is advisable for payers to create a broad, clinically relevant definition inclusive of multiple specific measures of disease intensity, e.g. “any of the following: BSA \geq 10%, IGA \geq 3, EASI \geq 16,” or “affected BSA \geq 10% OR involvement of body sites that are difficult to treat with prolonged topical corticosteroid therapy (e.g. hands, feet, face, neck, scalp, genitals/groin, skin folds) or severe itch that has been unresponsive to topical therapies.”

Payers establishing step therapy with less expensive, off-label systemic agents and/or phototherapy should allow patients and clinicians to choose from multiple options rather than require patients to try multiple options.

If multiple agents for severe atopic dermatitis are approved, payers should make available at least one biologic (dupilumab and/or tralokinumab) and at least one oral JAK inhibitor given how different these classes are in their onset of action and their risk profile.

[Link to ICER Policy Recommendations](#)

B17.4. Findings: Coverage Policies

Policies for Rinvoq were available for 18 formularies. 16 formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, VHA National Formulary). Two formularies under both the pharmacy and medical benefit (Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Rinvoq was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B17.1. Rinvoq Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	2 (Preferred Brand)	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	4 (Preferred Specialty)	N/A	N/A	N/A
Express Scripts National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	2 (Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	2 (Preferred Brand)	N/A	N/A	N/A
Cigna Standard Three Tier	2 (Preferred Brand)	N/A	N/A	N/A
Cigna National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	Not Applicable	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	2 (Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	5 (Preferred Specialty)	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	4 (Specialty)	N/A	N/A	N/A
Florida Blue Care Choices HIX	4 (Specialty)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	4 (Preferred Specialty)	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	5 (Specialty)	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

One formulary (Kaiser Permanente California HIX) does not require clinical eligibility criteria. This meets our criteria because it is not restrictive.

All other formularies require some version of the following: patients age 12 years or older with moderate to severe atopic dermatitis. These requirements meet our criteria as they are all in line with the label indication.

Nine formularies included a more specific definition of an affected body surface area of greater than 10% OR involvement of crucial body areas (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier). This meets our criteria because it is consistent with the clinical guideline definition of “moderate to severe”.

Six formularies required chart notes (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, CVS Caremark Performance Standard Control w/Advanced Specialty Control, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). This meets our criteria because requiring documentation is reasonable for this condition.

Provider Qualifications

Two formularies (Kaiser Permanente California HIX, Quartz Health Solutions Standard Choice Four Tier) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

All 17 remaining formularies required prescribing by or in consultation with a specialist. This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Step Therapy

Two formularies listed no step therapy requirements (Kaiser Permanente California HIX, Cambia BridgeSpan Metallic Formulary HIX). This meets our criteria for step therapy.

Nine formularies did not require step therapy outside of what was included in the label indication (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, Express Scripts National Preferred, Express Scripts High Performance, OptumRx Select Standard, OptumRx Premium, Horizon BlueCross BlueShield of NJ HIX, Quartz Health Solutions Standard Choice Four Tier, CVS Aetna Health Exchange Plan Innovation Health). This meets our criteria for step therapy.

Eight formularies (UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, Cigna Standard Three Tier, Cigna National Preferred, VHA National Formulary, UnitedHealthcare MA 3 Tier HIX, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Florida Blue Care Choices HIX) required some version of the following requirement in line with the FDA label (tried the following medication unless the patient has an inadequate response or intolerance or contraindication: 1) a medium to super-high potency topical corticosteroid, 2) a topical calcineurin inhibitor, 3) a systemic product) in addition to a trial of dupilumab or tralokinumab. This meets our criteria for step therapy because it is in line with the FDA label and clinical guidelines.

Table B17.2. Rinvoq Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	Trial and inadequate response to the following unless intolerant or contraindicated: 1) A medium potency to super-high potency topical corticosteroid, 2) A topical calcineurin inhibitor, 3) a systemic drug product	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	Trial and inadequate response to the following unless intolerant or contraindicated: 1) A medium potency to super-high potency topical corticosteroid, 2) A topical calcineurin inhibitor, 3) a systemic drug product	Y
Express Scripts National Preferred Pharmacy Medical	0	Trial of, unless intolerant or contraindicated: 1) at least ONE traditional systemic therapy; OR b) A patient who has already tried Dupixent or Adbry	Y
Express Scripts High Performance Pharmacy Medical	0	Trial of, unless intolerant or contraindicated: 1) at least ONE traditional systemic therapy; OR b) A patient who has already tried Dupixent or Adbry	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	2	One of the following: i. History of failure, contraindication, or intolerance to two of the following: 1) Medium to very-high potency topical corticosteroid, 2) Topical calcineurin inhibitor, 3) Eucrisa AND of the following: systemic drug product OR Adbry and Dupixent unless the patient has documented needle-phobia	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	2	One of the following: i. History of failure, contraindication, or intolerance to two of the following: 1) Medium to very-high potency topical corticosteroid, 2) Topical calcineurin inhibitor, 3) Eucrisa AND of the following: systemic drug product OR Adbry and Dupixent unless the patient has documented needle-phobia	Y
OptumRx Select Standard Pharmacy	0	Trial and failure or contraindication, or intolerance to at least ONE of the following: 1) Medium or higher potency topical corticosteroid, 2) Pimecrolimus cream, 3) Tacrolimus ointment, 4) Eucrisa (crisaborole) ointment AND one systemic drug OR Adbry or Dupixent	Y
OptumRx Premium Pharmacy	0	Trial and failure or contraindication, or intolerance to at least ONE of the following: 1) Medium or higher potency topical corticosteroid, 2) Pimecrolimus cream, 3) Tacrolimus ointment, 4) Eucrisa (crisaborole) ointment AND one systemic drug OR Adbry or Dupixent	Y
Cigna Standard Three Tier Pharmacy	1	An inadequate response unless contraindicated to ONE conventional systemic therapy AND the Individual has already tried Dupixent or Adbry	Y

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
Cigna National Preferred Pharmacy	1	An inadequate response unless contraindicated to ONE conventional systemic therapy AND the Individual has already tried Dupixent or Adbry	Y
VHA National Formulary Pharmacy	1	Dupilumab or tralokinumab unless contraindicated or not tolerated	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	0	Tried and had an inadequate response to unless contraindicated or not tolerated: 1) at least a mid-potency topical steroid AND a topical calcineurin inhibitor AND 2) systemic immunosuppressant, including a biologic AND 5. BOTH of the following: A. The patient is currently treated with topical emollients and practicing good skin care AND B. The patient will continue the use of topical emollients and good skin care practices in combination with the requested agent	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	2	One of the following: i. History of failure, contraindication, or intolerance to two of the following: 1) Medium to very-high potency topical corticosteroid, 2) Topical calcineurin inhibitor, 3) Eucrisa AND of the following: systemic drug product OR Adbry and Dupixent unless the patient has documented needle-phobia	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	2	Tried and had an inadequate response to, unless contraindicated or not tolerant: 1) a mid-potency topical steroid AND a topical calcineurin inhibitor AND systemic immunosuppressant	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy Medical	P: 0 M: Unknown	P: Inadequate trial or side effects from Biologics or Other systemic agents M: Unknown	P: Y M: N/A
Florida Blue Care Choices HIX Pharmacy	2	Tried and had an inadequate response to unless contraindicated or not tolerated: 1) at least a mid-potency topical steroid AND a topical calcineurin inhibitor AND 2) systemic immunosuppressant, including a biologic	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	0	Trial and inadequate response to the following unless intolerant or contraindicated: 1) A medium potency to super-high potency topical corticosteroid, 2) A topical calcineurin inhibitor, 3) a systemic drug product	Y
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	Y

N/A: not applicable

B17.5. Summary of Findings

Table B17.3. Rinvoq Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	N/A	Y	Y	Y
Express Scripts High Performance Medical	N/A	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	Y	Y	Y
Cigna Standard Three Tier Pharmacy	N/A	Y	Y	Y
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier Medical	N/A	N/A	N/A	N/A
Florida Blue Care Choices HIX Pharmacy	N/A	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	Y	Y	Y
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	Y	Y	Y

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

B18. Policy Brief: [Lupkynis \(voclosporin\), calcineurin-inhibitor \(oral capsule\)](#)

B18.1. Condition: Lupus Nephritis

Is Drug Cost-Effective at Current Prices?: No

Other Drugs in Class: None

B18.2. Clinical Guidelines

[American College of Rheumatology Guidelines for Screening, Case Definition, Treatment and Management of Lupus Nephritis \(2012\)](#)

[2019 Update of the Joint European League Against Rheumatism and European Renal Association–European Dialysis and Transplant Association \(EULAR/ ERA–EDTA\) recommendations for the management of lupus nephritis](#)

B18.3. Background

FDA Label

Indication: In combination with a **background immunosuppressive therapy regimen** for the treatment of **adult patients** with **active lupus nephritis**. Limitations of use: not recommended for use in combination with cyclophosphamide.

Dosing: Recommended starting dose: 23.7 mg orally, twice a day. **Use LUPKYNIS in combination with mycophenolate mofetil (MMF) and corticosteroids. Use of LUPKYNIS is not recommended in patients with a baseline eGFR ≤ 45 mL/min/1.73 m² unless the benefit exceeds the risk; these patients may be at increased risk for acute and/or chronic nephrotoxicity. Do not initiate LUPKYNIS in patients with baseline BP $>165/105$ mmHg or with hypertensive emergency.**

Warning:

Nephrotoxicity (acute and/or chronic): May occur due to LUPKYNIS or concomitant nephrotoxic drugs. Monitor renal function; consider dosage reduction.

Hypertension: May require antihypertensive therapy; monitor relevant drug interactions.

Neurotoxicity: Including risk of posterior reversible encephalopathy syndrome (PRES); monitor for neurologic abnormalities; reduce dosage or discontinue LUPKYNIS.

Hyperkalemia: Risk may be increased with other agents associated with hyperkalemia; monitor serum potassium levels.

QT Prolongation: Consider obtaining electrocardiograms and monitoring electrolytes in patients at high risk.

Immunizations: Avoid live vaccines.

Pure Red Cell Aplasia: Consider discontinuation.

Contraindications: Patients concomitantly using strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, clarithromycin). Known serious or severe hypersensitivity reaction to LUPKYNIS or any of its excipients.

Interactions: **Moderate CYP3A4 inhibitors:** Reduce LUPKYNIS daily dosage to 15.8 mg in the morning and 7.9 mg in the evening. **Strong and moderate CYP3A4 inducers:** Avoid co-administration. **Certain P-gp substrates:** Reduce dosage of certain P-gp substrates with a narrow therapeutic window when co-administered with LUPKYNIS.

Clinical Trial Eligibility:

AURORA Trial in Adults with Lupus Nephritis: patients with a diagnosis of systemic lupus erythematosus and with International Society of Nephrology / Renal Pathology Society (ISN/RPS) biopsy-proven active Class III or IV LN (alone or in combination with Class V LN) or Class V LN. Patients with Class III or IV LN (alone or in combination with Class V LN) were required to have a urine protein to creatinine (UPCR) ratio of ≥ 1.5 mg/mg; patients with Class V LN were required to have a UPCR of ≥ 2 mg/mg.

[Link to Full FDA Label](#)

ICER Policy Recommendations from the 2021 ICER Review of Belimumab and Voclosporin for Lupus Nephritis

Given the significant uncertainty that remains about the longer-term safety and effectiveness of belimumab and **voclosporin** for lupus nephritis, it is reasonable for payers to use prior authorization as a component of coverage. Prior authorization criteria for both drugs should be based on clinical evidence and input from clinical experts and patient groups. The process for authorization should also be clear, accessible, efficient, and timely for providers

Coverage Criteria

Patient Eligibility Criteria: Patients should be receiving standard therapy, which consists of concomitant treatment with corticosteroids and MMF. Successful treatment may allow patients to minimize or even eliminate steroid use.

Duration of Therapy and Renewal of Coverage: Given the FDA label language, based on the potential for nephrotoxicity with prolonged use, physician attestation of a response to therapy of at least a 50% reduction in proteinuria after 6 to 12 months of therapy is not unreasonable. Current data support one year of therapy, but clinical experts and some trial data suggest that longer treatment duration may be appropriate in individual patients.

Provider Criteria: The therapy should be prescribed by a rheumatologist or nephrologist with expertise in LN or, at minimum, access to consultation with an expert. Virtual consultation with a SLE expert at a Lupus Center of Excellence should be supported.

Step Therapy: There is no other treatment that could be considered a first-step treatment prior to eligibility.

[Link to ICER Policy Recommendations](#)

B18.4. Findings: Coverage Policies

Policies for Lupkynis were available for 17 formularies: 15 formularies under the pharmacy benefit (CVS Aetna Health Exchange Plan Innovation Health, CVS Aetna Standard Opt Out with ACSF, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, Cambia BridgeSpan Metallic Formulary

HIX, Cigna National Preferred, Cigna Standard Three Tier, CVS Caremark Performance Standard Control w/Advanced Specialty Control, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Premium, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) and two formularies under both the pharmacy and medical benefits (Express Scripts High Performance, Express Scripts National Preferred).

Cost Sharing

Because Lupkynis was deemed unfairly priced at current prices, we did not issue ratings for the cost-sharing criterion.

Table B18.1. Lupkynis Cost Sharing by Formulary

Formulary	Tier (Description)	Best Relevant Tier?	If N, Best Tier and Drug(s)	Cost-Sharing Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Non-formulary	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF	Non-formulary	N/A	N/A	N/A
Express Scripts National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
Express Scripts High Performance	2 (Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Advantage 3 Tier	3 (Non-Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare Flex Access 4 Tier	4 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Select Standard	3 (Non-Preferred Brand)	N/A	N/A	N/A
OptumRx Premium	Non-formulary	N/A	N/A	N/A
Cigna Standard Three Tier	Non-formulary	N/A	N/A	N/A
Cigna National Preferred	2 (Preferred Brand)	N/A	N/A	N/A
VHA National Formulary	N/A	N/A	N/A	N/A
Horizon BlueCross BlueShield of NJ HIX	3 (Non-Preferred Brand)	N/A	N/A	N/A
UnitedHealthcare MA 3 Tier HIX	3 (Non-Preferred Brand)	N/A	N/A	N/A
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Non-formulary	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier	4 (Non-Preferred Specialty)	N/A	N/A	N/A
Florida Blue Care Choices HIX	4 (Specialty)	N/A	N/A	N/A
CVS Aetna Health Exchange Plan Innovation Health	Non-formulary	N/A	N/A	N/A
Kaiser Permanente California HIX	Non-formulary	N/A	N/A	N/A
Cambia BridgeSpan Metallic Formulary HIX	Non-formulary	N/A	N/A	N/A

N/A: not applicable

Clinical Eligibility

Two formularies (Kaiser Permanente California HIX, VHA National Formulary) do not require clinical eligibility criteria. This meets our clinical eligibility criteria.

The 10 formularies covering Lupkynis with available policies (Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, Cigna National Preferred) required some version of the following: Individuals ages 18 or older with a biopsy-proven diagnosis of lupus nephritis to be used in combination with an immunosuppressive regimen (mycophenolate and corticosteroids). These are all in line with the label indication.

Most of the above formularies included additional diagnostic requirements: five formularies (Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, Cigna National Preferred) required a diagnosis of systemic lupus erythematosus (SLE) defined as positive for antinuclear antibodies (ANA) and/or anti-double-stranded DNA (anti-dsDNA) antibody. Two formularies (Express Scripts High Performance, Express Scripts National Preferred) required individuals to have an estimated glomerular filtration rate (eGFR) above 45 mL/min/m². One formulary (Horizon BlueCross BlueShield of NJ HIX) also required baseline measures of one or more of the following measures: eGFR, urine protein, or urine protein to creatinine ratio (uPCR) and no severe active central nervous system lupus. These requirements pass our criteria because they are in line with treatment guidelines and clinical trial inclusion criteria.

Four formularies specified that Lupkynis cannot be used in combination with cyclophosphamide (Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX) or Benlysta (Horizon BlueCross BlueShield of NJ HIX, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX). This meets our criteria because it is in line with the label's limitations of use.

Seven formularies listed Lupkynis as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, OptumRx Premium, Cigna Standard Three Tier, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX). These formularies were not assessed on these criteria for Lupkynis.

Provider Qualifications

Two formularies (Kaiser Permanente California HIX, VHA National Formulary) did not mention requiring specialist prescribing or consultation. This meets our provider qualifications criteria.

Ten formularies required prescribing by or in consultation with a specialist (Express Scripts High Performance, Express Scripts National Preferred, Florida Blue Care Choices HIX, Horizon BlueCross BlueShield of NJ HIX, OptumRx Select Standard, Quartz Health Solutions Standard Choice Four Tier, UnitedHealthcare Advantage 3 Tier, UnitedHealthcare Flex Access 4 Tier, UnitedHealthcare MA 3 Tier HIX, Cigna National Preferred). This meets our criteria because specialist clinician diagnosis/monitoring is appropriate for this condition.

Seven formularies listed Lupkynis as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, OptumRx Premium, Cigna Standard Three Tier, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX). These formularies were not assessed on these criteria for Lupkynis.

Step Therapy

Step therapy was not required by any formulary. This meets our criteria for step therapy because it is in line with the FDA label.

Seven formularies listed Lupkynis as non-formulary (CVS Caremark Performance Standard Control w/Advanced Specialty Control, CVS Aetna Standard Opt Out with ACSF, OptumRx Premium, Cigna Standard Three Tier, HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX, CVS Aetna Health Exchange Plan Innovation Health, Cambia BridgeSpan Metallic Formulary HIX). These formularies were not assessed on these criteria for Lupkynis.

Table B18.2. Lupkynis Step Therapy by Formulary

Formulary and Benefit Plan Type	Steps	Details	Step Therapy Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	0	No steps	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	0	No steps	N/A
Express Scripts National Preferred Pharmacy Medical	0	No steps	Y Y
Express Scripts High Performance Pharmacy Medical	0	No steps	Y Y
UnitedHealthcare Advantage 3 Tier Pharmacy	0	No steps	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	0	No steps	Y
OptumRx Select Standard Pharmacy	0	No steps	Y
OptumRx Premium Pharmacy	0	No steps	N/A
Cigna Standard Three Tier Pharmacy	0	No steps	N/A
Cigna National Preferred Pharmacy	0	No steps	Y
VHA National Formulary Pharmacy	N/A	N/A	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	0	No steps	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	0	No steps	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	0	No steps	N/A
Quartz Health Solutions Standard Choice Four Tier Pharmacy	0	No steps	Y
Florida Blue Care Choices HIX Pharmacy	0	No steps	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	0	No steps	N/A
Kaiser Permanente California HIX Pharmacy	N/A	N/A	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	0	No steps	N/A

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

B18.5. Summary of Findings

Table B18.3. Lupkynis Fair Access Criteria by Formulary

Formulary and Benefit Plan Type	Cost-Sharing Criteria Met?	Clinical Eligibility Criteria Met?	Step Therapy Criteria Met?	Provider Qualifications Criteria Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control Pharmacy	N/A	N/A	N/A	N/A
CVS Aetna Standard Opt Out with ACSF Pharmacy	N/A	N/A	N/A	N/A
Express Scripts National Preferred Pharmacy	N/A	Y	Y	Y
Express Scripts National Preferred Medical	N/A	Y	Y	Y
Express Scripts High Performance Pharmacy	N/A	Y	Y	Y
Express Scripts High Performance Medical	N/A	Y	Y	Y
UnitedHealthcare Advantage 3 Tier Pharmacy	N/A	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier Pharmacy	N/A	Y	Y	Y
OptumRx Select Standard Pharmacy	N/A	Y	Y	Y
OptumRx Premium Pharmacy	N/A	N/A	N/A	N/A
Cigna Standard Three Tier Pharmacy	N/A	N/A	N/A	N/A
Cigna National Preferred Pharmacy	N/A	Y	Y	Y
VHA National Formulary Pharmacy	N/A	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX Pharmacy	N/A	N	Y	Y
UnitedHealthcare MA 3 Tier HIX Pharmacy	N/A	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX Pharmacy	N/A	N/A	N/A	N/A
Quartz Health Solutions Standard Choice Four Tier Pharmacy	N/A	Y	Y	Y
Florida Blue Care Choices HIX Pharmacy	N/A	N	Y	Y
CVS Aetna Health Exchange Plan Innovation Health Pharmacy	N/A	N/A	N/A	N/A
Kaiser Permanente California HIX Pharmacy	N/A	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX Pharmacy	N/A	N/A	N/A	N/A

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

B19. Supplemental Fair Access Criteria Concordance Ratings

Table B19. Fair Access Criteria Concordance by Drug and Formulary

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
Abecma					
CVS Aetna Health Exchange Plan Innovation Health	Medical	Not Applicable	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF	Medical	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Medical	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Medical	Not Applicable	Y	Y	Y
Cigna National Preferred	Medical	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florida Blue Care Choices HIX	Medical	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Medical	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Medical	Not Applicable	Y	Y	Y
OptumRx Premium	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OptumRx Select Standard	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Quartz Health Solutions Standard Choice Four Tier	Medical	Not Applicable	Not Applicable	Y	Y
UnitedHealthcare Advantage 3 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Medical	Not Applicable	Y	Y	Y
VHA National Formulary	Medical	Not Applicable	Y	Y	Y
Adbry					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Not Applicable	N	Y	Y
Cigna Standard Three Tier	Pharmacy	Not Applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Pharmacy	Not Applicable	N	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	N	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Benlysta					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	N	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	N	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	N	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Y	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Y	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	N	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	N	Y	Y	Y
Express Scripts High Performance	Pharmacy	Y	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Y	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	N	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Y	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	N	Y	Y	Y
OptumRx Premium	Pharmacy	N	Y	Y	Y
OptumRx Select Standard	Pharmacy	N	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	N	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Pharmacy	Y	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Y	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Y	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
VHA National Formulary	Pharmacy	Y	Y	Y	Y
Camzyos					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Not applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Y
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Carvykti					
CVS Aetna Health Exchange Plan Innovation Health	Medical	Not Applicable	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF	Medical	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Medical	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Medical	Not Applicable	Y	Y	Y
Cigna National Preferred	Medical	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florida Blue Care Choices HIX	Medical	Not Applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
Horizon BlueCross BlueShield of NJ HIX	Medical	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Medical	Not Applicable	Y	Y	Y
OptumRx Premium	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OptumRx Select Standard	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Quartz Health Solutions Standard Choice Four Tier	Not Covered	Not Applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare Advantage 3 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Medical	Not Applicable	Y	Y	Y
VHA National Formulary	Medical	Not Applicable	Y	Y	Y
Cibinqo					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Cinryze					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Medical	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Medical	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Medical	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Medical	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Not Applicable	Y	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Haegarda					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Y	Y	Y
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Not Applicable	Y	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Leqvio					
CVS Aetna Health Exchange Plan Innovation Health	Medical	Not Applicable	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF	Medical	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Medical	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Medical	Not Applicable	Y	Y	Y
Cigna National Preferred	Medical	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not applicable	Not applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florida Blue Care Choices HIX	Medical	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Medical	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Medical	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Medical	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Lupkynis					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Nexletol					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Not applicable	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Not applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Pharmacy	Not applicable	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	Not applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
VHA National Formulary	Pharmacy	Not applicable	Y	Y	Y
Nexlizet					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	N	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Y	Not Applicable	Not Applicable	Not Applicable
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Y	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	N	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Y	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Y	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Y	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Pharmacy	N	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Pharmacy	Y	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Y	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	N	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	Y	Y	Y	Y
OptumRx Premium	Pharmacy	Y	Y	Y	Y
OptumRx Select Standard	Pharmacy	Y	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Y	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Y	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Y	Y	Y	Y
VHA National Formulary	Pharmacy	Y	Y	Y	Y
Opzelura					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Removed†	Removed†	Removed†	Removed†	Removed†
Rinvoq					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Y	Y	Y
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Soliris					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Medical	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Medical	Not Applicable	Y	N	Y
Cigna National Preferred	Medical	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Medical	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Medical	Not Applicable	Y	Y	Y
Florida Blue Care Choices HIX	Medical	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Medical	Not Applicable	Y	N	Y
Kaiser Permanente California HIX	Medical	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Medical	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Takhzyro					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Pharmacy	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Y	Y	Y
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Florida Blue Care Choices HIX	Pharmacy	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
Quartz Health Solutions Standard Choice Four Tier	Pharmacy	Not Applicable	Not Applicable	Y	Not Applicable
UnitedHealthcare Advantage 3 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Pharmacy	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Pharmacy	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Tezspire					
CVS Aetna Health Exchange Plan Innovation Health	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CVS Aetna Standard Opt Out with ACSF	Pharmacy	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Medical	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Cigna National Preferred	Pharmacy	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Pharmacy	Not Applicable	Y	Y	Y
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts High Performance	Pharmacy	Not Applicable	Y	Y	Y
Express Scripts National Preferred	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florida Blue Care Choices HIX	Medical	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Kaiser Permanente California HIX	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Medical	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y
Vyvgart					
CVS Aetna Health Exchange Plan Innovation Health	Medical	Not Applicable	Y	Y	Y
CVS Aetna Standard Opt Out with ACSF	Medical	Not Applicable	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	Medical	Not Applicable	Y	Y	Y
Cambia BridgeSpan Metallic Formulary HIX	Medical	Not Applicable	Y	N	Y
Cigna National Preferred	Medical	Not Applicable	Y	Y	Y
Cigna Standard Three Tier	Medical	Not Applicable	Y	Y	Y

Drug and Formulary	Consolidated Benefit Plan Type*	Cost Sharing Met?	Clinical Eligibility Met?	Step Therapy Met?	Prescriber Requirements Met?
CVS Caremark Performance Standard Control w/Advanced Specialty Control	Pharmacy	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts High Performance	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Express Scripts National Preferred	Medical	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florida Blue Care Choices HIX	Medical	Not Applicable	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	Medical	Not Applicable	Y	Y	Y
Kaiser Permanente California HIX	Medical	Not Applicable	Y	Y	Y
OptumRx Premium	Pharmacy	Not Applicable	Y	Y	Y
OptumRx Select Standard	Pharmacy	Not Applicable	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Advantage 3 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Medical	Not Applicable	Y	Y	Y
UnitedHealthcare MA 3 Tier HIX	Medical	Not Applicable	Y	Y	Y
VHA National Formulary	Pharmacy	Not Applicable	Y	Y	Y

N: no, Y: yes

*Describes the benefit plan type that is used for the analyses in the report.

† VHA has no national criteria for ruxolitinib cream (decisions about coverage and access are determined by local jurisdictions); therefore, this drug was removed from the analysis.

B20. Supplemental Tables for Exploratory Transparency Analyses

Table B20.1. Results of Exploratory Transparency Analysis for Nexletol

Formulary	Plan Type	Transparency of Cost Sharing / Tier Info	Transparency of Copay Adjustment Programs	Transparency of Clinical Criteria	Transparency of Continuation of Therapy
CVS Aetna Standard Opt Out with ACSF	Commercial	Y	N	N	N
UnitedHealthcare Advantage 3 Tier	Commercial	Y	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Commercial	Y	Y	Y	Y
Cigna Standard Three Tier	Commercial	Y	N	Y	N
Cigna National Preferred	Commercial	Y	N	Y	N
VHA National Formulary	Federal	Y	N	N	N
UnitedHealthcare MA 3 Tier HIX	State Exchange (MA)	Y	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	State Exchange (NJ)	Y	N	N	N
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	State Exchange (IL)	Y	Y	Y	N
Quartz Health Solutions Standard Choice Four Tier	State Exchange (IL)	NF	Y	N/A	N
Florida Blue Care Choices HIX	State Exchange (FL)	Y	Y	Y	N
CVS Aetna Health Exchange Plan Innovation Health	State Exchange (VA)	NF	N	N/A	Y
Kaiser Permanente California HIX	State Exchange (CA)	NF	Y	N/A	N
Cambia BridgeSpan Metallic Formulary HIX	State Exchange (UT)	NF	Y	N/A	Y

CA: California, FL: Florida, IL: Illinois, MA: Massachusetts, N: no, N/A: not applicable, NF: non-formulary, NJ: New Jersey, UT: Utah, VA: Virginia, Y: Yes

Table B20.2. Results of Exploratory Transparency Analysis for Rinvoq

Formulary	Plan Type	Transparency of Cost Sharing / Tier Info	Transparency of Copay Adjustment Programs	Transparency of Clinical Criteria	Transparency of Continuation of Therapy
CVS Aetna Standard Opt Out with ACSF	Commercial	Y	N	Y	Y
UnitedHealthcare Advantage 3 Tier	Commercial	Y	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Commercial	Y	Y	Y	Y
Cigna Standard Three Tier	Commercial	Y	N	Y	N
Cigna National Preferred	Commercial	Y	N	Y	N
VHA National Formulary	Federal	Y	N	Y	N
UnitedHealthcare MA 3 Tier HIX	State Exchange (MA)	Y	Y	Y	Y
Horizon BlueCross BlueShield of NJ HIX	State Exchange (NJ)	Y	N	N	N
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	State Exchange (IL)	Y	Y	Y	Y
Quartz Health Solutions Standard Choice Four Tier	State Exchange (IL)	Y	Y	Y	Y
Florida Blue Care Choices HIX	State Exchange (FL)	Y	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health	State Exchange (VA)	Y	N	Y	Y
Kaiser Permanente California HIX	State Exchange (CA)	NF	Y	N/A	N
Cambia BridgeSpan Metallic Formulary HIX	State Exchange (UT)	Y	Y	Y	Y

CA: California, FL: Florida, IL: Illinois, MA: Massachusetts, N: no, N/A: not applicable, NF: non-formulary, NJ: New Jersey, UT: Utah, VA: Virginia, Y: Yes

Table B20.3. Results of Exploratory Transparency Analysis for Vyvgart

Formulary	Plan Type	Transparency of Cost Sharing/Tier Info	Transparency of Copay Adjustment Programs	Transparency of Clinical Criteria	Transparency of Continuation of Therapy
CVS Aetna Standard Opt Out with ACSF	Commercial	N/A (Medical Benefit)	N	Y	Y
UnitedHealthcare Advantage 3 Tier	Commercial	N/A (Medical Benefit)	Y	Y	Y
UnitedHealthcare Flex Access 4 Tier	Commercial	N/A (Medical Benefit)	Y	Y	Y
Cigna National Preferred	Commercial	N/A (Medical Benefit)	N	Y	N
Cigna Standard Three Tier	Commercial	N/A (Medical Benefit), Y (Pharmacy Benefit)	N	Y	N
VHA National Formulary	Federal	Y	N	Y	N
Horizon BlueCross BlueShield of NJ HIX	State Exchange (NJ)	N/A (Medical Benefit)	N	Y	Y
UnitedHealthcare MA 3 Tier HIX	State Exchange (MA)	N/A (Medical Benefit)	Y	Y	Y
HCSC Blue Cross Blue Shield of Illinois Marketplace 6 Tier HMO-HIX	State Exchange (IL)	N/A (Medical Benefit)	Y	Y	N
Quartz Health Solutions Standard Choice Four Tier	State Exchange (IL)	N/A (Medical Benefit)	Y	Y	Y
Florida Blue Care Choices HIX	State Exchange (FL)	N/A (Medical Benefit)	Y	Y	Y
CVS Aetna Health Exchange Plan Innovation Health	State Exchange (VA)	N/A (Medical Benefit)	N	Y	Y
Kaiser Permanente California HIX	State Exchange (CA)	Y	Y	N	N
Cambia BridgeSpan Metallic Formulary HIX	State Exchange (UT)	N/A (Medical Benefit)	Y	Y	Y

CA: California, FL: Florida, IL: Illinois, MA: Massachusetts, N: no, N/A: not applicable, NF: non-formulary, NJ: New Jersey, UT: Utah, VA: Virginia, Y: Yes