



# Apple Health Policy

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# Cardiovascular Agents – valsartan-sacubitril (Entresto®)

## INCLUSION CRITERIA

- History of **ONE** of the following (a or b):
  - a. Patient is currently on therapy or initiated during an inpatient stay
  - b. Patient has **ALL** of the following:
    - Diagnosis of heart failure classified as New York Heart Association Class II, III, or IV
    - Ejection fraction is less than or equal to 40%, And;
- History of trial, contraindication, or intolerance due to adverse reactions to the following first-line agents, used in combination, unless clinically inappropriate:
  - ACE or ARB
  - Beta-blocker

# Cardiovascular Agents – valsartan-sacubitril (Entresto®)

## INCLUSION CRITERIA

- Avoid concomitant use of an ACE inhibitor with exception of period of titration.
- Avoid concomitant use with aliskiren in patients with diabetes

## EXCLUSION CRITERIA

- History of angioedema

## QUANTITY LIMIT

- 2 tablets per day
- #60 tablets per 30-day supply



# Cardiovascular Agents – valsartan-sacubitril (Entresto®)

Motion:

“I move that the Apple Health Medicaid Program implement the limitations for Entresto® as listed on slides 2-3.”

Motion: Figueroa

2<sup>nd</sup>: Storhaug



# Ophthalmic Immunomodulators – lifitegrast 5% ophthalmic solution (Xiidra™)

## INCLUSION CRITERIA

- Diagnosis of chronic dry eye disease (DED)
- Documentation is provided indicating an abnormal result or response to one or more of the following dry eye disease diagnostic/assessment methods:
  - Tear break-up time (less than 10 seconds)
  - Ocular surface dye staining using fluorescein, rose bengal, or lissamine green dyes
  - Schirmer test (aqueous tear production of less than or equal to 10 mm of strip wetting in 5 minutes)
  - Fluorescein clearance test/tear function index
  - Tear osmolarity (indicating tear film instability)
  - Tear lactoferrin concentrations in the lacrimal gland (decreased)

# Ophthalmic Immunomodulators – lifitegrast 5% ophthalmic solution (Xiidra™)

## **INCLUSION CRITERIA CONTINUED**

- History of failure, contraindication or intolerance to cyclosporine 0.05% ophthalmic emulsion (RESTASIS®) for at least 28-days
- Greater than or equal to ( $\geq$ ) 17 years of age

## **EXCLUSION CRITERIA**

- Concomitant use with cyclosporine 0.05% ophthalmic emulsion (RESTASIS®)

## **QUANTITY LIMIT**

- #60 single-use vials per 30-days supply



# Ophthalmic Immunomodulators – lifitegrast 5% ophthalmic solution (Xiidra™)

Motion:

“I move that the Apple Health Medicaid Program implement the limitations for Xiidra™ as listed on slides 5-6.”

Motion: Chew

2<sup>nd</sup>: Figueroa



# Pulmonary Fibrosis Agents

## INCLUSION CRITERIA

- Diagnosis of idiopathic pulmonary fibrosis confirmed by at least **ONE** of the following:
  - The presence of usual interstitial pneumonia (UIP) on high-resolution computed tomography (HRCT)
  - Surgical lung biopsy
- Prescribed by or in consultation by a specialist in pulmonology

## EXCLUSION CRITERIA

- Use of nintedanib and pirfenidone in combination





# Pulmonary Fibrosis Agents

Motion:

“I move that the Apple Health Medicaid Program implement the limitations for the Pulmonary Fibrosis Agents as listed on slide 8.”

Motion: Figueroa

2<sup>nd</sup>: Storhaug



# Agents for Sickle Cell Anemia – L-glutamine (Endari™)

## INCLUSION CRITERIA

- Diagnosis of sickle cell disease
- Greater than or equal to 2 painful sickle cell episode in past 12 months
- Greater than or equal to 5 years of age
- History of **ONE** of the following:
  - Stabilized on hydroxyurea for at least 3 months and to be continued concurrently with Endari™
  - Documentation of contraindication or intolerance due to adverse reaction to hydroxyurea
- Prescribed by or in consultation with hematologist or specialist with expertise in treatment of sickle cell disease

# Agents for Sickle Cell Anemia – L-glutamine (Endari™)

Motion:

“I move that the Apple Health Medicaid Program implement the limitations for Endari™ as listed on slide 10.”

Motion: Flatebo

2<sup>nd</sup>: Figueroa

