Mass General Brigham
Health Plan

Ukoniq ® (umbralisib)
Effective 11/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Ukoniq is indicated for the treatment of adult patients with relapsed or refractory marginal zone lymphoma (MZL) who have received at least one prior anti-CD20-based regimen. Ukoniq is also indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) who have received at least three prior lines of systemic therapy.

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with Ukoniq excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member meets ONE of the following
    a. Treatment of relapsed or refractory MZL in members who have received at least one prior anti CD20 based regimen when the requested medication is used as a single agent.
    b. Treatment of relapsed or refractory FL in members who have received at least 3 lines of systemic therapy when the requested medication is used as a single agent.
2. Physician specialty is oncology or hematology, or medication is being used in consultation with an oncologist/hematologist.

<u>Continuation of Therapy</u>
Reauthorization will be granted if member has not demonstrated evidence of unacceptable toxicity or disease progression while on the current regimen.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Ukoniq 42mg	120 tablets per 30 days

References

1. Ukoniq [package insert]. Edison, NJ: TG Therapeutics, Inc.; February 2021.

Review History

09/22/2021 – Created and Reviewed for Sept P&T. Effective 11/01/2021

References

Opdualag [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2022.