

Ukoniq® (umbralisib)
Effective 11/01/2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
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 AllWays Health Partners 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.

Continuation of Therapy

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
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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

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.