

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	Medical Benefit	Medicare Part B	Reference #
Preferred Drug Plan Design (PDPD)	Marketplace (MF)	SF Chart (SFC)	Medical Benefit: Biosimilars First	Medicare Part B: Advanced Biosimilars First	5280-D
Advanced Control Specialty (ACSF)	New to Market (NTM)	VF Chart (VFC)	Medical Benefit: Add-on		
Value (VF)	Aetna Health Exchange (AHE)		Medical Benefit: Managed Medicaid		
	IVL				

EXCEPTIONS CRITERIA

Colony Stimulating Factors – Long Acting

PREFERRED PRODUCTS: FULPHILA, ZIEXTENZO

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the long acting colony stimulating factor products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Colony Stimulating Factors – Long Acting

	Product(s)
Preferred*	<ul style="list-style-type: none"> Fulphila (pegfilgrastim-jmdb) Ziextenzo (pegfilgrastim-bmez)
Targeted	<ul style="list-style-type: none"> Fylnetra (pegfilgrastim-pbbk) Neulasta (including Onpro kit) (pegfilgrastim) Nyvepria (pegfilgrastim-apgf) Rolvedon (eflapegrastim-xnst) Stimufend (pegfilgrastim-fpgk) Udenyca (pegfilgrastim-cbqv)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Coverage for the targeted products is provided when the member meets one of the following criteria:

- Member has had a documented intolerable adverse event to both of the preferred products, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference products and biosimilar products).
- Member has received treatment with the requested targeted product in the past 365 days.

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	Advanced Control Specialty (ACSF)		New to Market (NTM)		VF Chart (VFC)		Medical Benefit: Add-on			
	Value (VF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid			
			IVL							

REFERENCES

1. Neulasta [package insert]. Thousand Oaks, CA: Amgen, Inc.; February 2021.
2. Fulphila [package insert]. Cambridge, MA: Biocon Biologics Inc.; June 2023.
3. Fylnetra [package insert]. Piscataway, NJ: Kashiv BioSciences, LLC; May 2022.
4. Nyvepria [package insert]. Lake Forest, IL: Hospira, Inc.; March 2023.
5. Rolvedon [package insert]. Irvine, CA: Spectrum Pharmaceuticals, Inc.; June 2023.
6. Stimufend [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC; September 2023.
7. Udenyca [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; December 2023.
8. Ziextenzo [package insert]. Princeton, NJ: Sandoz Inc.; February 2024.