This policy applies to the following:

<u></u>	This policy applies to the following.						
	Standard Control	Managed Medicaid	ACSF Chart	Medical Benefit		Medicare Part B	
	(SF)	Template (MMT)	(ACSFC)				
	Preferred Drug Plan	Marketplace	SF Chart	Medical Benefit:		Medicare Part B:	
	Design (PDPD)	(MF)	(SFC)	Biosimilars First	✓	Advanced	
						Biosimilars First	
	Advanced Control	New to Market	VF Chart	Medical Benefit:			
	Specialty (ACSF)	(NTM)	(VFC)	Add-on			
	Value (VF)	Aetna Health		Medical Benefit:			
		Exchange (AHE)		Managed Medicaid			
		IVL					

Reference #			
5280-D			

# **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*	Fulphila (pegfilgrastim-jmdb)	
	Ziextenzo (pegfilgrastim-bmez)	
Targeted	Fylnetra (pegfilgrastim-pbbk)	
	Neulasta (including Onpro kit) (pegfilgrastim)	
	Nyvepria (pegfilgrastim-apgf)	
	Rolvedon (eflapegrastim-xnst)	
	Stimufend (pegfilgrastim-fpgk)	
	Udenyca (pegfilgrastim-cbqv)	

<sup>\*:</sup> 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:

- A. 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).
- B. Member has received treatment with the requested targeted product in the past 365 days.

Colony Stimulating Factors (CSF)-Long Acting

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This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	Medical Benefit		Medicare Part B
Preferred Drug Plan Design (PDPD)	Marketplace (MF)	SF Chart (SFC)	Medical Benefit: Biosimilars First	<b>~</b>	Medicare Part B: Advanced Biosimilars First
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				

Reference #
5280-D

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