

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	5858-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 MITOTIC INHIBITORS

### PREFERRED PRODUCTS: DOCETAXEL AND PACLITAXEL

#### 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 Mitotic Inhibitor products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product 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. Mitotic Inhibitors**

	Product(s)
<b>Preferred*</b>	<ul style="list-style-type: none"> <li><b>docetaxel</b> (generic)</li> <li><b>paclitaxel</b> (generic)</li> </ul>
<b>Targeted</b>	<ul style="list-style-type: none"> <li><b>Abraxane</b> (paclitaxel, albumin-bound)</li> </ul>

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

#### II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when any of the following criteria are met:

- Member has received treatment with the targeted product in the past 365 days.
- Member has a documented inadequate response or intolerable adverse event with either of the preferred products, docetaxel or paclitaxel.
- Member has a documented clinical reason to avoid all of the preferred products.

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	Value (VF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid		
			IVL						

Reference #
5858-D

## REFERENCES

1. Abraxane [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; October 2022.
2. docetaxel [package insert]. E. Windsor, NJ: AuroMedics Pharma LLC; February 2021.
3. paclitaxel [package insert]. Piscataway, NJ: Novadoz Pharmaceuticals LLC; August 2020.