Policy Title:	Medically Administered Step Therapy Policy		
		Department:	PHA
Effective Date:	10/01/2020		
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Purpose: To support the use of preferred products that are safe and effective.

Scope: Medicaid and Commercial

Policy Statement:

The Medically Administered Step Therapy Policy will provide coverage of preferred medications when it is determined to be medically necessary and is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:

Coverage of Medically administered drugs will be reviewed prospectively via the prior authorization process based on criteria below.

Medications that Require Step Therapy	Preferred Medication(s)	Class of Medication
Acthar Gel	Infantile Spasms (West Syndrome); Trial of Cortrophin Gel	Adrenocorticotropin Stimulating Hormone
Aralast or Glassia	Emphysema due to alpha-1-antitrypsin (AAT) deficiency: *For Commercial members ONLY:* Documented failure, intolerance, or contraindication to Prolastin or Zemaira	Alpha-1-Proteinase Inhibitors
Duopa	Trial of all of the following - oral levodopa/carbidopa, a dopamine agonist, a catechol-O-methyl transferase (COMT) inhibitor OR a monoamine oxidase B (MAO)-B inhibitor	Anti- Parkinson Agent

Linezolid: J2021	All indications: Trial and failure or contraindication to linezolid J2020	Antibiotic
Meropenem: J2184	All indications: Trial and failure or contraindication to meropenem J2183 and J2185	Antibiotic
Vancomycin: J3372	All indications: Trial and failure or contraindication to vancomycin J3371 and J3370	Antibiotic
Xenleta	Trial of alternative antibiotic to which the organism is susceptible (i.e., moxifloxacin, levofloxacin, beta-lactam + macrolide, beta-lactam + doxycycline, etc.)	Antibiotic
Heparin: J1643	All indications: Trial and failure or contraindication to heparin J1644	Anticoagulant Agent
Alhemo	Hemophilia A without inhibitors: has had a trial of Hemlibra and had previous prophylaxis therapy with an antihemophilic Factor VIII agent product (e.g., Advate, Koate/Koate DVI, Hemofil, etc.) Hemophilia A with inhibitors: has had a trial of Hemlibra and has had previous prophylaxis therapy with an antihemophilic Factor VIII agent product (e.g., Advate, Koate/Koate DVI, Hemofil, etc. with bypassing agent [i.e., Novoseven, FEIBA, etc.]) Hemophilia B without inhibitors: has had a trial of Factor IX agent (e.g., Benefit, Alprolix, Idelvion, Rebinyn, etc.) prophylaxis Hemophilia B with inhibitors: has had a trial of Factor IX agent (e.g., Benefit, Alprolix, Idelvion, Rebinyn, etc. with bypassing agents, [i.e., Novoseven, FEIBA, etc.])	Antihemophilic Agent
Alphanate, Humate-P, Wilate	von Willebrand disease (mild or moderate): Trial of desmopressin	Antihemophilic Agent
Feiba	Hemophilia A: Has had a trial of Hemlibra	Antihemophilic Agent
Hemlibra	Hemophilia A (congenital factor VIII deficiency) with inhibitors: Trial of one of the following bypassing agents - NovoSeven, FEIBA Hemophilia A (congenital factor VIII deficiency) without inhibitors: Member is not a suitable candidate for treatment with a shorter half-life Factor VIII (recombinant) products at a total weekly dose of 100 IU/kg or less	Antihemophilic Agent

Hympavzi	Hemophilia A (congenital factor VIII deficiency) without inhibitors: trial of a factor VIII product (e.g., Advate, Koate/Koate DVI, Hemofil, etc.) and Hemlibra Hemophilia B (congenital factor IX deficiency) without inhibitors: trial of a factor IX product (e.g., Benefix, Rixubis, Alphanine, etc.)	Antihemophilic Agent
Novoseven RT	Hemophilia A: Has had a trial of Hemlibra	Antihemophilic Agent
Qfitlia	Hemophilia A: has had a trial of at least one factor VIII product (e.g., Advate, Koate/Koate DVI, Hemofil, etc. with or without bypassing agent) AND Hemlibra AND one of the following: Alhemo, or Hympavzi Hemophilia B: has had a trial of of at least one factor IX product (e.g., BeneFIX, Alprolix, Idelvion, Rebinyn, etc. with or without bypassing agent [i.e., Novoseven, FEIBA, etc.]) AND Hemlibra AND Alhemo	Antihemophilic Agent
Vonvendi	von Willebrand disease (mild or moderate): Trial of desmopressin	Antihemophilic Agent
Labetalol: J1921	All indications: Trial and failure or contraindication to labetalol J1920	Antihypertensive Agent
Vyepti	Chronic Migraines: Trial of two oral medications from two different classes of drugs for the prevention of migraines AND trial of at least 12 weeks of two calcitonin gene-related peptide (CGRP) antagonists (e.g., erenumab, galcanezumab, fremanezumab, etc.) AND two quarterly injections botulinum toxin Episodic migraines: Trial of two oral medications from two different classes of drugs for the prevention of migraines AND trial of at least 12 weeks of two calcitonin gene-related peptide (CGRP) antagonists (e.g., erenumab, galcanezumab, fremanezumab, etc.)	Anti-migraine Agent
Bortezomib: J9048, J9046	All indications: Trial and failure or contraindication to bortezomib J9049, J9051, and J9041	Antineoplastic Agent
Carmustine: J9052	All indications: Trial and failure or contraindication to carmustine J9050	Antineoplastic Agent

Cyclophosphamide: J9074	All indications: Trial and failure or contraindication to cyclophosphamide J9073, J9071, and J9075	Antineoplastic Agent
Fulvestrant: J9394, J9393	All indications: Trial and failure or contraindication to fulvestrant J9395	Antineoplastic Agent
Paclitaxel: J9259	All indications: Trial and failure or contraindication to paclitaxel J9264	Antineoplastic Agent
Pemetrexed: J9304, J9324	All indications: Trial and failure or contraindication to pemetrexed J9296, J9294, J9297, J9314, J9323, and J9305	Antineoplastic Agent
Amvuttra	Cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM): Trial of a transthyretin (TTR) stabilizer (e.g., acoramidis (Attruby) or tafamidis (Vyndaqel/Vyndamax)	Anti-Transthyretin small interfering RNA (siRNA)
Onpattro	Cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) and polyneuropathy of hereditary transthyretin-mediated amyloidosis (ATTR-PN) if Onpattro in used in in combination with a TTR-stabilizer: Trial of Amvuttra (vutrisiran)	Anti-Transthyretin small interfering RNA (siRNA)
Ganciclovir: J1574	All indications: Trial and failure or contraindication to ganciclovir J1570	Antiviral Agent
Actemra, Tofidence	Rheumatoid Arthritis: Trial of one oral DMARD such as methotrexate, azathioprine, hydroxychloroquine, sulfasalazine, leflunomide, etc.; AND at least a 3-month trial of adalimumab at maximum tolerated doses Juvenile Idiopathic Arthritis: Trial of an oral NSAID or systemic glucocorticoid (e.g., prednisone, methylprednisolone) AND at least a 3-month trial of adalimumab at maximum tolerated doses Management of Immune Checkpoint Inhibitor related Inflammatory Arthritis: Trial of corticosteroids Giant Cell Arteritis (GCA): Trial of glucocorticoid therapy All indications: trial of at least a 3-month trial of Tyenne (tocilizumab-aazg)	Autoimmune
Tyenne	Rheumatoid Arthritis: Trial of one oral DMARD such as methotrexate, azathioprine, hydroxychloroquine,	Autoimmune

	penicillamine, sulfasalazine, leflunomide, etc.; AND at least a 3-month trial of adalimumab at maximum tolerated doses Juvenile Idiopathic Arthritis: Trial of one NSAID or systemic glucocorticoid (e.g., prednisone, methylprednisolone) AND at least a 3-month trial of adalimumab at maximum tolerated doses Management of Immune Checkpoint Inhibitor related Inflammatory Arthritis: Trial of corticosteroids Giant Cell Arteritis: Trial of glucocorticoid therapy	
Cimzia	Rheumatoid Arthritis: Trial of one oral DMARD such as methotrexate, azathioprine, hydroxychloroquine, sulfasalazine, leflunomide, etc. AND at least a 3-month trial of adalimumab at maximum tolerated doses Ankylosing spondylitis and non-radiographic axial spondyloarthritis: Trial of at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) AND at least a 3-month trial of adalimumab at maximum tolerated doses Crohn's Disease: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses. Plaque Psoriasis: Inadequate response to topical agents; inadequate response to at least one non-biologic systemic agent; AND at least a 3-month trial of adalimumab at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses. Psoriatic Arthritis: - Predominantly axial disease: trial and failure of an NSAID - Peripheral arthritis or active enthesitis disease: trial of oral DMARD, such as methotrexate, azathioprine, sulfasalazine, hydroxychloroquine, etc. - At least a 3-month trial of adalimumab at maximum tolerated doses	Autoimmune

	- At least a 6-month trial of ustekinumab at maximum tolerated doses.	
Cosentyx	Psoriatic Arthritis: - Predominantly axial disease: trial and failure of an NSAID - Peripheral arthritis, dactylitis or active enthesitis disease: trial of an oral DMARD such as methotrexate, azathioprine, sulfasalazine, hydroxychloroquine, etc - At least a 3-month trial of adalimumab at maximum tolerated doses - At least a 6-month trial of ustekinumab at maximum tolerated doses. Ankylosing spondylitis and non-radiographic axial spondyloarthritis: Trial of at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) AND at least a 3-month trial of adalimumab at maximum tolerated doses	Autoimmune
Entyvio	Crohn's Disease: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses. Trial of one of the following for Commercial members only - corticosteroids, 6-mercaptopurine, methotrexate, or azathioprine OR at least a 3-month trial of a TNF modifier, such as adalimumab, certolizumab, or infliximab at maximum tolerated doses for Commercial members Ulcerative Colitis: Trial of at least a 3-month trial of infliximab IV at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses for biologic experienced members	Autoimmune
Ilaris	Still's Disease and Systemic Juvenile Idiopathic Arthritis: Trial of one oral NSAID OR systemic glucocorticoid (e.g., prednisone, methylprednisolone) Familial Mediterranean Fever: Colchicine Gout Flare: NSAID and colchicine	Autoimmune
Ilumya	Plaque psoriasis: Trial of one of the following - methotrexate, cyclosporine, or acitretin; AND at least a 3-month trial of adalimumab at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses	Autoimmune
Omvoh	Ulcerative Colitis or Crohn's disease: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum	Autoimmune

	tolerated AND at least a 6-month trial of ustekinumab at maximum tolerated doses	
Orencia	Rheumatoid Arthritis: Trial of one oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, hydroxychloroquine, sulfasalazine, or leflunomide AND at least a 3-month trial of adalimumab at maximum tolerated doses Polyarticular juvenile idiopathic arthritis: Trial of oral non-steroidal anti-inflammatory drugs (NSAIDs) OR an oral disease-modifying anti-rheumatic agent (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, etc.) AND at least a 3-month trial of adalimumab at maximum tolerated doses Psoriatic Arthritis: For members with predominantly axial disease OR active enthesitis and/or dactylitis, an adequate trial and failure of at least one non-steroidal anti-inflammatory agents (NSAIDs); OR for members with peripheral arthritis, a trial and failure of at least a 3 month trial of one oral disease-modifying anti-rheumatic drug (DMARD) such as methotrexate, azathioprine, sulfasalazine, or hydroxychloroquine; AND at least a 3-month trial of adalimumab at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses Chronic Graft Versus Host Disease: Trial and failure of systemic corticosteroids Management of Immune Checkpoint Inhibitor Related Toxicity: Trial and failure of methylprednisolone	Autoimmune
Remicade or infliximab unbranded	All indications: Trial of Inflectra or Avsola, AND Renflexis	Autoimmune

Remicade or infliximab unbranded, Renflexis,	Rheumatoid Arthritis: Trial of one oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, hydroxychloroquine, sulfasalazine, leflunomide, etc; AND used in combination with methotrexate Psoriatic Arthritis: Trial of one NSAID OR trial of one formulary DMARD such as methotrexate, azathioprine hydroxychloroquine, sulfasalazine, etc; Ankylosing Spondylitis: Trial of two NSAIDs Plaque Psoriasis: Trial of one of the following systemic products - immunosuppressives, retinoic acid derivatives, and/or methotrexate	Autoimmune
Renflexis	All indications: Trial of Inflectra or Avsola	Autoimmune
Infliximab SC products: Zymfentra	Crohn's Disease and Ulcerative Colitis: Trial of at least 10 weeks of IV infliximab therapy	Autoimmune
Simponi Aria	Rheumatoid Arthritis: Trial of one oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, hydroxychloroquine, sulfasalazine, or leflunomide; AND at least a 3-month trial of adalimumab at maximum tolerated doses Psoriatic Arthritis: Trial of one NSAID OR Trial of one formulary DMARD such as methotrexate, azathioprine, hydroxychloroquine, sulfasalazine, or leflunomide; AND at least a 3-month trial of adalimumab at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses Ankylosing Spondylitis: Trial of two NSAIDs AND at least a 3-month trial of adalimumab at maximum tolerated doses Polyarticular Juvenile Idiopathic Arthritis (pJIA): Trial of oral NSAIDs OR Trial of an oral DMARD such as methotrexate, sulfasalazine, or leflunomide; AND at least a 3-month trial of adalimumab at maximum tolerated doses	Autoimmune
Skyrizi IV	Crohn's disease & Ulcerative Colitis: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated doses AND at least a 6-month trial of ustekinumab at maximum tolerated doses	Autoimmune

Ustekinumab IV biosimilar products: Otulfi, Selarsdi, Steqeyma, & Yesintek	Crohn's Disease: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated doses Ulcerative Colitis: Trial of one at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated doses	Autoimmune
Stelara	Crohn's Disease: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated doses AND at least a 6-month trial of one of the following: Otulfi, Selarsdi, Steqeyma, or Yesintek at maximum tolerated doses Ulcerative Colitis: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated AND at least a 6-month trial of one of the following: Otulfi, Selarsdi, Steqeyma, or Yesintek at maximum tolerated doses	Autoimmune
Tremfya IV	Ulcerative Colitis or Crohn's disease: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated AND at least a 6-month trial of ustekinumab at maximum tolerated doses	Autoimmune
Evenity	Osteoporosis: Bisphosphonates (oral and/or IV) such as alendronate, risedronate, ibandronate, or zoledronic acid AND RANKL-blocking agents such as denosumab	Bone Modifying Agent
Prolia	Trial of Zometa/Reclast (zoledronic acid) or Aredia (pamidronate)	Bone Modifying Agent
Xgeva	Trial of Zometa/Reclast or Aredia for all indications except Giant Cell Tumor of Bone	Bone Modifying Agent
Parsabiv	Hyperparathyroidism secondary to chronic kidney disease: Trial of cinacalcet	Calcimimetic
Miacalcin	Hypercalcemic emergency: Trial of cinacalcet Paget's disease: Trial of both of the following - alendronate and pamidronate Postmenopausal osteoporosis: Trial of two of the following - zoledronic acid, alendronate, teriparatide, Prolia (denosumab), Xgeva (denosumab)	Calcitonin
Evkeeza	Homozygous Familial Hypercholesterolemia (HoFH): At least a 3-month trial of adherent therapy with: ezetimibe used in combination with the highest available dose of atorvastatin OR rosuvastatin and tried and failed at least a 3-month trial of adherent therapy with: combination therapy consisting of the highest available dose of atorvastatin OR rosuvastatin, ezetimibe, AND a	Cardiology

	PSCK9 inhibitor indicated for HoFH (e.g., evolocumab, alirocumab)	
Leqvio	Atherosclerotic cardiovascular disease (ASCVD) and : Heterozygous Familial Hypercholesterolemia (HeFH): trial of highest available dose or maximally-tolerated dose***** of high intensity HMG-CoA reductase inhibitors (i.e., 'statin' therapy: atorvastatin 40 mg or 80 mg daily, rosuvastatin 20 mg or 40 mg daily, or simvastatin 80 mg daily); and has been adherent to ezetimibe used concomitantly with a statin at maximally tolerated dose for at least three months, and inadequate treatment response, intolerance or contraindication to treatment with PCSK9 inhibitor therapy for at least 3 months	Cardiology
Abecma	Relapsed/Refractory multiple myeloma: Progressed on 4 or more lines of therapy AND refractory to an immunomodulatory agent (e.g., lenalidomide, thalidomide, pomalidomide), a proteasome inhibitor (e.g., bortezomib, carfilzomib, ixazomib), and an anti-CD38 monoclonal antibody (e.g., daratumumab, isatuximab).	CAR-T Immunotherapy
Kymriah	Pediatric and Young Adult Relapsed or Refractory (r/r) B-cell Acute Lymphoblastic Leukemia (ALL): Member has relapsed/refractory Philadelphia chromosome-negative B-ALL that has progressed after 2 cycles of a standard chemotherapy regimen for initial diagnosis OR after 1 cycle of standard chemotherapy for relapsed leukemia OR member with relapsed/refractory Philadelphia chromosome-positive B-ALL that has progressed after failure of 2 prior regimens, including a TKI-containing regimen Adult Relapsed or Refractory (r/r) Large B-cell Lymphoma: For diffuse large B-cell lymphoma arising from follicular lymphoma, high-grade B- cell lymphoma: Member has previously received at least 2 lines of therapy including rituximab and an anthracycline	CAR-T Immunotherapy
Yescarta	Non-Hodgkin Lymphomas (chemotherapy – refractory disease): trial and failure of two or more lines of systemic chemotherapy OR for DLBCL, failure of 2 or more lines of systemic chemotherapy, including rituximab and an anthracycline Follicular Lymphoma: trial of 2 or more lines of systemic therapies, including the combination of an anti-CD20 monoclonal antibody and an alkylating agent (e.g., R-bendamustine, R-CHOP, R-CVP)	CAR-T Immunotherapy

Amondys 45	All Indications: Trial of corticosteroids	Duchenne Muscular Dystrophy
Exondys 51	All Indications: Trial of corticosteroids	Duchenne Muscular Dystrophy
Viltepso	All Indications: Trial of corticosteroids	Duchenne Muscular Dystrophy
Vyondys 53	All Indications: Trial of corticosteroids and Viltepso	Duchenne Muscular Dystrophy
Elevidys	All Indications: Stable dose of a corticosteroid prior to the start of therapy	Duchenne Muscular Dystrophy
Elelyso, VPRIV	All indications: Trial of Cerezyme	Enzyme Replacement
Nexviazyme	Commercial members ONLY: Trial of Lumizyme for members <30kg that require a dose of 40 mg/kg	Enzyme
Pombiliti and Opfolda	Trial of Lumizyme or Nexviazyme	Enzyme
Fabrazyme & Elfabrio	Failure, intolerance, or contraindication to Galafold (migalastat)	Fabry Disease (alpha-galactosidase A deficiency)
Casgevy	Sickle Cell Disease: Trial of hydroxyurea and formulary add-on therapy (e.g., Adakveo)	Gene Therapy
Lyfgenia	Sickle Cell Disease: Trial of hydroxyurea and formulary add-on therapy (e.g., Adakveo) Member has a contraindication to or is not indicated for treatment with Casgevy (exagamglogene autotemcel)	Gene Therapy
Krystexxa	All indications: Trial of Allopurinol or Probenecid	Gout
Aranesp	All indications: Trial of Retacrit or Procrit	Hematopoetic Agent
Long-Acting Colony Stimulating Factors – Non-Preferred: Fulphila, Nyvepria, Ziextenzo, Fylnetra, Rolvedon, Stimufend (Oncology and Non-Oncology)	All approved indications: Trial of Neulasta, Neulasta Onpro, or Udenyca	Hematopoetic Agent
Mircera	All indications: Trial of Retacrit or Procrit	Hematopoetic Agent
Nplate	Chronic immune (idiopathic) thrombocytopenia: Trial of one of the following – corticosteroids (e.g., prednisone, methylprednisolone) and/or immunoglobulins and/or rituximab	Hematopoetic Agent
Epogen	All indications: Trial of Retacrit or Procrit	Hematopoetic Agent

Short Acting Colony Stimulating Factors: Nivestym, Neupogen, Granix, Releuko (Oncology and Non Oncology)	All indications: Trail of Zarxio	Hematopoetic Agent
Berinert	Trial of high dose antihistamine (e.g., cetirizine) for members with normal C1 inhibitor levels and a family history of angioedema without genetic testing AND a trial of Ruconest	Hereditary Angioedema
Cinryze	All indications: Trial of "on-demand" therapy (i.e., Kalbitor, Firazyr, Ruconest, or Berinert) HAE with normal C1INH: Trial of prophylactic therapy with an antifibrinolytic agent (e.g., tranexamic acid (TXA) or aminocaproic acid) and/or a 17α-alkylated androgen (e.g., danazol)	Hereditary Angioedema
Haegarda	Trial of high dose antihistamine (e.g., cetirizine) for members with normal C1 inhibitor levels and a family history of angioedema without genetic testing	Hereditary Angioedema
Kalbitor	Trial of high dose antihistamine (e.g., cetirizine) for members with normal C1 inhibitor levels and a family history of angioedema without genetic testing	Hereditary Angioedema
Ruconest	Trial of high-dose antihistamine (e.g., cetirizine) for members with normal C1 inhibitor levels and a family history of angioedema without genetic testing	Hereditary Angioedema
Trogarzo	Member has heavily treated multi-drug-resistant disease, confirmed by resistance testing, to at least one drug in at least three classes (NRTI, NNRTI, PI)	HIV
Testopel	All indications: trial of one topical testosterone product (patch or gel) AND Trial of one injectable testosterone such as testosterone cypionate injection or testosterone enanthate injection	Hormone Replacement
Serostim	HIV wasting: at least three alternative therapies such as cyproheptadine, dronabinol, megestrol acetate or testosterone therapy if hypogonadal	Hormone Therapy
Fensolvi	Central Precocious Puberty: Trial of Lupron Depot-Ped AND either Triptodur or Supprelin LA	Hormone Therapy
Supprelin LA	Central Precocious Puberty: Trial of Lupron Depot-Ped	Hormone Therapy
Triptodur	Central Precocious Puberty: Trial of Trelstar Gender Dysphoria: Trial of Lupron Depot	Hormone Therapy
Euflexxa	All indications: Trial of nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream, and intra-articular steroids	Hyaluronic Acid

Durolane, Gel-One, Gelsyn, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, &Visco-3	All indications: Trial of nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream, and intra-articular steroids and Euflexxa	Hyaluronic Acid
Crysvita	Adult members with X-linked hypophosphatemia: Trial of an oral phosphate and active vitamin D analogs (e.g., calcitriol, paricalcitol, doxercalciferol, calcifediol)	Hypophosphatemia
Subcutaneous Immune Globulins (IG)Cuvitru, Cutaquig, Xembify, Hizentra or Hyqvia	All indications: Trial of one of the following - Gammaked/Gamunex-C or Gammagard liquid	Immune Globulins
Intravenous Immune Globulins (IV): Asceniv, Alyglo, Bivigam, Gammagard S/D, Gammaplex, Privigen or Panzyga	All indications: Gammaked/Gamunex-C, Gammagard liquid, Flebogamma/Flebogamma DIF, or Octagam IgG Subclass Deficiency: member is receiving prophylactic antibiotic therapy Myasthenia Gravis: Member is failing on conventional immunosuppressant therapy alone (e.g., corticosteroids, azathioprine, cyclosporine, mycophenolate, methotrexate, tacrolimus, cyclophosphamide, etc.) Dermatomyositis or Polymyositis: Trial of one corticosteroid AND one immunosuppressant (e.g., methotrexate, azathioprine) Chronic Inflammatory Demyelinating Polyneuropathy: Trial of one corticosteroid Stiff-Person syndrome: Trial of two of the following - benzodiazepines, baclofen, gabapentin, valproate, tiagabine, or levetiracetam Autoimmune Mucocutaneous Blistering Diseases: Corticosteroids and concurrent immunosuppressive treatment (e.g., azathioprine, cyclophosphamide, mycophenolate mofetil, etc.)	Immune Globulins
Monoferric	Trial of Injectafer or Feraheme	Iron Agent

Benlysta	Systemic Lupus Erythematosus: Trial of two standard therapies such as antimalarials, corticosteroids, non-steroidal anti-inflammatory drugs, or immunosuppressives Lupus Nephritis: Trial of standard therapies including corticosteroids AND either cyclophosphamide or mycophenolate mofetil	Lupus
Saphnelo	Trial of two standard therapies such as antimalarials, corticosteroids, non-steroidal anti-inflammatory drugs, or immunosuppressives and trial of Benlysta	Lupus
Probuphine	All indications: Trial of one of the following - Buprenorphine/naloxone, buprenorphine	Medication Assisted Treatment
Sublocade	All indications: Trial of one of the following - Buprenorphine/naloxone, buprenorphine	Medication Assisted Treatment
Brixadi	All indications: initiated therapy with transmucosal buprenorphine or is transitioning from another buprenorphine-containing treatment	Medication Assisted Treatment
Cinqair	Asthma: Trial of Inhaled corticosteroid; AND an additional controller medication (long-acting beta 2-agonist, long-acting muscarinic antagonists, or leukotriene modifier); AND Fasenra or Nucala	Monoclonal Antibody
Niktimvo	Chronic graft verse host disease(cGVHD): Trial of two or more previous lines of systemic therapy for the treatment of cGVHD (e.g. methylprednisolone, cyclosporine, tacrolimus, sirolimus, mycophenolate mofetil, imatinib)	Monoclonal Antibody
Fasenra	Asthma: Trial of Inhaled corticosteroid; AND an additional controller medication (long-acting beta 2-agonist, long-acting muscarinic antagonists, or leukotriene modifier) Eosinophilic granulomatosis with polyangiitis (EGPA): Trial with oral corticosteroids with or without immunosuppressive therapy	Monoclonal Antibody
Nucala	Asthma: Trial of a medium – high dose inhaled corticosteroid; AND an additional controller medication (long-acting beta 2-agonist, long-acting muscarinic antagonists, or leukotriene modifier) Eosinophilic granulomatosis with polyangiitis: Trial of oral corticosteroids for at least 4 weeks Hypereosinophilic Syndrome (HES): trail of at least one other HES therapy, such as oral corticosteroids, immunosuppressive agents, cytotoxic therapy, etc. Chronic Rhinosinusitis with Nasal Polyps: Trial of intranasal corticosteroid therapy for at least 8 weeks;	Monoclonal Antibody

	AND member has received ≥2 courses of systemic corticosteroids per year or > 3 months of low dose corticosteroids	
Imaavy	Myasthenia Gravis: Trial of the following –at least one conventional agent used for the treatment of myasthenia gravis (i.e., corticosteroids, azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) **OR** chronic intravenous immunoglobulin **OR** chronic plasmapheresis/plasma exchange. Additionally, for members who require a maintenance dose requiring 2 vials (>1200mg): trial of Rystiggo or eculizumab For adult members with anti-AChR Ab+ gMG: Trial of Vyvgart or Vyvgart Hytrulo	Monoclonal Antibody
Soliris	Myasthenia Gravis: Trial of the following –1-year total trial with at least (2) immunosuppressive therapies (e.g., azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide; either in combination or monotherapy); **OR** 1-year total trial with at least one immunosuppressive therapy (e.g., azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) **AND** one of the following: chronic intravenous immunoglobulin (IVIG) (i.e., at least every 3 months over 12 months without symptom control); **OR** chronic plasmapheresis/plasma exchange (i.e., at least every 3 months over 12 months without symptom control). Additionally, the member must have an inadequate response or contraindication to both eculizumab-aagh (Epysqli) AND efgartigimod (Vyvgart IV or Vyvgart Hytrulo SC).). Neuromyelitis optica spectrum disorder (NMOSD): Trial of Enspryng*, Ultorimis, AND Uplizna * This requirement ONLY applies to Medicaid Members	Monoclonal Antibody
Bkemv	Myasthenia Gravis: –	Monoclonal Antibody

	Trial of the following – one-year total trial with at least (2) immunosuppressive therapies (e.g., azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide; either in combination or monotherapy); **OR** a 1-year total trial with at least one immunosuppressive therapy (e.g., azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) **AND** one of the following: chronic intravenous immunoglobulin (IVIG) (i.e., at least every 3 months over 12 months without symptom control); **OR** chronic plasmapheresis/plasma exchange (i.e., at least every 3 months over 12 months without symptom control). Additionally, the member must have an inadequate response or contraindication to both eculizumab-aagh (Epysqli) AND efgartigimod (Vyvgart IV or Vyvgart Hytrulo SC).	
Epysqli	Myasthenia Gravis: Trial of the following –one conventional agent used for the treatment of myasthenia gravis (i.e., corticosteroids, azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) **OR** chronic intravenous immunoglobulin **OR** chronic plasmapheresis/plasma exchange	Monoclonal Antibody
Ryoncil	Acute graft verse host disease(aGVHD): Trial of Jakafi	Monoclonal Antibody
Tezspire	Severe asthma: Trial of at least 3 months with or without oral corticosteroids with both of the following: high-dose inhaled corticosteroid; AND additional controller medication (e.g., long acting beta$_2$-agonist, long-acting muscarinic antagonist, leukotriene modifier); and If baseline blood eosinophil level is ≥150 cells/μL, trial with at least one biologic indicated for asthma (e.g., Cinqair, Dupixent, Fasenra, Nucala, Xolair)	Monoclonal Antibody
Rystiggo	Myasthenia Gravis: Trial of the following – one conventional agent used for the treatment of myasthenia gravis (i.e., corticosteroids, azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) **OR** chronic intravenous immunoglobulin **OR** chronic plasmapheresis/plasma exchange	Monoclonal Antibody

Ultomiris	Myasthenia Gravis: Trial of the following –one conventional agent used for the treatment of myasthenia gravis (i.e., corticosteroids, azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) **OR** chronic intravenous immunoglobulin (IVIG) **OR** chronic plasmapheresis/plasma exchange. Additionally, the member must have an inadequate response or contraindication to efgartigimod (Vyvgart IV or Vyvgart Hytrulo SC). Neuromyelitis optica spectrum disorder (NMOSD): Trial of Enspryng*, AND Uplizna *This requirement ONLY applies to Medicaid members	Monoclonal Antibody
Uplizna	Neuromyelitis optica spectrum disorder (NMOSD): Trial of Enspryng* * This requirement ONLY applies to Medicaid Members	Monoclonal Antibody
Xolair	Asthma: Trial of Inhaled corticosteroid; AND an additional controller medication (long-acting beta 2-agonist, long-acting muscarinic antagonists, or leukotriene modifier) Chronic idiopathic urticaria: Scheduled dosing of a second-generation H1 antihistamine for at least one month; AND inadequate response with scheduled dosing of one of the following: Up-dosing/dose advancement (up to 4-fold) of a second-generation H1 antihistamine, add-on therapy with a leukotriene antagonist (e.g., montelukast), add-on therapy with another H1 antihistamine or add-on therapy with a H2-antagonist. Chronic Rhinosinusitis with Nasal Polyps : Trial of intranasal corticosteroid therapy for at least 8 weeks; AND Member has received at least one course of treatment with a systemic corticosteroid for 5 days or more within the previous 2 years	Monoclonal Antibody
Lemtrada	Multiple Sclerosis: Trial of Tysabri and Ocrevus (Commercial ONLY) Trial of Tysabri and one other drug indicated for MS (Medicaid ONLY)	Multiple Sclerosis
Tysabri	Crohn's Disease: Trial of at least a 3-month trial of infliximab IV or adalimumab at maximum tolerated AND at least a 6-month trial of ustekinumab at maximum tolerated doses	Crohn's Disease

Vyvgart IV and Vyvgart Hytrulo vials	Myasthenia Gravis: Trial of the following: one conventional agent used for the treatment of myasthenia gravis (i.e., corticosteroids, azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) **OR** chronic intravenous immunoglobulin (IVIG) **OR** chronic plasmapheresis/plasma exchange. For Medicaid members who request Vyvgart IV at a weekly dose requiring 3 vials (>800mg to 1200mg), documentation that member is unable to tolerate Vyvgart Hytrulo Vyvgart Hytrulo ONLY: Chronic Inflammatory Demyelinating polyneuropathy: Trial of at least 3-month trial of standard of care therapy (i.e., corticosteroids, immunoglobulin (IG) or plasma exchange therapy)	Myasthenia Gravis
Botox	Severe Primary Axillary Hyperhidrosis: Trial and failure of ≥ 1 month of a tropical agent e.g., aluminum chloride, glycopyrronium, etc. Migraine: 8 –week trial of two oral medications for the prevention of migraines, such as Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.) Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.) Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan, etc.) Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.) Calcium channels blockers (e.g., verapamil, etc.) Urinary incontinence and OAB: Trial of two medications from either the antimuscarinic or beta-adrenergic classes Severe Palmar Hyperhidrosis: Trial and failure of ≥ 1 month of a tropical agent e.g., aluminum chloride, etc. Chronic Anal Fissures: Trial conventional pharmacologic therapy (e.g., nifedipine, diltiazem, and/or topical nitroglycerin, bethanechol, etc.)	Neuromuscular Blocker Agent

Dysport	Migraine: Two oral medications for the prevention of migraines, such as Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.) Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.) Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan, etc.) Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.) Calcium channels blockers (e.g., verapamil, etc.) Chronic Anal Fissures: Trial of conventional pharmacologic therapy (e.g. nifedipine, diltiazem, and/or topical nitroglycerin, bethanechol, etc.) Incontinence due to neurogenic detrusor overactivity and OAB: Trial of two medications from either the antimuscarinic or beta-adrenergic classes Severe Primary Axillary Hyperhidrosis: Trial and failure of ≥ 1 month of a tropical agent e.g., aluminum chloride, glycopyrronium, etc.	Neuromuscular Blocker Agent
Myobloc	Migraine: Two oral medications for the prevention of migraines, such as: Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.) Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.) Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan, etc.) Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.) Calcium channels blockers (e.g., verapamil, etc.) Severe Primary Axillary Hyperhidrosis: Trial and failure of ≥ 1 month of a tropical agent e.g., aluminum chloride, glycopyrronium, etc.	Neuromuscular Blocker Agent
Xeomin	Migraine: Two oral medications for the prevention of migraines, such as: Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.) Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.) Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan, etc.)	Neuromuscular Blocker Agent

	Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.) Calcium channels blockers (e.g., verapamil, etc.) Incontinence due to neurogenic detrusor overactivity and OAB: Trial of two medications from either the antimuscarinic or beta-adrenergic classes Severe Primary Axillary Hyperhidrosis: Trial and failure of ≥ 1 month of a tropical agent e.g., aluminum chloride, glycopyrronium, etc.	
Nipent	Chronic or acute graft verse host disease (GVHD): Trial of corticosteroids	Non-Oncology
Rituxan, Riabni	All indications: Ruxience or Truxima Rheumatoid Arthritis: One oral disease modifying antirheumatic drug (DMARD) AND at least one preferred tumor necrosis factor (TNF) antagonist (one must be self-injectable) trialed for at least 3 months Lupus Nephritis: Member has disease that is non-responsive or refractory to standard first line therapy [e.g., mycophenolate mofetil, mycophenolic acid, cyclophosphamide, calcineurin inhibitors (e.g., tacrolimus)] Myasthenia Gravis: Member is refractory to standard first-line therapy (e.g., glucocorticoids, azathioprine, mycophenolate mofetil, etc.) Systemic Lupus Erythematosus (SLE): Trial of at least two standard therapies such as anti-malarials (i.e. hydroxychloroquine, chloroquine), corticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs), aspirin, or immunosuppressives such as azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate.	Non-Oncology
Avastin Alymsys, Vegzelma	All Oncology Indications: Trial of Mvasi or Zirabev	Oncology
Herceptin and Biosimilars, Herceptin Hylecta	All indications: Kanjinti or Trazimera	Oncology
Khapzory/Fusilev	Osteosarcoma, Colorectal Cancer, and Treatment of a folate antagonist overdose: Trial of leucovorin	Oncology
Rituxan, Rituxan Hycela, Riabni	All indications: Truxima or Ruxience	Oncology

Beovu	Neovascular (wet) age related macular degeneration (AMD): bevacizumab or ranibizumab (Byooviz) Diabetic Macular Edema (DME) with a baseline visual acuity of 20/50 or worse: bevacizumab or ranibizumab (Lucentis) DME and baseline visual acuity better than 20/50: bevacizumab Diabetic Retinopathy: bevacizumab	Ophthalmic Agent
Durysta	Open angle glaucoma or ocular hypertension: Trial of two ophthalmic prostaglandin analogs (e.g., latanoprost, travoprost, tafluprost) and at least one other IOP reducing ophthalmic product from a different medication class, such as beta-blockers, alpha-agonists, and carbonic anhydrase inhibitors (combination therapy should be used if warranted)	Ophthalmic Agent
iDose TR	Open angle glaucoma or ocular hypertension: Trial of two ophthalmic prostaglandin analogs (e.g., latanoprost, travoprost, tafluprost) and at least one other IOP reducing ophthalmic product from a different medication class, such as beta-blockers, alpha-agonists, and carbonic anhydrase inhibitors (combination therapy should be used if warranted)	Ophthalmic Agent
Eylea or Pavblu	Diabetic Macular Edema (DME) with a baseline visual acuity of 20/50 or worse: bevacizumab or ranibizumab (Lucentis) DME and baseline visual acuity better than 20/50: bevacizumab Diabetic Retinopathy: bevacizumab Diabetic retinopathy (DR) or Retinopathy of Prematurity (ROP): bevacizumab Neovascular (Wet) Age Related Macular Degeneration (AMD), Macular Edema Following Retinal Vein Occlusion (RVO): bevacizumab or ranibizumab (Byooviz)	Ophthalmic Agent
Eylea HD	Diabetic Macular Edema (DME) with a baseline visual acuity of 20/50 or worse: bevacizumab or ranibizumab (Lucentis) DME and baseline visual acuity better than 20/50: bevacizumab Diabetic Retinopathy: bevacizumab Diabetic retinopathy (DR): bevacizumab Neovascular (Wet) Age Related Macular Degeneration (AMD): bevacizumab or ranibizumab (Byooviz)	Ophthalmic Agent

	All indications: Trial of Pavblu or Eylea	
Cimerli	Diabetic macular edema and Diabetic retinopathy: bevacizumab Neovascular (wet) age related macular degeneration, Macular edema due to retinal vein occlusion, or Myopic Choroidal Neovascularization: bevacizumab and Byooviz or Lucentis	Ophthalmic Agent
Byooviz, Lucentis	All indications: Bevacizumab	Ophthalmic Agent
Susvimo	Neovascular (wet) age related macular degeneration: responded to at least two intravitreal injections of a VEGF inhibitor medication (e.g., aflibercept, bevacizumab, brolucizumab, ranibizumab); and had an inadequate treatment response with bevacizumab, AND Lucentis (ranibizumab) or Byooviz (ranibizumab) AND Eylea (aflibercept) Diabetic Macular Edema (DME): responded to at least two intravitreal injections of a VEGF inhibitor medication (e.g., aflibercept, bevacizumab, brolucizumab, ranibizumab); and bevacizumab, AND Lucentis (ranibizumab) AND Eylea (aflibercept)	Ophthalmic Agent
Vabysmo	Neovascular (wet) age related macular degeneration (AMD) or Macular edema due to retinal vein occlusion (RVO): bevacizumab and Byooviz (ranibizumab) or Lucentis (ranibizumab) Diabetic Macular Edema (DME) and baseline visual acuity of 20/50 or worse: bevacizumab or ranibizumab (Lucentis) DME and baseline visual acuity better than 20/50: bevacizumab	Ophthalmic Agent
Oxlumo	Trial of at least 3 months of pyridoxine	Primary Hyperoxaluria
Signifor LAR	Acromegaly: Trial of Sandostatin LAR (octreotide) or Somatuline Depot (lanreotide)* *For Medicaid members: Trial of Somatuline Depot (lanreotide) only	Somatostatin Analog
Tepezza	Active Thyroid Eye Disease: Intravenous glucocorticoids*	Ophthalmic Agent

Somatuline Depot	Acromegaly: Trial of lanreotide.	Somatostatin Analog

Per §§ 42 CFR 422.101, this clinical medical policy only applies to Medicare in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD)

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Medicaid formulary.
Please call Member Services at 1-855-321-9244 for pharmacy authorization requests or for further information on the Neighborhood Commercial formulary.

Policy Rationale: These products were reviewed by the Neighborhood Health Plan of Rhode Island Pharmacy & Therapeutics (P&T) Committee. Neighborhood adopted the following clinical coverage criteria to ensure that its members use them according to Food and Drug Administration (FDA) approved labeling and/or relevant clinical literature. Neighborhood worked with network prescribers and pharmacists to draft these criteria. These criteria will help ensure its members are using this drug for a medically accepted indication, while minimizing the risk for adverse effects and ensuring more cost-effective options are used first, if applicable and appropriate. Neighborhood will give individual consideration to each request it reviews based on the information submitted by the prescriber and other information available to the plan.