

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: Biosimilars First	3662-D
	Advanced Control Specialty (ACSF)	New to Market (NTM)	VF Chart (VFC)	Medical Benefit: Managed Medicaid		Medicare Part B: Advanced Biosimilars First	
	Value (VF)	Aetna Health Exchange (AHE)				Medicare Part B: Add-on	
		IVL					

EXCEPTIONS CRITERIA

Colony Stimulating Factors – Long Acting

PREFERRED PRODUCTS: FULPHILA, FYLNETRA, NYVEPRIA, STIMUFEND, UDENYCA, 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) • Fylnetra (pegfilgrastim-pbbk) • Nyvepria (pegfilgrastim-apgf) • Stimufend (pegfilgrastim-fpgk) • Udenyca (pegfilgrastim-cbqv) • Ziextenzo (pegfilgrastim-bmez)
Targeted	<ul style="list-style-type: none"> • Neulasta (including Onpro kit) (pegfilgrastim) • Rolvedon (eflapegrastim-xnst)

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

II. EXCEPTION CRITERIA

Coverage for the targeted product is provided when either of the following criteria is met:

- A. 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: Managed Medicaid	Medicare Part B: Advanced Biosimilars First	
	Value (VF)	Aetna Health Exchange (AHE)			Medicare Part B: Add-on	
		IVL				

B. Member has had a documented intolerable adverse event to at least three 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 product and biosimilar products).

REFERENCES

1. Neulasta [package insert]. Thousand Oaks, CA: Amgen, Inc.; February 2021.
2. Fulphila [package insert]. Morgantown, WV: Mylan Pharmaceuticals, Inc.; October 2021.
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.; September 2022.
6. Stimufend [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC; September 2022.
7. Udenyca [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; March 2023.
8. Ziextenzo [package insert]. Princeton, NJ: Sandoz Inc.; March 2021.