NHPRI PREFERRED DRUG GUIDELINES

2025 STEP THERAPY DRUG GUIDELINES – NHPRI			
APPLICABLE TO	**INDICATIONS**	**CAN RAD FOR NON-PREFERRED?**	**STEP / PREFERRED SUMMARY**
BEVACIZUMAB	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES** **PREFERRED:** • Mvasi (bevacizumab-awwb, Q5107) • Zirabev (bevacizumab-bvzr, Q5118) **NONPREFERRED:** • Alymsys (bevacizumab-maly, Q5126) • Avastin (bevacizumab, J9035) • Vegzelma (bevacizumab-adcd, Q5129)
BONE AGENTS	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES** **PREFERRED:** • pamidronate (Aredia, J2430) • zoledronic acid (Reclast, Zometa, J3489) **NONPREFERRED:** • Jubbonti (denosumab-bbdz, Q5136) • Prolia (denosumab, J0897) • Xgeva (denosumab, J0897) • Wyost (denosumab-bbdz, Q5136)
BORTEZOMIB	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES** **PREFERRED:** • bortezomib (J9041) • bortezomib (Hospira, J9049) • bortezomib (maia, J9051) **NONPREFERRED:** • bortezomib (Dr Reddy's, J9046) • bortezomib (Fresenius Kabi, J9048)

CARMUSTINE	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**<u>ALL PURCHASE TYPES</u>** **PREFERRED:** • carmustine (BiCNU, J9050) **NONPREFERRED:** • carmustine (Accord, J9052)
CAR-T	**ALL**	**N/A**	**<u>MEDICARE</u>** 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 antiCD38 monoclonal antibody (e.g., daratumumab, isatuximab). **KYMRIAH:** Pediatric and Young Adult Relapsed or Refractory (r/r) B-cell Acute Lymphoblastic Leukemia (ALL): Member has relapsed/refractory Philadelphia chromosomenegative 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 chromosomepositive 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 **YESCARTA:** **Non-Hodgkin Lymphomas (chemotherapy –** refractory disease): trial and failure of two or more lines of systemic chemotherapy OR for DLBL, 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)
CYCLOPHOSPHAMIDE	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**<u>ALL PURCHASE TYPES</u>** **PREFERRED:** • cyclophosphamide (Auromedics/Eugia, J9071) • cyclophosphamide (Ingenus, J9073) • cyclophosphamide (J9075) **NONPREFERRED:** • cyclophosphamide (Sandoz, J9074) • cyclophosphamide (Dr.Reddy/Avyxa, J9072)
ESA	**ALL** ***During shortage, Procrit/Epogen can be approved as an alternative using the reason code "Meets preferred drug requirement: Confirmed FDA Shortage of preferred drug".*** ***Valid auths for Retacrit will be honored if Epogen/Procrit J0885 are substituted**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**<u>ALL PURCHASE TYPES</u>** **PREFERRED:** • Epogen (epoetin alfa, J0885) • Procrit (epoetin alfa, J0885) • Retacrit (epoetin alfa-epbx, Q5106) **NONPREFERRED:** • Aranesp (darbepoetin alfa, J0881) • Mircera (epoetin beta, J0888)
FOLIC ACID ANALOGS	**• High dose methotrexate therapy** **• Folic acid antagonist overdose**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**<u>ALL PURCHASE TYPES</u>** **PREFERRED**: • Leucovorin (J0640) **NONPREFERRED:** • Fusilev (levoleucovorin, J0641) • Khapzory (levoleucovorin, J0642)
FULVESTRANT	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**<u>ALL PURCHASE TYPES</u>** **PREFERRED:** • fulvestrant (J9395) **NONPREFERRED:** • fulvestrant (Teva, J9393) • fulvestrant (Fresenius Kabi, J9394)

IVIG	**ALL** **For NHPRI Medicaid requests all IVIG products are restricted to the purchase type of Buy & Bill (medical benefits)**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**<u>ALL PURCHASE TYPES FOR COMMERCIAL & MEDICARE, BUY&BILL ONLY FOR MEDICAID</u>** **PREFERRED:** • Gammagard liquid (J1569) • Flebogamma/Flebogamma DIF (J1572) • Gammaked/Gamunex-C (J1561) • Octagam (J1568) **NONPREFERRED:** • Asceniv (J1554) • Gammagard S/D (J1566) • Gammaplex (J1557) • Panzyga (J1576) • Privigen (J1459)
MGF	**ALL** **Effective 1/1/25, for NHPRI Medicaid requests, all MGF products are restricted to the purchase type of Buy & Bill (medical benefits) except Zarxio (medical or pharmacy benefit).**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**<u>ALL PURCHASE TYPES FOR COMMERCIAL & MEDICARE, BUY&BILL ONLY FOR MEDICAID (except Zarxio)</u>** **PREFERRED:** • Neulasta (pegfilgrastim, J2506) • Neulasta OBI (pegfilgrastim OBI, J2506) • Udenyca (pegfilgrastim-cbqv, Q5111) • Zarxio (filgrastim-sndz, Q5101) **NONPREFERRED:** • Fulphila (pegfilgrastim-jmdb, Q5108) • Fylnetra (pegfilgrastim-pbbk, Q5130) • Granix (tbo-filgrastim, J1447) • Leukine (sargramostim, J2820) • Neupogen (filgrastim, J1442) • Nivestym (filgrastim-aafi, Q5110) • Nyvepria (pegfilgrastim-apgf, Q5122) • Releuko (filgrastim-ayow, Q5125) • Rolvedon (eflapegrastim-xnst, J1449) • Stimufend (pegfilgrastim-fpgk, Q5127) • Ziextenzo (pegfilgrastim-bmez, Q5120)

NPLATE	**Chronic ITP**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES** **PREFERRED:** • corticosteroids (i.e. prednisone, methylprednisolone), IVIG, rituximab (Truxima/Ruxience) **NONPREFERRED:** • Nplate (romiplostim, J2796)
PACLITAXEL PROTEIN-BOUND	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES** **PREFERRED:** • paclitaxel (Abraxane, J9264) **NONPREFERRED:** • paclitaxel (American Regent, J9259)
PEMETREXED	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES** **PREFERRED:** • pemetrexed (Hospira, J9294) • pemetrexed (Accord, J9296) • pemetrexed (Sandoz, J9297) • pemetrexed (Alimta, nos, J9305) • pemetrexed (Teva, J9314) • pemetrexed (Hospira, J9323) **NONPREFERRED:** • Pemfexy (pemetrexed, J9304) • Pemrydi RTI (pemetrexed, J9324)
RITUXIMAB	**ALL** **Effective 12/1/2024 for NHPRI Medicaid requests, all Rituximab products are restricted to the purchase type of Buy & Bill (medical benefits)**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES FOR COMMERCIAL & MEDICARE, BUY AND BILL FOR MEDICAID ONLY** **PREFERRED:** • Ruxience (rituximab-pvvr, Q5119) • Truxima (rituximab-abbs, Q5115) **NONPREFERRED:** • Riabni (rituximab-arrx, Q5123) • Rituxan (rituximab, J9312) • Rituxan Hycela (rituximab/hyaluronidase, J9311)

SOMATOSTATIN ANALOGS	**ALL** **NOTE: Effective 8/1/24 for NHPRI Medicaid, Somatuline (lanreotide, J1930) is restricted to the purchase type of Buy and Bill/medical. If submitted as purchase type of patient or physician acquired from pharmacy and meets requirement for approval, then the purchase type must be switched to Buy and Bill.**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES FOR COMMERCIAL & MEDICARE, BUY AND BILL FOR MEDICAID** **PREFERRED:** • Sandostatin (octreotide, short and long acting J2353, J2354) **NONPREFERRED:** • Somatuline (lanreotide, J1930)
TRASTUZUMAB	**ALL**	**YES on Initial** **NO if NP drug rec'd within last 365 days**	**ALL PURCHASE TYPES** **PREFERRED:** • Kanjinti (trastuzumab-anns, Q5117) • Trazimera (trastuzumab-qyyp, Q5116) **NONPREFERRED:** • Herceptin (trastzumab, J9355) • Herceptin Hylecta (trastuzumab/hyaluronidase-oysk, J9356) • Herzuma (trastuzumab-pkrb, Q5113) • Ontruzant (trastuzumab-dttb, Q5112) • Ogivri (trastuzumab-dkst, Q5114)