

Medicare Advantage plans

Medical policy and criteria

REMINDER REGARDING PREFERRED GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) PRODUCTS FOR PREMERA MEDICARE ADVANTAGE PLANS EFFECTIVE JANUARY 1, 2021.

In our [October 2020 Policy Update](#), we provided clarification regarding the prior authorization process for G-CSF products. Here is a reminder about that clarification.

- Preferred short-acting G-CSF Products do not require a prior authorization.
- Preferred long-acting G-CSF do require a prior authorization.

Udenyca® (pegfilgrastim) and Ziextenzo® (pegfilgrastim) are considered second-line treatment for patients age 18 or older who are at risk of severe febrile neutropenia when Granix® (filgrastim) or Nivestym® (filgrastim) has been tried and failed, or there is a medical reason why those two drugs cannot be taken.

Neulasta® (pegfilgrastim) / Neulasta Onpro®, Fulphila® (pegfilgrastim), and Nyvepria™ (pegfilgrastim) are considered as a third-line treatment of patients age 18 or older who are at risk of severe febrile neutropenia when:

1. Granix® (filgrastim) or Nivestym® (filgrastim) has been tried and failed, or there is a medical reason why those drugs cannot be taken.

AND

2. Udenyca® (pegfilgrastim) or Ziextenzo® (pegfilgrastim) has been tried and failed, or there is a medical reason why those drugs cannot be taken.

Preferred short acting G CSF Products No Prior Authorization Required	Preferred long acting G CSF Products Prior Authorization Required
Granix	Udenyca
Nivestym	Ziextenzo

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. An Independent Licensee of the Blue Cross Blue Shield Association.

DYSPORT® IS ADDED TO PREFERRED BOTULINUM TOXIN PRODUCTS EFFECTIVE MAY 1, 2021

Xeomin® (incobotulinumtoxinA) and Dysport® (abobotulinumtoxinA) will be preferred botulinum toxin products. Note: Xeomin has been a preferred product since October 20, 2020.

Botox® (onabotulinumtoxinA) and Myobloc® (rimabotulinumtoxinB) will be considered non-preferred and require inadequate response or intolerance to Xeomin (incobotulinumtoxinA) for all indications except chronic migraine. All products will continue to require prior authorization.

Preferred	Non preferred
Xeomin, Dysport	Botox, Myobloc

UPDATES TO AIM CLINICAL GUIDELINES EFFECTIVE SEPTEMBER 12, 2021

AIM has updated some of their clinical guidelines, which will be effective September 12, 2021. The new guidelines can be found on the AIM Clinical Guidelines and Pathways website:

<https://aimspecialtyhealth.com/resources/clinical-guidelines/>

Below are the clinical guidelines that are being updated:

- Spine imaging
- Extremity imaging
- Vascular imaging