

			
Drug/Group	Covered Use	Required Medical Information	Coverage Duration
BEVACIZUMAB PRODUCTS  ALYMSYS (BEVACIZUMAB-MALY), AVASTIN (BEVACIZUMAB), VEGZELMA (BEVACIZUMAB-ADCD)	All FDA-approved or medically accepted indications .	Diagnosis. For an oncology indication: must have a trial of Mvasi and Zirabev.	12 Months
COLONY STIMULATING FACTORS - LONG ACTING  FYLNETRA (PEGFILGRASTIM-PBBK), NEULASTA SYRINGE (PEGFILGRASTIM), ROLVEDON (EFLAPEGRASTIM-XNST), STIMUFEND (PEGFILGRASTIM-FPGK), UDENYCA (PEGFILGRASTIM-CBQV), ZIEXTENZO (PEGFILGRASTIM-BMEZ)	All FDA-approved or medically accepted indications .	Must have a trial of Fulphila (pegfilgrastim-jmdb) and Nyvepria (pegfilgrastim-apgf)	12 Months
COLONY STIMULATING FACTORS - SHORT ACTING  GRANIX (TBO-FILGRASTIM), LEUKINE (SARGRAMOSTIM), NEUPOGEN (FILGRASTIM), NIVESTYM (FILGRASTIM-AAFI), RELEUKO (FILGRASTIM-AYOW)	All FDA-approved or medically accepted indications .	Must have a trial of Zarxio (filgrastim-sndz).	12 Months
GONADOTROPIN HORMONE RELEASING HORMONE PRODUCTS  FENSOLVI (LEUPROLIDE ACETATE) SUPPRELIN LA (HISTRELIN ACETATE)	All FDA-approved or medically accepted indications .	Must have a trial of Lupron Depot- PED and Triptodur (triptorelin)	12 Months
INFLIXIMAB PRODUCTS  IXIFI (INFLIXIMAB-QBTX), REMICADE (INFLIXIMAB)	All FDA-approved or medically accepted indications .	Must have a trial of 2 of the following: Avsola, Inflectra, or Renflexis	12 Months
OSTEOARTHRITIS KNEE INJECTIONS  GELSYN-3 (HYALURONATE SODIUM), GEL-ONE (HYALURONATE SODIUM), GENVISC (HYALURONATE SODIUM), HYALGAN (HYALURONATE SODIUM), HYMOVIS (HYALURONIC ACID), ORTHOVISC (HYALURONIC ACID), MONOVISC (HYALURONIC ACID) SUPARTZ FX (HYALURONATE SODIUM), SYNVISC (HYLAN POLYMERS A and B), SYNVISC ONE (HYLAN POLYMERS A AND B), TRILURON (HYALURONATE SODIUM), TRIVISC (HYALURONATE SODIUM), VISCO-3 (HYALURONATE SODIUM)	All FDA-approved or medically accepted indications .	Must have a trial of Euflexxa (hyaluronate sodium) and Durolane (hyaluronic acid)	12 Months
TRASTUZUMAB PRODUCTS  HERCEPTIN (TRASTUZUMAB), HERCEPTIN HYLECTA (TRASTUZUMAB HYALURONIDASE-OYSK), HERZUMA (TRASTUZUMAB-PKRB), ONTRUZANT (TRASTUZUMAB-DTTB)	All FDA-approved or medically accepted indications .	Diagnosis. Must have a trial of 2 of the following: Kanjinti (trastuzumab-anns), Ogivri (trastuzumab-dkst), or Trazimera (trastuzumab-qyyp).	12 Months