"What's New" Medical Pharmaceutical Policy December 2018 Updates

MBP 149.0 Ameluz (aminolevulinic acid)- Updated policy

CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee

Ameluz (aminolevulinic acid) will be considered medically necessary when ALL of the following criteria are met:

- Must be prescribed by an dermatologist AND
- Medical record documentation of a diagnosis of actinic keratosis of mild-to-moderate severity on the face and/or scalp AND
- Medical record documentation of age greater than or equal to 18 years AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to topical fluorouracil AND
- Medical record documentation that Ameluz will be used in conjunction with the BF-RhodoLED lamp

Note: Ameluz is not on the current CMS drug file and therefore is not eligible for coverage under GHP Family at this time.

QUANTITY LIMIT: 2 grams per application (1 tube=2grams)

AUTHORIZATION DURATION: Initial approval will be for a period of 3 months. One additional 3 month approval may be granted if there is medical record documentation that lesions have not completely resolved within 3 months after the initial treatment

Prior Authorization requirements for the following have been removed and associated policies have been retired:

- MBP 55.0 Myozyme (alglucosidase alfa)
- MBP 176.0 Sublocade (buprenorphine ER subcutaneous injection)
- MBP 146.0 Probuphine (buprenorphine)

The following policies were reviewed with no changes:

- MBP 24.0 Aloxi (palonosetron)
- MBP 39.0 Naglazyme (galsulfase)
- MBP 88.0 Halaven (eribulin mesylate)
- MBP 97.0 Kyprolis (carfilzomib)
- MBP 104.0 Emend IV (fosaprepitant)
- MBP 113.0 Gazyva (obinutuzumab)
- MBP 142.0 Portrazza (necitumumab)
- MBP 143.0 Praxbind (idarucizumab)
- MBP 151.0 Spinraza (nusinersen)
- MBP 159.0 Kymriah (tisagenlecleucel)
- MBP 162.0 Yescarta (axicabtagene ciloleucel)
- MBP 163.0 Mylotarg (gemtuzumab ozogamicin)
- MBP 164.0 Vyxeos (daunorubicin-cytarabine liposomal)