GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOMODULATORS, MISCELLANEOUS PA SUMMARY

Preferred	Non-Preferred
Besremi (ropeginterferon alfa-2b-njft)*	n/a
n/a	Rhapsido (remibrutinib)
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc prefilled syringe)*	n/a

*preferred but requires PA

LENGTH OF AUTHORIZATION: Initial: 6 months, renewal: 1 year

NOTES:

- Besremi and Vyvgart Hytrulo are preferred but require prior authorization (PA).
- Vyvgart IV and Vyvgart Hytrulo vials are not covered under Pharmacy Service. If the provider is calling for authorization for administration in a physician's office or clinic, please instruct them to go to the Registered User portion of the Georgia Health Partnership website at https://www.mmis.georgia.gov/portal to request coverage from Physician Services.

PA CRITERIA:

Besremi

- Approvable for members 18 years of age or older with a diagnosis of polycythemia vera who have a *JAK2* V617F or *JAK2* exon 12 mutation, a hemoglobin level > 16 g/dL or a hematocrit level > 48%, and experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with hydroxyurea.
- Must be prescribed by or in consultation with a hematologist, oncologist or other specialist.

Rhapsido

- Approvable for members 18 years of age or older with a diagnosis of chronic spontaneous urticaria (CSU) with symptoms (i.e., itching, hives) for 6 weeks or longer who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 2 second-generation H_1-antihistamines at maximum doses (e.g., cetirizine, desloratadine, fexofenadine, levocetirizine, loratadine) and Dupixent or Xolair. If the member is not a candidate for injectable therapy, a written letter of medical necessity must be submitted stating the reason the member is not a candidate for injectable therapy.
- Must be prescribed by or in consultation with an allergist, immunologist, dermatologist or other specialist.

Vyvgart Hytrulo

- Approvable for members 18 years of age or older with a diagnosis of generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive, are Myasthenia

Gravis Foundation of America (MGFA) class II, III or IV and have an IgG level of 6 g/L or higher as well as have tried two immunosuppressive therapies (e.g., glucocorticoids, azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus) over the last 12 months and failed to achieve an adequate response or have tried at least one immunosuppressive therapy and required four or more courses of plasmapheresis/plasma exchanges and/or intravenous immune globulin over the last 12 months without symptom control.

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic inflammatory demyelinating polyneuropathy (CIDP) confirmed by electrophysiologic diagnostic testing who have experienced progressive symptoms for at least the last 2 months, symptomatic polyradiculoneuropathy and inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with glucocorticoids (e.g., prednisone, methylprednisolone) and immune globulin or plasma exchange.
- ❖ Must be prescribed by or in consultation with a neurologist or other specialist.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.