

# RARE CONDITIONS PA POLICY



**Included Products:** Therapies on medical and pharmacy benefits

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*Italicized are nonformulary for outpatient benefit. PA required on medical benefit.*

*Due to the rare conditions these drugs are used for, all reviews are subject to an evaluation of medical necessity/appropriateness by a CareOregon Medical Director and/or outside specialist reviewer.*

Brand	Generic
<i>Adzynma</i>	<i>ADAMTS13, recombinant-krhn</i>
<i>Scenesse</i>	<i>afamelanotide</i>
<i>Tecelra</i>	<i>afamitresgene autoleucel</i>
<i>Fabrazyme</i>	<i>agalsidase beta</i>
<i>Ceredase</i>	<i>alglucerase</i>
<i>Lumizyme</i>	<i>alglucosidase alfa</i>
<i>Myozyme</i>	<i>alglucosidase alfa</i>
<i>Vijoice</i>	<i>alpelisib</i>
<i>Nexviazyme</i>	<i>avalglucosidase alfa-ngpt</i>
<i>Nulojix</i>	<i>belatacept</i>
<i>Vyjuvek</i>	<i>beremagene geperpavec-svdt</i>
<i>Zynteglo</i>	<i>betibeglogene autotemcel</i>
<i>Ilaris</i>	<i>canakinumab</i>
<i>Amondys 45</i>	<i>casimersen</i>
<i>Oxervate</i>	<i>cenergermin-bkbj</i>
<i>Brineura</i>	<i>cerliponase alfa</i>

<b><i>Pombiliti</i></b>	<i>cipaglicosidase alfa-atga</i>
<b><i>Acthar</i></b>	<i>corticotropin inj gel</i>
<b><i>Cortrophin</i></b>	<i>corticotropin inj gel</i>
<b><i>Defitelio</i></b>	<i>defibrotide</i>
<b><i>Elevidys</i></b>	<i>delandistrogene moxeparvovec-rokl</i>
<b><i>Igalmi</i></b>	<i>dexmedetomidine</i>
<b><i>Revcovi</i></b>	<i>elapegademase-lvlr</i>
<b><i>Skysona</i></b>	<i>elivaldogene autotemcel</i>
<b><i>Iqirvo</i></b>	<i>elafibrinor</i>
<b><i>Vimizim</i></b>	<i>elosulfase alfa</i>
<b><i>Gamifant</i></b>	<i>emapalumab-lzsg</i>
<b><i>Exondys 51</i></b>	<i>eteplirsen</i>
<b><i>Hemgenix</i></b>	<i>etranacogene dezaparvovec-drlb</i>
<b><i>Evkeeza</i></b>	<i>evinacumab-dgnb</i>
<b><i>Beqvez</i></b>	<i>Fidanacogene elaparvovec-dzkt</i>
<b><i>Nulibry</i></b>	<i>fosdenopterin</i>
<b><i>Naglazyme</i></b>	<i>galsulfase</i>
<b><i>Givlaari</i></b>	<i>givosiran</i>
<b><i>Duvyzat</i></b>	<i>givinostat</i>
<b><i>Voraxaze</i></b>	<i>glucarpidase</i>
<b><i>Vyondys 53</i></b>	<i>golodirsen</i>
<b><i>Elapraxe</i></b>	<i>idursulfase</i>
<b><i>Cerezyme</i></b>	<i>imiglucerase</i>
<b><i>Alferon-N</i></b>	<i>Interferon alfa-n3</i>
<b><i>Aldurazyme</i></b>	<i>laronidase</i>

<b>Joenja</b>	leniolisib
<b>Zokinvy</b>	lonafarnib
<b><i>Oxlumo</i></b>	<i>lumasiran</i>
<b>Livmarli</b>	maralixibat
<b>Pyrukynd</b>	mitapivat
<b><i>Danyelza</i></b>	<i>naxitamab-ggqk</i>
<b><i>Spinraza</i></b>	<i>nusinersin</i>
<b>Ocaliva</b>	<i>Obeticholic acid</i>
<b><i>Xenpozyme</i></b>	<i>olipudase alfa</i>
<b>Skyclarys</b>	omaveloxolone
<b><i>Zolgensma</i></b>	<i>onasemnogene abeparvovec</i>
<b>Sohonos</b>	palovarotene
<b><i>Onpattro</i></b>	<i>patisiran</i>
<b><i>Empaveli</i></b>	<i>pegcetacoplan subcutaneous injection</i>
<b><i>Krystexxa</i></b>	<i>pegloticase</i>
<b><i>Elfabrio</i></b>	<i>pegunigalsidase alfa-iwxj</i>
<b><i>Ryplazim</i></b>	<i>plasminogen</i>
<b><i>Veopoz</i></b>	<i>pozelimab-bbfg</i>
<b><i>Kanuma</i></b>	<i>sebelipase Alfa</i>
<b>Koselugo</b>	selumetinib
<b><i>Enjaymo</i></b>	<i>sutimlimab-jome</i>
<b>Vyndamax</b>	tafamidis
<b>Vyndaqel</b>	tafamidis meglumine
<b><i>ElELYso</i></b>	<i>taliglucerase</i>
<b>Dojolvi</b>	triheptanoin

<b>Roctavian</b>	<i>valoctocogene roxaparvovec-rvox</i>
<b>Vpriv</b>	<i>velaglucerase alfa</i>
<b>Lamzede</b>	<i>velmanase alfa-tycv</i>
<b>Mepsevii</b>	<i>vestronidase alfa-vjvk</i>
<b>Viltepso</b>	<i>viltolarsin</i>
<b>Luxturna</b>	<i>voretigine neparvovec</i>
<b>Voxzogo</b>	vosoritide
<b>Amvuttra</b>	<i>vutrisiran</i>

<b>All Diagnoses</b>			
<b>Initial Criteria: All Diagnoses</b>		<b>If yes</b>	<b>If no</b>
<b>1.</b>	Is there quality medical evidence to demonstrate the medication will be effective in treating the diagnosis?	Continue to #2.	Do not approve.
<b>2.</b>	Are there any concerns for serious adverse events or contraindications that make using the medication unsafe?	Do not approve.	Continue to #3.
<b>3.</b>	<p>Does the request meet the definition of medical appropriateness per Oregon Administrative Rules as defined by meeting ALL of the following?:</p> <ul style="list-style-type: none"> <li>a. Requested by or in consultation with a licensed health care provider with the appropriate specialty to treat the condition; AND</li> <li>b. Is recognized to be safe, effective, and appropriate by the relevant professional community/guidelines; AND</li> <li>c. Is not solely for the convenience or preference of the member; AND</li> </ul> <p>The most cost-effective option that can be safely and effectively provided.</p>	Continue to #4.	Do not approve.

4.	<p>Does the request meet the definition of medical necessity per Oregon Administrative Rules defined as meeting one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Prevention, diagnosis, or treatment of a disorder that results in health impairment or a disability; OR</li> <li>b. Improve the ability for the member to achieve age-appropriate growth and development; OR</li> </ul> <p>Establish the ability for a member to attain, maintain, or regain independence in self-care, ability to perform activities of daily living, or improve health status.</p>	Continue to #5.	Do not approve.
5.	Approve for up to 12 months.		
<b>Renewal Criteria</b>		<b>If yes</b>	<b>If no</b>
1.	Has there been recent chart note documentation of response and medical necessity to continue treatment?	Continue to #2.	Do not approve.
2.	Approve for up to 12 months.		