

# NYRx Drug Class Coverage Overview: Immunomodulators – Systemic and Benlysta

## NYRx Preferred Drug List

Drugs in the Immunomodulators – Systemic drug class are included on the [NYRx Preferred Drug List \(PDL\)](#) and are subject to prior authorization (PA) requirements of the [Drug Utilization Review \(DUR\) Program](#):

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
<b>IX. Immunologic Agents</b>		
<b>Immunomodulators – Systemic <sup>CC, ST</sup></b>		
Cosentyx® Dupixent® Enbrel® Fasenra® Humira® Nucala® Xolair®	Actemra® subcutaneous adalimumab-FKJP (gen Hulio®) adalimumab-ADAZ (gen Hyrimoz®) adalimumab-ADMB (gen Cyltezo®) Adbry™ Amjevita™ Cibirqo™ Cimzia® Cyltezo® (adalimumab-ADMB) Hadlima™ Hulio® (adalimumab-FKJP) Hyrimoz® (adalimumab-ADAZ) Idacio® Ilumya® Kevzara® Kineret® Olumiant® Orenia® subcutaneous Otezla® Rinvoq™ ER Siliq™ Simponi® Skyrizi® Skyrizi® On-Body Sotyktu™ Stelara® Taltz® Tezspire® pen Tremfya® Xeljanz® Xeljanz® XR Yuflyma® Yusimry™	<b>CLINICAL CRITERIA (CC)</b> <ul style="list-style-type: none"> <li>Confirm diagnosis for FDA- or compendia-supported uses</li> </ul> <b>STEP THERAPY (ST)</b> For indications not specified below <ul style="list-style-type: none"> <li>Trial of a non-specific anti-inflammatory drug such as an aminosaliclylate or immunosuppressant, or a disease-modifying anti-rheumatic drug (DMARD)</li> <li>Trial of a TNF inhibitor prior to treatment with a JAK inhibitor</li> </ul> <b>INDICATION-SPECIFIC REQUIREMENTS:</b> <ul style="list-style-type: none"> <li>Asthma:               <ul style="list-style-type: none"> <li>history and concurrent use of a corticosteroid</li> </ul> </li> <li>Nasal polyps:               <ul style="list-style-type: none"> <li>history and concurrent use of an intranasal corticosteroid</li> </ul> </li> <li>Atopic dermatitis:               <ul style="list-style-type: none"> <li>Trial with a topical prescription product for a duration of at least 3 months.</li> <li>For JAK inhibitors: Trial of topical prescription product and systemic product for a combined duration of at least 6 months.</li> </ul> </li> </ul>

## Prior Authorization Requirements

- Preferred drugs will not require PA if the required coverage parameters, outlined in the [PDL](#), are found in the member's Medicaid claim history at the time of pharmacy claim submission. Non-preferred drugs will require PA.
- Clinical Criteria (CC) requirements outlined in the PDL are as follows:
  - Confirmed diagnosis of FDA-approved or compendia-supported indication.
- Step Therapy (ST) requirements exist for all drugs within this drug class for indications not specified below:
  - Trial of a non-specific anti-inflammatory drug such as an amino salicylate or immunosuppressant, or a disease-modifying anti-rheumatic drug (DMARD)
  - Trial of a tumor necrosis factor (TNF) inhibitor prior to treatment with a Janus kinase (JAK) inhibitor
- Indication-specific requirements outlined in the PDL:
  - Asthma:
    - History and concurrent use of a corticosteroid
  - Nasal polyps:
    - History and concurrent use of an intranasal corticosteroid
  - Atopic dermatitis:
    - Trial with a topical prescription product for a duration of at least three months.
    - For JAK inhibitors: Trial of topical prescription product and systemic product for a combined duration of at least six months.

## Benlysta® (belimumab)

Benlysta® is subject to PA requirements of the [DUR Program](#) and include confirmation of use for an FDA-approved or compendia-supported indication and trial of a DMARD prior to treatment with Benlysta.

## What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the Immunomodulators – Systemic coverage criteria in the [PDL](#) and incorporate this information when discussing the need for PA with prescribers.

## What Prescribers Need to Do

Prescribers should become familiar with the Immunomodulators – Systemic coverage criteria in the [PDL](#) and incorporate this information when prescribing for Medicaid members.

## Resources

- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)
- [NYRx Preferred Drug Quick List](#)
- [NYRx Prior Authorization Submission Guide](#)

## Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays, or by email at [NYRxEO@magellanhealth.com](mailto:NYRxEO@magellanhealth.com).

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Office hours are also available by appointment. For more information, email [NYRxEO@magellanhealth.com](mailto:NYRxEO@magellanhealth.com) or visit the [NYRx Education & Outreach website](#).