

**September 18, 2023**

**Addition of 8 New High-Cost Specialty Drugs and 1 CAR-T Drug to Reinsurance**

**The following drugs have been added to the Reinsurance High-Cost Specialty Drugs (BIO case type) as covered services, retroactively effective back to 10/01/2022:**

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| **Brand Name** | **Generic Name** | **FDA Indication** |
| Amvuttra | Vutrisiran | Polyneuropathy associated with hereditary transthyretin-mediated amyloidosis. |
| Skysona | Elivaldogene Autotemcel | Cerebral Adrenoleukodystrophy |
| Zynteglo | Betibeglogene Autotemcel | Treatment of beta thalassemia in adult and pediatric patients who require regular red blood cell transfusions. |
| Gamifant | Empapalumab | Treatment of primary hemophagocytic lymphohistiocytosis (HLH) in adult and pediatric (newborn and older) patients with refractory, recurrent or progressive disease or intolerance to conventional HLH therapy. |

**The following drugs will be added to reinsurance (BIO Case Type) effective 10/01/2023:**

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| **Brand Name** | **Generic Name** | **FDA Indication** |
| Gattex | Teduglutide | Treatment of short bowel syndrome in adults and pediatric patients ≥1 year of age who are dependent on parenteral support. |
| Skyclarys | Omaveloxolone | Treatment of Friedreich ataxia in adults and adolescents ≥16 years of age. |
| Sohonos | Palovarotene | Treatment for reduction in the volume of new heterotopic ossification in adults and children aged 8 years and older for females and 10 years and older for males with fibrodysplasia ossificans progressiva. |
| Vyjuvek | Beremagene Geperpavec | Treatment of wounds in patients ≥6 months of age with dystrophic epidermolysis bullosa with mutation(s) in the collagen type VII alpha 1 chain (COL7A1) gene. |

Also, the CAR-T Drug, Breyanzi (Lisocabtagene Maraleucel), indicated for relapsed or refractory Large B-cell Lymphoma, was approved for coverage retroactive back to 10/01/2022 although AHCCCS currently does not have a specialty contract with any providers for the administration of this therapy.