

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Libtayo (cemiplimab-rwlc)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Libtayo (cemiplimab-rwlc)

### APPROVAL CRITERIA

Requests for Libtayo (cemiplimab-rwlc) injection may be approved if the following criteria are met:

- I. Individual has a diagnosis of metastatic Cutaneous Squamous Cell Carcinoma (CSCC);

**OR**

- II. Individual has a diagnosis of locally advanced CSCC and are not candidates for curative surgery or radiation.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.  
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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