

<p>For the Medicaid (GHP Family) line of business, please use the list at the following link below:</p> <ul style="list-style-type: none"> • Medicaid Medical Drug (PDL and non-PDL) prior authorization list 				
<p>This list of services applies to Commercial-Marketplace-Medicare-Chip lines of business unless otherwise noted. All drugs newly approved by the FDA should be considered to require prior authorization until such time as they are reviewed by the GHP Pharmacy & Therapeutics Committee. Final determinations to require prior authorization for specific drugs will be added to this list as they are made. The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or a device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL</p>				
Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
Abecma® (idecabtagene vicleucel)	8/15/2021		Monthly Provider Update July 2021	MBP 235.0
Q2055				
Abilify Asimtufii® (aripiprazole)	9/15/2023		Monthly Provider Update August 2023	MBP 106.0
J0402				
Abilify Maintena® (aripiprazole)	8/15/2013		Postcard July 2013	MBP 106.0
J0401				
Abraxane® (paclitaxel protein bound particles)	4/1/2006		Briefly March 2006	MBP 36.0
J9258, J9264				
Abrysvo™ (respiratory syncytial virus vaccine)	1/1/2023	Abrysvo™ will not require prior auth for patients greater than or equal to 60 years of age. Abrysvo™ will require prior auth for members less than 60 years of age when the applicable diagnosis code is not listed below.	Monthly Provider Update December 2022	MBP 296.0
<p>90678, Prior auth is not required for members less than 60 years of age with any of the following diagnosis codes: O09, O09.0, O09.00, O09.03, O09.1, O09.10, O09.13, O09.A, O09.A0, O09.A3, O09.2, O09.21, O09.213, O09.219, O09.29, O09.293, O09.299, O09.3, O09.30, O09.33, O09.4, O09.40, O09.43, O09.5, O09.51, O09.513, O09.519, O09.52, O09.523, O09.529, O09.6, O09.61, O09.613, O09.619, O09.62, O09.623, O09.629, O09.7, O09.70, O09.73, O09.8, O09.81, O09.813, O09.819, O09.82, O09.823, O09.829, O09.89, O09.893, O09.899, O09.9, O09.90, O09.93, O30, O30.0, O30.00, O30.003, O30.009, O30.01, O30.013, O30.019, O30.02, O30.023, O30.029, O30.03, O30.033, O30.039, O30.04, O30.043, O30.049, O30.09, O30.093, O30.099, O30.1, O30.10, O30.103, O30.109, O30.11, O30.113, O30.119, O30.12, O30.123, O30.129, O30.13, O30.133, O30.139, O30.19, O30.193, O30.199, O30.2, O30.20, O30.209, O30.21, O30.213, O30.219, O30.22, O30.223, O30.229, O30.8, O30.80, O30.803, O30.809, O30.81, O30.813, O30.819, O30.82, O30.823, O30.829, O30.83, O30.833, O30.839, O30.89, O30.893, O30.899, O30.9, O30.90, O30.93, Z33, Z33.1, Z33.3, Z34, Z34.0, Z34.00, Z34.03, Z34.8, Z34.80, Z34.83, Z34.9, Z34.90, Z34.93, Z3A, Z3A.0, Z3A.00, Z3A.3, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36</p>				

Actemra® IV (tocilizumab)	7/1/2010	Per policy, Actemra® does not require prior auth for Chimeric antigen receptor (CAR) T cell-induced severe (Z92.850) or cytokine release syndrome (CRS) (D89.83, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839)	Briefly June 2010	MBP 76.0
J3262				
Adakveo® (crizanlizumab-tmca)	7/1/2020		Monthly Provider Update June 2020	MBP 212.0
J0791				
Adcetris® (brentuximab vedotin)	4/15/2018		Monthly Provider Update March 2018	MBP 166.0
J9042				
Adstiladrin® (nadofaragene Firadenov-vncg)	3/15/2024		Monthly Provider Update February 2024	MBP 303.0
J9029				
Aduhelm™ (aducanumab-avwa)	7/15/2023	For the Medicare line of business, Aduhelm™, will be covered with prior auth consistent with the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) 200.3. Aduhelm™ is excluded from coverage for Commercial, Exchange, and CHIP lines of business.	Monthly Provider Update June 2023	MBP 287.0
J0172				
Akynzeo® IV (fosnetupitant/palonosetron)	6/15/2019		Monthly Provider Update May 2019	MBP 192.0
J1454				
Aldurazyme® (laronidase)	1/1/2006		Briefly March 2006	MBP 7.0
J1931				
Aliqopa® (copanlisib)	3/15/2018		Monthly Provider Update February 2018	MBP 161.0
J9057				

Aloxi® (palonosetron)	11/15/2012		Postcard July 2017-Annual Policy review	MBP 24.0
J2469				
Alpha 1-Antitrypsin Inhibitor Therapy (Aralast®, Glassia®, Prolastin-C®, Zemaira®)	4/1/2007		Briefly March 2007	MBP 43.0
J0256, J0257				
Ameluz® (aminolevulinic acid)	4/15/2017		Postcard March 2017	MBP 149.0
J7345				
Amondys 45® (casimersen)	10/1/2021		Monthly Provider Update September 2021	MBP 241.0
J1426				
Amvuttra™ (vutrisiran)	1/1/2023		Monthly Provider Update December 2022	MBP 268.0
J0225				
Andexxa® (andexanet alfa)	12/15/2018		Monthly Provider Update Nov 2018	MBP 183.0
J7169				
Aponvie™ (aprepitant)	11/15/2023		Monthly Provider Update October 2023	MBP 299.0
C9145				
Anjeso™ (meloxicam injection)	8/15/2022		Monthly Provider Update July 2022	MBP 261.0
Currently this drug is reported with an unlisted procedure code.				
Aralast® (alpha 1-proteinase inhibitor (human))	4/1/2007		Briefly March 2007	MBP 43.0
J0256				
Aranesp® (darbepoetin alfa)	6/15/2007		Postcard May 2016-Annual Policy Review	MBP 49.0
J0881, J0882				

Aristada® (aripiprazole lauroxil)		4/15/2016		Postcard July 2017-Annual Policy review	MBP 106.0
J1944					
Aristada Initio® (aripiprazole lauroxil)		3/15/2019		Monthly Provider Update February 2019	MBP 106.0
J1943					
Arranon® (nelarabine)		4/1/2009		Postcard June 2017-Annual Policy Review	MBP 64.0
J9261					
Arzerra® (ofatumumab)		7/1/2010		Briefly June 2010	MBP 73.0
J9302					
Asceniv™ (immune globulin)		1/1/2021		Monthly Provider Update December 2020	MBP 4.0
J1554					
Aveed® (testosterone undecanoate)		12/1/2014		Postcard July 2017-Annual Policy review	MBP 116.0
J3145					
Avsola® (infliximab-axxq)		7/1/2020		Monthly Provider Update June 2020	MBP 5.0
Q5121					
Avycaz® (cefazidime/avibactam)		1/1/2016		Postcard August 2017-Annual Policy Review	MBP 132.0
J0714					
Azedra® (iobenguane I 131)		3/15/2019		Monthly Provider Update February 2019	MBP 184.0
A9590					
Bavencio® (avelumab)		8/15/2017		Postcard July 2017	MBP 152.0
J9023					

Baxdela® IV (delafloxacin)		6/15/2018		Monthly Provider Update May 2018	MBP 169.0
C9462					
Beleodaq® (belinostat)		12/1/2014		Postcard June 2017-Annual Policy Review	MBP 117.0
J9032					
Benlysta® (belimumab)		10/1/2011		Postcard June 2017-Annual Policy Review	MBP 90.0
J0490					
Beovu® (brolucizumab)		5/15/2022		Monthly Provider Update April 2022	MBP 251.0
J0179					
Berinert® (C1 esterase inhibitor, human)		1/1/2011		Postcard July 2017-Annual Policy review	MBP 84.0
J0597					
Besponsa® (inotuzumab ozogamicin)		1/1/2018		Monthly Provider Update February 2018	MBP 160.0
J9229					
Bevacizumab (Avastin®)		4/15/2024	Intraocular Avastin® for the treatment of exudative macular degeneration, retinal vein occlusion, choroidal neovascularization and macular edema does NOT require prior authorization	Monthly Provider Update March 2024	MBP 309.0
C9257, J9035					
Beyfortus™ (nirsevimab)		7/17/2023	Prior auth is required for patients greater than 8 months of age up to 24 months of age	Monthly Provider Update June 2023	MBP 297.0
90380, 90381					
Bivigam® (immune globulin)		1/1/2014		Postcard December 2013	MBP 4.0
J1556					

Blincyto® (blinatumomab)		7/1/2015		Postcard June 2015	MBP 128.0
J9039					
Blood clotting factors given in a nonemergency outpatient Facility setting		4/1/2006	Prior auth is required for Commercial LOB's when NOT provided in the following locations 21, 22, 23, 24 and 11.	Briefly March 2006	Not Applicable
J7168, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213					
Boniva® (ibandronate sodium) Intravenous		7/1/2007		Briefly June 2007	MBP 42.0
J1740					
Botox® (onabotulinumtoxinA)		1/1/2000		Postcard July 2016-Annual Policy Review	MBP 11.0
J0585					
Botulinum Toxin and Derivatives (Botox®, Dysport®, Myobloc®, Xeomin®)		1/1/2020		Monthly Provider Update December 2019	MBP 11.0
J0585, J0586, J0587, J0588					
Breyanzi® (lisocabtagene maraleucel)		6/15/2021		Monthly Provider Update May 2021	MBP 228.0
Q2054					
Brineura® (cerliponase alfa)		1/1/2018		Postcard November 2017	MBP 157.0
J0567					
Briumvi® (ublituximab-xiiv)		9/15/2023		Monthly Provider Update August 2023	MBP 295.0
J2329					
Byooviz™ (ranibizumab-nuna)		3/15/2023		Monthly Provider Update February 2023	MBP 47.0
Q5124					
Carimune NF® (immune globulin)		1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1566					

Carvykti™ (ciltacabtagene autoleucl)	7/1/2022		Monthly Provider Update June 2022	MBP 256.0
Q2056				
Cerezyme® (imiglucerase)	10/1/2008		Postcard June 2017-Annual Policy Review	MBP 60.0
J1786				
Cimerli™ (ranibizumab-eqrn)	4/1/2023		Monthly Provider Update March 2023	MBP 47.0
Q5128				
Cimzia® (certolizumab pegol)	7/1/2010		Briefly June 2010	MBP 74.0
J0717				
Cinqair® (reslizumab)	12/15/2016		Postcard November 2016	MBP 145.0
J2786				
Cinryze® (C1 esterase inhibitor, human)	1/1/2011		Postcard July 2017-Annual Policy review	MBP 85.0
J0598				
Cinvanti® (aprepitant)	6/15/2019		Monthly Provider Update May 2019	MBP 191.0
J0185				
Clolar® (clofarabine)	4/1/2006		Briefly March 2006	MBP 38.0
J9027				
Columvi (glofitamab-gxbm)	12/15/2023		Monthly Provider Update November 2023	MBP 298.0
J9286				
Cosela™ (trilaciclib)	7/1/2021		Monthly Provider Update 2021	MBP 232.0
J1448				

Cosentyx® (secukinumab)	4/1/2024		Monthly Provider Update March 2024	Not Applicable
C9166				
Cresemba® IV (isavuconazonium sulfate)	1/1/2016		Postcard October 2015	MBP 134.0
J1833				
Crysvita® (burosumab-twza)	12/15/2018		Monthly Provider Update Nov 2018	MBP 182.0
J0584				
Cutaquig® (immune globulin)	3/15/2020		Monthly Provider Update February 2020	MBP 4.0
J1551				
Cuvitru® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1555				
Cyramza® (ramucirumab)	12/1/2014		Postcard July 2017-Annual Policy Review	MBP 115.0
J9308				
Dalvance® (dalbavancin)	3/1/2015		Postcard February 2015	MBP 121.0
J0875				
Danyelza® (naxitamab-gqgk)	6/15/2021		Monthly Provider Update May 2021	MBP 227.0
J9348				
Darzalex® (daratumumab)	7/1/2016		Postcard March 2016	MBP 139.0
J9145				
Darzalex Faspro® (daratumumab-hyaluronidase)	6/15/2021		Monthly Provider Update May 2021	MBP 230.0
J9144				

Dextenza® (dexamethasone ophthalmic (intracanalicular) insert)	6/15/2022		Monthly Provider update May 2022	MBP 255.0
J1096				
Durysta™ (bimatoprost intraocular implant)	11/15/2021		Monthly Provider Update October 2021	MBP 243.0
J7351				
Dysport® (abobotulinumtoxinA)	1/1/2010		Postcard July 2016-Annual Policy Review	MBP 11.0
J0586				
Elahere™ (mirvetuximab soravtansine-gynx)	7/1/2023		Monthly Provider Update June 2023	MBP 277.0
J9063				
Elaprase® (idursulfase)	7/1/2007		Briefly June 2007	MBP 44.0
J1743				
Elelyso® (taliglucerase alfa)	4/1/2013		Postcard June 2017-Annual Policy Review	MBP 100.0
J3060				
Elevidys (delandistrogene moxeparvovec-rokl)	1/1/2024		Monthly Provider Update December 2023	MBP 307.0
J1413				
Elfabrio® (pegunigalsidase alfa-iwxj)	10/15/2023		Monthly Provider Update September 2023	MBP 289.0
J2508				
Elitek® (rasburicase)	3/1/2005		Briefly March 2006	MBP 29.0
J2783				
Elrexio™ (elranatamab-bcmm)	1/1/2024		Monthly Provider Update December 2023	MBP 301.0
J1323				

Elzonris® (Tagraxofusp-erzs)		8/15/2019	Provider Monthly Update July 2019	MBP 197.0
J9269				
Emend® IV (fosaprepitant)		8/15/2013	Postcard May 2016-Annual Policy Review	MBP 104.0
J1453, J1456				
Empaveli™ (pegcetacoplan)		1/15/2022	Monthly Provider Update December 2021	MBP 245.0
Currently this drug is reported with an unlisted procedure code.				
Empliciti® (elotuzumab)		4/15/2016	Postcard March 2016	MBP 140.0
J9176				
Enhertu® (fam-trastuzumab deruxtecan-nxki)		6/15/2020	Monthly Provider Update May 2020	MBP 208.0
J9358				
Enjaymo® (sutimlimab-jome)		10/15/2022	Monthly Provider Update September 2022	MBP 264.0
J1302				
Entyvio® (vedolizumab)		12/1/2014	Postcard June 2017-Annual Policy Review	MBP 118.0
J3380				
Epkinly™ (epcoritamab-bysp)		10/1/2023	Monthly Provider Update September 2023	MBP 290.0
J9321				
Epogen® (epoetin alfa)		6/15/2007	Briefly June 2007	MBP 49.0
J0885, Q4081				
Eraxis® (anidulafungin)		1/1/2008	Briefly December 2007	MBP 53.0
J0348				

Erwinaze® (asparaginase)	7/1/2013		Postcard June 2017-Annual Policy Review	MBP 95.0
J9019				
Erythropoietin and Darbepoetin Therapy (Aranesp®, Epogen®, Procrit®, Retacrit®)	6/15/2007	darbepoetin alfa, epoetin alfa, epoetin alfa-epbx	Briefly June 2007	MBP 49.0
J0881, J0882, J0885, Q4081, Q5105, Q5106				
Evenity® (romosozumab-aqqg)	10/1/2019		Monthly Provider Update September 2019	MBP 202.0
J3111				
Evkeeza™ (evinacumab-dgnb)	10/1/2021		Monthly Provider Update September 2021	MBP 242.0
J1305				
Exondys 51® (eteplirsen)	4/1/2017		Postcard June 2017	MBP 148.0
J1428				
Eylea® (aflibercept), Eylea® HD (aflibercept hd)	11/15/2020		Monthly Provider Update October 2020	MBP 94.0
J0177, J0178				
Fabrazyme® (agalsidase beta)	1/1/2006		Briefly March 2006	MBP 18.0
J0180				
Fasenra® Prefilled Syringes (benralizumab)	8/15/2018		Monthly Provider Update July 2018	MBP 173.0
J0517				
Fensolvi® (leuprolide)	9/15/2021		Monthly Provider Update 2021	MBP 240.0
J1951				
Fetroja® (cefiderocol)	10/15/2020		Monthly Provider Update September 2020	MBP 219.0
J0699				

J1572				
Flebogamma® / Flebogamma DIF® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1325				
Flolan® or Veletri® (epoprostenol)	1/1/2009		Postcard July 2017-Annual Policy Review	MBP 61.0
Q5108				
Fulphila® (pegfilgrastim-jmdb)	3/15/2019	All locations require Prior auth except emergency room	Monthly Provider Update February 2019	MBP 59.0
J9331				
Fyarro™ (sirolimus protein-bound particles for injectable suspension) (albumin-bound)	8/15/2022		Monthly Provider Update July 2022	MBP 262.0
Q5130				
Fylnetra® (pegfilgrastim-pbbk)	4/1/2023	All locations require Prior auth except emergency room	Monthly Provider Update March 2023	MBP 59.0
J9210				
Gammagard Liquid® (immune globulin)	1/1/2008		Postcard December 2007	MBP 4.0
J1569				
Gammagard S/D® (immune globulin)	1/1/2020		Monthly Provider Update December 2019	MBP 4.0
J1566				
Gammplex® (immune globulin)	1/1/2012		Postcard December 2011	MBP 4.0
J1557				
Gammaked® / Gamunex / Gamunex-C® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1561				

			Monthly Provider Update December 2023	Not Applicable
J1574				
			Postcard July 2017-Annual Policy review	MBP 113.0
J9301				
			Postcard September 2016-Annual Policy Review	MBP 13.0
J7326				
			Postcard September 2016-Annual Policy Review	MBP 13.0
J7320				
			Monthly Provider Update June 2020	MBP 211.0
J0223				
			Briefly March 2007	MBP 43.0
J0257				
		All locations require Prior auth except emergency room	Postcard July 2014	MBP 59.0
J1447				
			Postcard May 2016-Annual Policy Review	MBP 88.0
J9179				
			Monthly Provider Update September 2023	MBP 286.0
J1411				
			Monthly Provider Update September 2018	MBP 179.0
J7170				

			Monthly Provider Update December 2010	MBP 4.0
Hizentra® (immune globulin)				
	1/1/2011			
J1559				
			Briefly September 2009	MBP 13.0
Hyalgan® (hyaluronan or derivative)				
	10/1/2009			
J7321				
			Postcard September 2016-Annual Policy Review	MBP 13.0
Hymovis® (hyaluronan or derivative)				
	1/1/2017			
J7322				
			Postcard June 2017-Annual Policy Review	MBP 4.0
Hyqvia® (immune globulin/hyaluronidase)				
	1/1/2016			
J1575				
			Monthly Provider Update August 2022	MBP 265.0
Igalmi™ (dexmedetomidine)				
	9/15/2022			
J1105				
			Postcard July 2017-Annual Policy Review	MBP 77.0
Ilaris® (canakinumab)				
	7/1/2010			
J0638				
			Monthly Provider Update March 2019	MBP 190.0
Ilumya® (tildrakizumab-asmn)				
	4/15/2019			
J3245				
		First treatment of Iluvien for diabetic macular edema does not require prior authorization.	Postcard June 2017-Annual Policy Review	MBP 129.0
Iluvien® (fluocinolone acetonide)				
	8/15/2015			
J7313				
			Postcard September 2017	MBP 156.0
Imfinzi® (durvalumab)				
	10/1/2017			
J9173				
			Monthly Provider Update February 2023	MBP 270.0
Imjudo® (tremelimumab-actl)				
	3/15/2023			
J9347				

Imlygic® (talimogene laherparepvec)	4/15/2016		Postcard March 2016	MBP 136.0
J9325				
Inflectra® (infliximab-dyyb)	6/15/2017		Postcard May 2017-Annual Policy Review	MBP 5.0
Q5103				
Injectable Antipsychotic Medications (Abilify Asimtufii®, Abilify Maintena®, Aristada®, Aristada Initio®, Invega Hafyera™, Invega Sustenna®, Invega Trinza®, Perseris®, Risperdal Consta®, Uzedy™, Zyprexa Relprevv®)	1/1/2020		Monthly Provider Update December 2019	MBP 106.0
J0402, J0401, J1944, J1943, J2427, J2426, J2798, J2794, J2799, J2358				
Intravenous Immune Globulin (IVIG) (Asceniv™, Bivigam®, Carimune NF®, Cutaquig®, Cuvitru®, Flebogamma®, Flebogamma DIF®, Gammagard Liquid®, Gammagard S/D®, Gammaked®, Gammaplex®, Gamunex, Gamunex-C®, Hizentra®, Hyqvia®, Octagam®, Panzyga®, Privigen®, Xembify®)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1554, J1556, J1566, J1551, J1555, J1572, J1569, J1561, J1557, J1559, J1575, J1568, J1576, J1459, J1558				
Invega Hafyera™ (paliperidone palmitate)	3/15/2022		Monthly Provider Update February 2022	MBP 106.0
J2427				
Invega Sustenna® (paliperidone palmitate)	8/15/2013		Postcard July 2017-Annual Policy Review	MBP 106.0
J2426				
Invega Trinza® (paliperidone palmitate)	12/15/2015		Postcard November 2015	MBP 106.0
J2427				
Istodax® (romidepsin)	10/1/2010		Briefly September 2010	MBP 78.0
J9318, J9319				
Ixempra® (ixabepilone)	10/1/2008		Postcard June 2017-Annual Policy Review	MBP 63.0
J9207				

			Monthly Provider Update March 2024	Not Applicable
J2782				
			Monthly Provider Update January 2023	MBP 266.0
J9281				
			Monthly Provider Update Septemeber 2021	MBP 236.0
J9272				
			Briefly December 2010	MBP 82.0
J9043				
			Postcard June 2017-Annual Policy Review	MBP 108.0
J9354				
			Postcard June 2017-Annual Policy Review	MBP 86.0
J1290				
			Monthly Provider Update December 2016	MBP 180.0
J2840				
			Postcard July 2017-Annual Policy Review	MBP 119.0
J9271				
			Monthly Provider Update March 2020	MBP 206.0
J0642				
			Monthly Provider Update April 2022	MBP 250.0
J9274				

J2406				
Kimyrsa™ (oritavancin)	3/15/2022		Monthly Provider Update February 2022	MBP 247.0
J0879				
Korsuva™ (difelikefalin)	7/15/2023		Monthly Provider Update June 2023	MBP 279.0
J2507				
Krystexxa® (pegloticase)	3/15/2023		Monthly Provider Update February 2023	MBP 272.0
Q2042				
Kymriah® (tisagenlecleucel)	1/1/2018		Monthly Provider Update February 2018	MBP 159.0
J9047				
Kyprolis® (carfilzomib)	1/1/2013		Postcard August 2016-Annual Policy Review	MBP 97.0
J0217				
Lamzede® (velmanase alfa-tycv)	10/15/2023		Monthly Provider Update September 2023	MBP 291.0
J0202				
Lemtrada® (alemtuzumab)	7/1/2015		Postcard June 2015	MBP 125.0
J0174				
Leqembi™ (lecanemab-irmb)	7/15/2023	For the Medicare line of business, Leqembi™ will be covered with prior auth consistent with the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) 200.3.	Monthly Provider Update June 2023	MBP 288.0
J1306				
Leqvio® (inclisiran)	6/15/2022		Monthly Provider Update May 2022	MBP 254.0

Leukine® (sargramostim (GM-CSF))	4/1/2008	All locations require Prior auth except emergency room	Briefly March 2008	MBP 59.0
J2820				
Libtayo® (cemiplimab-rwlc)	4/1/2019		Monthly Provider Update March 2019	MBP 186.0
J9119				
Lucentis® (ranibizumab)	11/15/2020		Monthly Provider Update October 2020	MBP 47.0
J2778				
Lumizyme® (alglucosidase alfa)	1/1/2011		Postcard June 2017-Annual Policy Review	MBP 83.0
J0221				
Lumoxiti® (moxetumomab pasudotox-tdfk)	4/1/2019		Monthly Provider Update March 2019	MBP 189.0
J9313				
Lunsumio™ (mosunetuzumab-axgb)	7/1/2023		Monthly Provider Update June 2023	MBP 280.0
J9350				
Lutathera® (lutetium Lu 177 dotatate)	6/15/2018		Monthly Provider Update May 2018	MBP 170.0
A9513				
Luxturna® (voretigene-neparvovec-rzyl)	8/15/2018		Monthly Provider Update July 2018	MBP 174.0
J3398				
Margenza™ (margetuximab-cmkb)	7/1/2021		Monthly Provider Update June 2021	MBP 231.0
J9353				
Mepsevii® (vestronidase alfa-vjkb)	8/15/2018		Monthly Provider Update July 2018	MBP 175.0
J3397				

J0887, J0888				
Mircera® (methoxy polyethylene glycol-epoetin beta)	8/15/2015		Postcard June 2017-Annual Policy Review	MBP 130.0
J9349				
Monjuvi® (tafasitamab-cxix)	11/15/2020		Monthly Provider Update October 2020	MBP 221.0
J7327				
Monovisc® (hyaluronan or derivative)	10/1/2009		Briefly September 2009	MBP 13.0
J9203				
Mylotarg® (gemtuzumab ozogamicin)	4/15/2018		Monthly Provider Update March 2018	MBP 163.0
J0587				
Myobloc® (rimabotulinumtoxinB)	1/1/2001		Briefly March 2006	MBP 11.0
J1458				
Naglazyme® (galsulfase)	10/1/2006		Briefly September 2006	MBP 39.0
J2506				
Neulasta® / Neulasta Onpro® (pegfilgrastim)	4/1/2008	All locations require Prior auth except emergency room	Briefly March 2008	MBP 59.0
J1442				
Neupogen® (filgrastim (G-CSF))	4/1/2008	All locations require Prior auth except emergency room	Briefly March 2008	MBP 59.0
J0219				
Nexviazyme® (avalglucosidase alfa-ngpt)	4/15/2022		Monthly Provider Update March 2022	MBP 248.0
Q5110				
Nivestym® (filgrastim-aafi)	6/15/2019	All locations require Prior auth except emergency room	Monthly Provider Update May 2019	MBP 59.0

Nplate® (romiplostim)	7/1/2009		Briefly July 2009	MBP 68.0
J2796				
Nucala® vial (mepolizumab)	6/15/2016		Postcard May 2016-Annual Policy Review	MBP 141.0
J2182				
Nulibry™ (fosdenopterin)	9/15/2021		Monthly Provider Update August 2021	MBP 238.0
Currently this drug is reported with an unlisted procedure code.				
Nulojix® (belatacept)	1/1/2012		Postcard June 2017-Annual Policy Review	MBP 93.0
J0485				
Nuzyra® (omadacycline) Injection	3/15/2020		Monthly Provider Update February 2020	MBP 203.0
J0121				
Nyvepria™ (pegfilgrastim-apgf)	1/1/2021	All locations require Prior auth except emergency room		MBP 59.0
Q5122				
Ocrevus® (ocrelizumab)	10/1/2017		Postcard September 2017	MBP 155.0
J2350				
Octagam® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1568				
Olinvyk™ (oliceridine)	6/15/2021		Monthly Provider Update May 2021	MBP 229.0
C9101				
Omisirge® (omidubicel-onlv)	10/15/2023		Monthly Provider Update September 2023	MBP 292.0
Currently this drug is reported with an unlisted procedure code.				

Onivyde® (irinotecan liposome injection)	4/15/2016		Postcard March 2016	MBP 138.0
J9205				
Onpatro® (patisiran)	4/15/2019		Monthly Provider Update March 2019	MBP 188.0
J0222				
Opdivo® (nivolumab)	7/1/2015		Postcard July 2017-Annual Policy Review	MBP 126.0
J9299				
Opdualag™ (nivolumab and relatlimab-rmbw)	7/15/2022		Monthly Provider Update June 2022	MBP 257.0
J9298				
Orencia® (abatacept)	2/1/2007		Briefly December 2006	MBP 40.0
J0129				
Orthovisc® (hyaluronan or derivative)	10/1/2008		Briefly September 2008	MBP 13.0
J7324				
Oxlumo® (lumasiran)	7/1/2021		Monthly Provider Update June 2021	MBP 234.0
J0224				
Paclitaxel Protein-Bound Particles	7/1/2023		Monthly Provider Update June 2023	MBP 36.0
J9259				
Padcev® (enfortumab vedotin-ejfv)	6/15/2020		Monthly Provider Update May 2020	MBP 209.0
J9177				
Panzyga® (immune globulin)	1/1/2020		Monthly Provider Update December 2019	MBP 4.0
J1576				

Parsabiv® (etelcalcetide)	6/15/2018		Monthly Provider Update May 2018	MBP 168.0
J0606				
Pedmark (sodium thiosulfate)	4/1/2023		Monthly Provider Update March 2023	MBP 275.0
J0208				
Pepaxto® (melphalan flufenamide)	7/1/2021		Monthly Provider Update June 2021	MBP 233.0
J9247				
Perseris® (risperidone)	6/15/2019		Monthly Provider Update May 2019	MBP 106.0
J2798				
Pluvicto™ (lutetium Lu 177 vipivotide tetraxetan)	9/15/2022		Monthly Provider Update August 2022	MBP 263.0
A9607				
Polivy® (polatuzumab vedotin-piiq)	11/15/2019		Monthly Provider Update October 2019	MBP 200.0
J9309				
Portrazza® (necitumumab)	6/15/2016		Postcard May 2016-Annual Policy Review	MBP 142.0
J9295				
Poteligeo® (mogamulizumab-kpkc)	3/15/2019		Monthly Provider Update February 2019	MBP 185.0
J9204				
Praxbind® (idarucizumab)	6/15/2016		Postcard May 2016-Annual Policy Review	MBP 143.0
Currently this drug is billed with an unlisted procedure code.				
Prevymis™ IV (letermovir)	8/15/2018		Monthly Provider Update July 2018	MBP 177.0
Currently this drug is reported with an unlisted procedure code				

J2278				
Prialt® (ziconotide intrathecal infusion)	1/1/2008		Briefly December 2007	MBP 58.0
J1459				
Privigen® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J0885, Q4081				
Procrit® (epoetin alfa)	6/15/2007		Briefly June 2007	MBP 49.0
J0256				
Prolastin-C® (alpha 1-proteinase inhibitor (human))	4/1/2007		Briefly March 2007	MBP 43.0
J0897				
Prolia® (denosumab)	1/1/2011		Postcard June 2017-Annual Policy Review	MBP 81.0
Q2043				
Provenge® (sipuleucel-T)	1/1/2011		Postcard June 2017-Annual Policy Review	MBP 79.0
J1304				
Qalsody™ (tofersen)	10/1/2023		Monthly Provider Update September 2023	MBP 293.0
J7336				
Qutenza® (capsaicin topical system)	2/15/2023		Monthly Provider Update January 2023	MBP 269.0
J1301				
Radicava® (edaravone)	10/1/2017		Postcard September 2017	MBP 154.0
J0896				
Reblozyl® (luspatercept-aamt)	7/1/2020		Monthly Provider Update June 2020	MBP 210.0

Rebyota™ (fecal microbiota, live-jslm)		7/1/2023		Monthly Provider Update June 2023	MBP 281.0
J1440					
Recarbrio™ (imipenem/cilastatin/relebactam)		7/1/2020		Monthly Provider Update June 2020	MBP 215.0
J0742					
Releuko® (filgrastim-ayow)		7/1/2022	All locations require Prior auth except emergency room	Monthly Provider Update June 2022	MBP 59.0
Q5125					
Remicade® (infliximab)		3/1/2001		Postcard June 2017-Annual Policy Review	MBP 5.0
J1745					
Remodulin® IV (treprostinil sodium)		1/1/2009		Briefly December 2008	MBP 62.0
J3285					
Renflexis® (infliximab-abda)		1/1/2018		Monthly Provider Update March 2018	MBP 5.0
Q5104					
Retacrit® (epoetin alfa-epbx)		3/15/2019		Monthly Provider Update February 2019	MBP 49.0
Q5105, Q5106					
Revcovi® (elapegademase-lvlr)		6/15/2019		Monthly Provider Update June 2019	MBP 193.0
Currently this drug is reported with an unlisted procedure code					
Rezzayo™ (rezafungin)		4/15/2024		Monthly Provider Update March 2024	MBP 313.0
J0349					
Riabni™ (rituximab-arrx)		7/1/2021	Per policy, Riabni™ does not require prior auth for Non-Hodgkin's Lymphoma (C82.00-C88.9), Chronic Lymphocytic Leukemia (C91.10-C91.12), and Multiple Sclerosis (G35)	Monthly Provider Update June 2021	MBP 48.0
Q5123					

			Postcard July 2017-Annual Policy Review	MBP 106.0
J2794				
			Monthly Provider Update September 2018	MBP 165.0
J9311				
			Monthly Provider Update March 2018	MBP 48.0
J9312				
			Monthly Provider Update December 2023	MBP 308.0
J1412				
			Monthly Provider Update March 2023	MBP 59.0
J1449				
			Postcard July 2017-Annual Policy Review	MBP 124.0
J0596				
		Per policy, Ruxience® does not require prior auth for Non-Hodgkin's Lymphoma (C82-00-C88.9), Chronic Lymphocytic Leukemia (C91.10-C91.12), and Multiple Sclerosis (G35)	Monthly Provider Update June 2020	MBP 48.0
Q5119				
			Monthly Provider Update August 2021	MBP 239.0
J9061				
			Monthly Provider Update October 2021	MBP 244.0
J9021				
			Monthly Provider Update June 2022	MBP 258.0
J2998				

Rystiggo® (rozanolixumab-noli)	1/1/2024		Monthly Provider Update December 2023	MBP 305.0
J9333				
Sandostatin LAR® (Octreotide acetate)	4/1/2013		Briefly March 2013	MBP 99.0
J2353				
Saphnelo™ (anifrolumab-fnia)	4/15/2022		Monthly Provider Update March 2022	MBP 249.0
J0491				
Sarclisa® (isatuximab-irfc)	9/15/2020		Monthly Provider Update August 2020	MBP 213.0
J9227				
Scenesse® (afamelanotide)	10/15/2020		Monthly Provider Update September 2020	MBP 220.0
J7352				
Signifor LAR® (pasireotide LAR)	1/1/2016		Postcard July 2017-Annual Policy Review	MBP 133.0
J2502				
Simponi Aria® (golimumab)	10/1/2014		Postcard September 2014	MBP 112.0
J1602				
Site of Care Review Guidelines for Infusion Drugs and Specialty Medications	10/15/2018	This policy does not apply to the Medicare line of business.	Monthly Provider Update September 2018	MBP 181.0
Specific intravenous and injectable drugs must meet applicable medical necessity criteria for coverage.				
Sivextro® (tedizolid phosphate) IV	3/1/2015		Postcard February 2015	MBP 122.0
J3090				
Skyrizi® IV (risankizumab intravenous)	1/15/2023		Monthly Provider Update December 2022	MBP 267.0
J2327				

Skysona® (elivaldogene autotemcel)	7/15/2023		Monthly Provider Update June 2023	MBP 282.0
Currently this drug is reported with an unlisted procedure code				
Soliris® (eculizumab)	10/1/2008		Postcard May 2016-Annual Policy Review	MBP 54.0
J1300				
Spevigo® (spesolimab-sbzo)	4/15/2023		Monthly Provider Update March 2023	MBP 274.0
J1747				
Spinraza® (nusinersen)	7/1/2017		Postcard June 2017	MBP 151.0
J2326				
Spravato® (esketamine)	8/15/2019		Monthly Provider Update July 2019	MBP 195.0
G2082, G2083, S0013				
Stelara® IV (ustekinumab)	7/1/2010		Postcard June 2017-Annual Policy Review	MBP 75.0
J3357, J3358				
Stimufend® (pegfilgrastim-fpgk)	4/1/2023	All locations require Prior auth except emergency room	Monthly Provider Update March 2023	MBP 59.0
Q5127				
Supprelin LA® (histrelin acetate implant)	7/1/2009		Postcard July 2017-Annual Policy Review	MBP 67.0
J1675, J9226				
Sustol® (granisetron ER)	4/15/2017		Postcard April 2017	MBP 150.0
J1627				
Susvimo™ (ranibizumab implant)	4/1/2022		Monthly Provider Update March 2022	MBP 252.0
J2779				

			Monthly Provider Update May 2023	MBP 278.0
J2781				
			Postcard February 2015	MBP 120.0
J2860				
			Briefly March 2006	MBP 2.0
90378				
			Monthly Provider Update September 2023	MBP 13.0
J7331				
			Postcard June 2017-Annual Policy Review	MBP 102.0
J9262				
			Monthly Provider Update December 2023	MBP 302.0
J3055				
			Monthly Provider Update December 2021	MBP 224.0
Q2053				
			Postcard July 2017-Annual Policy Review	MBP 144.0
J9022				
			Monthly Provider Update March 2023	MBP 273.0
J9380				
			Postcard November 2017	MBP 158.0
J9340				

	10/1/2020		Monthly Provider Update September 2020	MBP 217.0
Tepezza® (teprotumumab-trbw)				
J3241				
	3/15/2023		Monthly Provider Update February 2023	MBP 271.0
Terlivaz® (terlipressin)				
Currently this drug is reported with an unlisted procedure code				
	7/1/2022		Monthly Provider Update June 2022	MBP 259.0
Tezspire® (tezepelumab-ekko)				
J2356				
	3/15/2022		Monthly Provider Update February 2022	MBP 246.0
Tivdak™ (tisotumab vedotin-tftv)				
J9273				
	4/1/2009		Postcard May 2016-Annual Policy Review	MBP 65.0
Torisel® (temsirolimus)				
J9330				
	9/15/2023		Monthly Provider Update August 2023	MBP 294.0
Trastuzumab (Herceptin®)				
J9355				
	10/15/2023		Monthly Provider Update September 2023	MBP 13.0
Triluron™ (hyaluronan or derivative)				
J7332				
	3/15/2020		Monthly Provider Update February 2020	MBP 204.0
Triptodur® (triptorelin)				
J3316				
	6/15/2018		Monthly Provider Update May 2018	MBP 172.0
Trisenox® (arsenic trioxide)				
J9017				
	12/15/2021		Monthly Provider Update Nov 2021	MBP 13.0
Trivisc® (hyaluronan or derivative)				
J7329				

J9317				
Trodelyv® (sacituzumab govitecan-hziy)	10/1/2020		Monthly Provider Update September 2020	MBP 216.0
Q5115				
Truxima® (rituximab-abbs)	7/1/2019	Per policy, Truxima® does not require prior auth for Non-Hodgkin's Lymphoma (C82-00-C88.9), Chronic Lymphocytic Leukemia (C91.10-C91.12), and Multiple Sclerosis (G35)	Monthly Provider Update June 2019	MBP 48.0
J2323				
Tysabri® (natalizumab)	1/1/2008		Briefly December 2007	MBP 57.0
J9381				
Tzield™ (teplizumab-mzwv)	7/1/2023		Monthly Provider Update June 2023	MBP 283.0
Q5111				
Udenyca® (pegfilgrastim-cbqv)	1/1/2019		Monthly Provider Update December 2018	MBP 59.0
J1303				
Ultomiris® (Ravulizumab-cwvz)	8/15/2019		Monthly Provider Update July 2019	MBP 196.0
J1246				
Unituxin® (dinutuximab)	1/1/2016		Postcard October 2015	MBP 135.0
J1823				
Uplizna® (inebilizumab-cdon)	1/1/2021		Monthly Provider Update December 2020	MBP 225.0
J2799				
Uzedy™ (risperidone)	9/15/2023		Monthly Provider Update August 2023	MBP 106.0

Vabomere® (meropenem/vaborbactam)	6/15/2018		Monthly Provider Update May 2018	MBP 167.0
J2186				
Vabysmo® (faricimab)	5/15/2022		Monthly Provider Update April 2022	MBP 253.0
J2777				
Varubi® IV (rolapitant)	6/15/2018		Monthly Provider Update May 2018	MBP 171.0
J2797				
Vectibix® (panitumumab)	7/1/2007		Briefly June 2007	MBP 50.0
J9303				
Velcade® (bortezomib)	8/1/2004		Briefly March 2006	MBP 23.0
J9041, J9046, J9048, J9049				
Veopoz™ (pozelimab-bbfg)	4/1/2024		Monthly Provider Update March 2024	MBP 312.0
J9376				
Viltepso® (viltolarsen)	4/1/2021		Monthly Provider Update March 2021	MBP 226.0
J1427				
Vimizim® (elosulfase alfa)	12/1/2014		Postcard November 2014	MBP 114.0
J1322				
Visco-3® (hyaluronan or derivative)	6/15/2018		Monthly Provider Update May 2018	MBP 13.0
J7321				
Viscosupplementation using hyaluronan injections (Gel-One®, GenVisc 850®, Hyalgan®, Hymovis®, Monovisc®, Orthovisc, Synjoynt®, Triluron™, Trivisc®, Visco-3®)	10/1/2009	Durolane®, Euflexxa®, Gelsyn-3®, Supartz FX®, Synvisc® / Synvisc One® DO NOT require Prior Auth	Briefly September 2009	MBP 13.0
J7326, J7320, J7321, J7322, J7327, J7324, J7331, J7332, J7329				

Voraxaze® (glucarpidase)	1/1/2014		Postcard June 2017-Annual Policy Review	MBP 96.0
C9293				
VPRIV® (velaglucerase alfa)	1/1/2014		Postcard June 2017-Annual Policy Review	MBP 105.0
J3385				
Vyepti® (eptinezumab-jjmr)	10/1/2020		Monthly Provider Update September 2020	MBP 218.0
J3032				
Vyjuvek™ (beremagene geperpavec-svdt)	1/1/2024		Monthly Provider Update December 2023	MBP 306.0
J3401				
Vyondys 53® (golodirsen)	7/1/2020		Monthly Provider Update June 2020	MBP 214.0
J1429				
Vyvgart® (efgartigimod alfa-fcab), Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase injection)	7/1/2022		Monthly Provider Update June 2022	MBP 260.0
J9332, J9334				
Vyxeos® (daunorubicin/cytarabine liposomal)	4/15/2018		Monthly Provider Update March 2018	MBP 164.0
J9153				
White Blood Cell Stimulating Factors (Fulphila®, Fylnetra®, Granix®, Leukine®, Neulasta®, Neulasta Onpro®, Neupogen®, Nivestym®, Nyvepria™, Releuko®, Rolvedon™, Stimufend®, Udenyca®, Zarxio®, Ziextenzo®)	4/1/2008	All locations require Prior auth except emergency room	Briefly March 2008	MBP 59.0
Q5108, Q5130, J1447, J2820, J2506, J1442, Q5110, Q5122, Q5125, J1449, Q5127, Q5111, Q5101, Q5120				
Xacduro® (sulbactam and durlobactam)	4/15/2024		Monthly Provider Update March 2024	MBP 311.0
Currently this drug is billed with and unlisted procedure code				
Xembify® (immune globulin)	3/15/2022		Monthly Provider Update February 2022	MBP 4.0
J1558				

Xeomin® (incobotulinumtoxinA)	1/1/2012		Briefly December 2011	MBP 11.0
J0588				
Xenleta® IV (lefamulin)	4/15/2020		Monthly Provider Update March 2020	MBP 207.0
J0691				
Xenpozyme® (olipudase alfa-rpcp)	4/1/2023		Monthly Provider Update March 2023	MBP 284.0
J0218				
Xerava® (eravacycline)	6/15/2019		Monthly Provider Update May 2019	MBP 194.0
J0122				
Xgeva® (denosumab)	7/1/2011		Postcard June 2017-Annual Policy Review	MBP 89.0
J0897				
Xiaflex® (collagenase clostridium histolyticum)	1/1/2011		Briefly December 2010	MBP 80.0
J0775				
Xofigo® (radium Ra 223 dichloride)	9/1/2013		Postcard August 2013	MBP 110.0
A9606				
Xolair® (Omalizumab)	2/1/2004		Briefly March 2006	MBP 22.0
J2357				
Ycanth™ (cantharidin)	4/1/2024		Monthly Provider Update March 2024	Not Applicable
J7354				
Yervoy® (ipilimumab)	10/1/2011		Postcard May 2016-Annual Policy Review	MBP 91.0
J9228				

Yescarta® (axicabtagene ciloleucel)	4/1/2018		Monthly Provider Update March 2018	MBP 162.0
Q2041				
Yondelis® (trabectedin)	7/1/2016		Postcard March 2016	MBP 137.0
J9352				
Zaltrap® (ziv-aflibercept)	4/1/2013		Postcard June 2017-Annual Policy Review	MBP 101.0
J9400				
Zarxio® (filgrastim-sndz)	1/1/2016	All locations require Prior auth except emergency room	Postcard January 2016-Annual Policy Review	MBP 59.0
Q5101				
Zemaira® (alpha 1-proteinase inhibitor (human))	4/1/2007		Briefly March 2007	MBP 43.0
J0256				
Zemdri® (plazomicin)	4/15/2019		Monthly Provider Update March 2019	MBP 187.0
J0291				
Zepzelca® (lurbinectedin)	11/15/2020		Monthly Provider Update October 2020	MBP 222.0
J9223				
Zerbaxa® (ceftolozane/tazobactam)	3/15/2020		Monthly Provider Update February 2020	MBP 205.0
J0695				
Zevalin® (Ibritumomab)	1/1/2006		Briefly March 2006	MBP 15.0
A9542, A9543				
Ziextenzo® (pegfilgrastim-bmez)	4/1/2020	All locations require Prior auth except emergency room	Monthly Provider Update March 2020	MBP 59.0
Q5120				

Zilretta® (triamcinolone acetonide ER injection)	8/15/2018		Monthly Provider Update July 2018	MBP 178.0
J3304				
Zinplava® (bezlotoxumab)	7/1/2017		Postcard August 2017	MBP 153.0
J0565				
Zolgensma® (onasemnogene abeparvovec-xioi)	11/15/2019		Monthly Provider Update October 2019	MBP 199.0
J3399				
Zulresso® (brexanolone)	1/15/2020		Monthly Provider Update December 2019	MBP 201.0
J1632				
Zynlonta® (loncastuximab tesirine-lpyl)	9/15/2021		Monthly Provider Update August 2021	MBP 237.0
J9359				
Zynteglo® (betibeglogene autotemcel)	7/15/2023		Monthly Provider Update June 2023	MBP 276.0
Currently this drug is reported with an unlisted procedure code				
Zynyz™ (retifanlimab-dlwr)	7/15/2023		Monthly Provider Update June 2023	MBP 285.0
J9345				
Zyprexa Relprevv® (olanzapine)	8/15/2013		Postcard July 2017-Annual Policy Review	MBP 106.0
J2358				