

This list of services applies to GHP Family (Medicaid) line 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 determination 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 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. Drugs indicated as "Statewide PDL Managed" are part of the Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL). Policies and Prior Authorization requirements for those medications are governed by the Pennsylvania Department of Human Services and Implemented by GHP. Current Procedural Terminology (CPT®) © American Medical Association: Chicago IL.

| 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 Maintena® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J0401, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |
| Abraxane® (paclitaxel protein-bound particles) | 4/1/2006 | | Briefly March 2006 | MBP 36.0 |
| J9264 | | | | |
| Actemra® Actpen, Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J3262 | | | | |
| Adakveo® Vial | 7/1/2020 | | Statewide PDL Managed | Sickle Cell Anemia Agents |
| J0791 | | | | |
| Adcetris® (brentuximab vedotin) | 4/15/2018 | | Monthly Provider Update March 2018 | MBP 166.0 |
| J9042 | | | | |
| Advate® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor VIII |
| J7192 | | | | |
| Adynovate® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor VIII |
| J7207 | | | | |
| Afstyla® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor VIII |
| J7210 | | | | |

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| Akynzeo® | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J1454 | | | | |
| Aldurazyme® (Iaronidase) | 1/1/2006 | | Briefly March 2006 | MBP 7.0 |
| J1931 | | | | |
| Aliqopa® (copanlisib) | 3/15/2018 | | Monthly Provider Update February 2018 | MBP 161.0 |
| J9057 | | | | |
| Alpha 1-Antitrypsin Inhibitor Therapy (Aralast®, Glassia®, Prolastin®, Zemaira®) | 4/1/2007 | | Briefly March 2007 | MBP 43.0 |
| J0256, J0257 | | | | |
| Alphanate® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor VIII/VWF |
| J7186 | | | | |
| AlphaNine SD | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor IX |
| J7193 | | | | |
| Alprolix® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor IX |
| J7201 | | | | |
| 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 | | | | |
| Andexxa® (andexanet alfa) | 12/15/2018 | | Monthly Provider Update Nov 2018 | MBP 183.0 |
| J7169 | | | | |
| Aralast® (human alpha₁-proteinase inhibitor) | 4/1/2007 | | Briefly March 2007 | MBP 43.0 |
| J0256 | | | | |

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|--|-----------|-----------------------|---|-----------------------------------|
| Aranesp® | 1/1/2020 | EPO, darbepoetin alfa | Statewide PDL Managed | Erythropoiesis Stimulating Agents |
| J0881, J0882 | | | | |
| Aristada® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J1944, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |
| Aristada Initio® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J1943, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |
| 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 | | | | |
| Ativan Vial | 1/5/2021 | | Statewide PDL Managed | Anxiolytics |
| J2060, <u>Prior authorization is only required for the following NDC numbers:</u> 00641600001, 00641600010, 00641600101, 00641600125, 54868240701, 60977011201, 60977011202, 60977011271, 60977011281, 60977011281, 60977011601, 60977011602, 00641600201, 00641600210, 00641600301, 00641600325, 60977011301, 60977011302, 60977011371, 60977011381 | | | | |
| Aveed® Vial | 1/1/2020 | | Statewide PDL Managed | Androgenic Agents |
| J3145 | | | | |
| Avsola® Vial | 7/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| Q5121 | | | | |
| Avycaz® (ceftazidime/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 | | | | |

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| 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 | | | | |
| Benefix® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor IX |
| J7195 | | | | |
| Beovu® Vial | 4/15/2020 | | Statewide PDL Managed | Macular Degeneration Agents |
| J0179 | | | | |
| Benlysta® (belimumab) | 10/1/2011 | | Postcard June 2017-Annual Policy Review | MBP 90.0 |
| J0490 | | | | |
| Berinert® | 1/1/2020 | | Statewide PDL Managed | Hereditary Angioedema (HAE) Agents |
| J0597 | | | | |
| Besponsa® (inotuzumab ozogamicin) | 1/1/2018 | | Monthly Provider Update February 2018 | MBP 160.0 |
| J9229 | | | | |
| Bivigam® (intravenous immune globulin) | 1/1/2014 | | Postcard December 2013 | MBP 4.0 |
| J1556 | | | | |
| Blenrep (belantamab mafodotin-blmf) | 3/15/2021 | | Monthly Provider Update February 2021 | MBP 223.0 |
| J9037 | | | | |
| Blincyto® (blinatumomab) | 7/1/2015 | | Postcard June 2015 | MBP 128.0 |
| J9039 | | | | |

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| Blood Clotting Factors Given in a Nonemergency Outpatient Facility Setting (Advate®, Adynovate®, Afsyla®, Alphanate®, AlphaNine SD, Alprolix®, Benefix®, Eloctate, Esperoct®, Feiba NF®, Helixate FS®, Hemlibra®, Hemofil-M®, Humate-P®, Idelvion®, Ixinity, Jivi®, Kcentra, Koate®, Kogenate FS®, Kovaltry®, Monoclate-P®, Mononine®, Novoeight®, Novoseven RT®, Nuwiq®, Obizur®, Profilnine SD®, Rebinyn®, Recombinate®, Rixubis®, Sevenfact, Vonvendi®, Wilate®, Xyntha®) | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents |
| J7192, J7207, J7210, J7186, J7193, J7201, J7195, J7205, J7204, J7198, J7170, J7168, J7190, J7187, J7202, J7208, J7211, J7182, J7189, J7209, J7188, J7194, J7203, J7200, J7212, J7179, J7183, J7185 | | | | |
| Boniva® Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Bone Density Regulators |
| J1740 | | | | |
| Botox® | 1/1/2020 | | Statewide PDL Managed | Botulinum Toxins |
| J0585 | | | | |
| Botulinum Toxin and Derivatives (Botox®, Dysport®, Myobloc®, Xeomin®) | 1/1/2020 | | Statewide PDL Managed | Botulinum Toxins |
| 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 | | | | |
| Byooviz | 4/1/2022 | | Statewide PDL Managed | Not Applicable |
| Q5124 | | | | |
| Cabenuva® Vial | 7/1/2021 | | Statewide PDL Managed | HIV/AIDS-Single Product Regimens |
| J0741 | | | | |
| Carimune NF® (intravenous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1566 | | | | |

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| Carvykti™ (ciltacabtagene autoleucl) | 7/1/2022 | | Monthly Provider Update June 2022 | MBP 256.0 |
| C9098 | | | | |
| Cerezyme® | 1/1/2020 | | Statewide PDL Managed | Enzyme Replacements, Gaucher Disease |
| J1786 | | | | |
| Cimzia® Syringe | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J0717 | | | | |
| Cinqair® Vial | 1/1/2020 | | Statewide PDL Managed | Monoclonal Antibodies (MABs)-ANTI-IL, ANTI-IGE |
| J2786 | | | | |
| Cinryze® Vial | 1/1/2020 | | Statewide PDL Managed | Hereditary Angioedema (HAE) Agents |
| J0598 | | | | |
| Clolar® (clofarabine) | 4/1/2006 | | Briefly March 2006 | MBP 38.0 |
| J9027 | | | | |
| Cosela™ (trilaciclib) | 7/1/2021 | | Monthly Provider Update June 2021 | MBP 232.0 |
| J1448 | | | | |
| 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 subcutaneous) | 3/15/2020 | | Monthly Provider Update February 2020 | MBP 4.0 |
| J1551 | | | | |
| Cuvitru® (subcutaneous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1555 | | | | |

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| Cyramza® (ramucirumab) | 12/1/2014 | | Postcard July 2017-Annual Policy Review | MBP 115.0 |
| J9308 | | | | |
| Dacogen® (decitabine) | 7/1/2007 | | Briefly June 2007 | MBP 46.0 |
| J0894 | | | | |
| Dalvance® (dalbavancin) | 3/1/2015 | | Postcard February 2015 | MBP 121.0 |
| J0875 | | | | |
| Danyelza® (naxitamab-gqqk) | 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 2021 | MBP 230.0 |
| J9144 | | | | |
| Depo-Provera® Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Contraceptives, Other |
| J1050, <u>Prior authorization is only required for the following NDC numbers:</u> 00009737611, 00009074630, 00009074635 | | | | |
| Depo-Testosterone® Vial | 1/1/2020 | | Statewide PDL Managed | Androgenic Agents |
| J1071 | | | | |
| Dextenza® | 6/15/2022 | | Statewide PDL Managed | Ophthalmics, Anti-Inflammatories |
| J1096 | | | | |
| Dexycu® Vial | 1/1/2020 | | Statewide PDL Managed | Ophthalmics, Anti-Inflammatories |
| J1095 | | | | |
| D.H.E. 45® Ampule | 1/1/2020 | | Statewide PDL Managed | Migraine Acute Treatment Agents |
| J1110 | | | | |

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| Diazepam Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Anxiolytics |
| J3360, Syringe: Prior authorization is only required for the following NDC numbers: 69339013632, 69339013602, 69374096502, 11704060001. Vial: Prior authorization is required for any member under 21 years of age for any of the following NDC numbers: 00409321312, 00409321310, 00409321309 | | | | |
| Dihydroergotamine Mesylate Ampule | 1/1/2020 | | Statewide PDL Managed | Migraine Acute Treatment Agents |
| J1110 | | | | |
| Dimenhydrinate Vial | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J1240 | | | | |
| Duopa® | 1/1/2020 | | Statewide PDL Managed | Antiparkinson's Agents |
| J7340 | | | | |
| Durolane® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7318 | | | | |
| Durysta™ Implant | 11/15/2021 | | Statewide PDL Managed | Ophthalmics, Glaucoma |
| J7351 | | | | |
| Dysport® | 1/1/2020 | | Statewide PDL Managed | Botulinum Toxins |
| J0586 | | | | |
| Elaprase® (idursulfase) | 7/1/2007 | | Briefly June 2007 | MBP 44.0 |
| J1743 | | | | |
| Elelyso® | 1/1/2020 | | Statewide PDL Managed | Enzyme Replacements, Gaucher Disease |
| J3060 | | | | |
| Eligard® | 1/1/2020 | | Statewide PDL Managed | Pituitary Suppressive Agents, LHRH |
| J9218 | | | | |
| Elitek® (rasburicase) | 3/1/2005 | | Briefly March 2006 | MBP 29.0 |
| J2783 | | | | |

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| Eloctate® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7205 | | | | |
| Elzonris® (tagraxofusp-erzs) | 8/15/2019 | | Provider Monthly Update July 2019 | MBP 197.0 |
| J9269 | | | | |
| Emend® Vial | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J1453 | | | | |
| 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 | | | | |
| Entyvio® Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J3380 | | | | |
| Epogen® | 1/1/2020 | EPO, epoetin alfa | Statewide PDL Managed | Erythropoiesis Stimulating Proteins |
| 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 | EPO, darbepoetin alfa, epoetin alfa, epoetin beta, epoetin alfa-epbx) | Statewide PDL Managed | Erythropoiesis Stimulating Agents |
| J0882, J0881, J0885, Q4081, Q5105, Q5106 | | | | |

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| Esperoct® | 7/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7204 | | | | |
| Euflexxa® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7323 | | | | |
| Evenity® Syringe | 10/1/2019 | | Statewide PDL Managed | Bone Density Regulators |
| J3111 | | | | |
| Evkeeza™ Vial | 10/1/2021 | | Statewide PDL Managed | Lipotropics, Other |
| J1305 | | | | |
| Exondys 51® (eteplirsen) | 4/1/2017 | | Postcard June 2017 | MBP 148.0 |
| J1428 | | | | |
| Eylea® | 1/1/2020 | | Statewide PDL Managed | Macular Degeneration Agents |
| J0178 | | | | |
| Fabrazyme® (agalsidase beta) | 1/1/2006 | | Briefly March 2006 | MBP 18.0 |
| J0180 | | | | |
| Fasenra® Prefilled Syringes | 1/1/2020 | | Statewide PDL Managed | Monoclonal Antibodies (MABs)-ANTI-IL, ANTI-IGE |
| J0517 | | | | |
| Feiba NF® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Bypassing Agents |
| J7198 | | | | |
| Fensolvi® | 1/5/2021 | | Statewide PDL Managed | Pituitary Suppressive Agents, LHRH |
| J1951 | | | | |
| Feraheme® Vial | 1/1/2020 | | Statewide PDL Managed | Iron, Parenteral |
| Q0138, Q0139 | | | | |

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| Fetroja® (cefiderocol) | 1/1/2021 | | Monthly Provider Update December 2021 | MBP 219.0 |
| J0699 | | | | |
| Flebogamma®/Flebogamma DIF® (intravenous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1572 | | | | |
| Flolan® or Veletri® (epoprostenol) | 1/1/2009 | | Postcard July 2017-Annual Policy Review | MBP 61.0 |
| J1325 | | | | |
| Fluphenazine Decanoate | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J2680, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |
| Fosaprepitant Vial | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J1453 | | | | |
| Fulphila™ | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| Q5108 | | | | |
| Gamifant® (emapalumab-lzsg) | 8/15/2019 | | Monthly Provider Update July 2019 | MBP 198.0 |
| J9210 | | | | |
| Gammagard Liquid® (subcutaneous/intravenous immune globulin) | 1/1/2008 | | Postcard December 2007 | MBP 4.0 |
| J1569 | | | | |
| Gammagard S/D® (subcutaneous/intravenous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1566 | | | | |
| Gamunex-C®/Gammaked® (subcutaneous/intravenous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1561 | | | | |
| Gammaplex® (intravenous immune globuline) | 1/1/2012 | | Postcard December 2011 | MBP 4.0 |
| J1557 | | | | |

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| Gazyva® (obinutuzumab) | 8/1/2014 | | Postcard July 2017-Annual Policy review | MBP 113.0 |
| J9301 | | | | |
| Gel-One® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7326 | | | | |
| Gelsyn-3® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7328 | | | | |
| GenVisc 850® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7320 | | | | |
| Geodon® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J3486 | | | | |
| Givlaari® (givosiran) | 7/1/2020 | | Monthly Provider Update June 2020 | MBP 211.0 |
| J0223 | | | | |
| Glassia® (human alpha1-proteinase inhibitor) | 1/1/2012 | | Briefly March 2007 | MBP 43.0 |
| J0257 | | | | |
| Granix® | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| J1447 | | | | |
| Halaven® (eribulin mesylate) | 7/1/2011 | | Posted May 2016-Annual Policy Review | MBP 88.0 |
| J9179 | | | | |
| Haldol® Ampule | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J1630, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |
| Haldol Decanoate® Ampule | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J1631, <u>Prior authorization is only required for the following NDC numbers;</u> 50458025414, 50458025303 | | | | |

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| Haloperidol Decanoate Ampule or Vial | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J1631, Prior authorization is required for any member under 18 years of age for any of the following NDC numbers: 70069003105, 10147092205, 70069003101, 70069003001, 10147092103, 70069003003, 25021083301, 00703702301, 00703702103, 67457040913, 67457038158, 67457040900, 00703702101, 67457038100, 63323047141, 63323047105, 63323047101, 00703701103, 00703701101, 63323046901, 63323046905, 67457041013, 25021083101, 00703701301, 67457041000 | | | | |
| Haloperidol Lactate Ampule, Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J1630, Prior authorization is required for any member under 18 years of age | | | | |
| Helixate FS® | 1/1/2020 | | Statewide PDL Managed | Not Applicable |
| J7192 | | | | |
| Hemlibra® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Miscellaneous |
| J7170 | | | | |
| Hemofil-M® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7190 | | | | |
| Hizentra® (subcutaneous immune globulin) | 1/1/2011 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1559 | | | | |
| Humate-P® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII/VWF |
| J7187 | | | | |
| Hyalgan® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7321 | | | | |
| Hydroxyprogesterone Caproate Vial | 1/1/2020 | | Statewide PDL Managed | Progestational Agents |
| J1726, J1729 | | | | |
| Hymovis® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7322 | | | | |
| Hyqvia® (immune globulin/hyaluronidase) | 1/1/2016 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1575 | | | | |

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| Ibandronate Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Bone Density Regulators |
| J1740 | | | | |
| Idelvion® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor IX |
| J7202 | | | | |
| Ilaris® | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J0638 | | | | |
| Ilumya® Syringe | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J3245 | | | | |
| Iluvien® Implant | 1/1/2020 | | Statewide PDL Managed | Ophthalmics, Anti-Inflammatories |
| J7313 | | | | |
| Imfinzi® (durvalumab) | 10/1/2017 | | Postcard September 2017 | MBP 156.0 |
| J9173 | | | | |
| Imlygic® (talimogene laherparepvec) | 4/15/2016 | | Postcard March 2016 | MBP 136.0 |
| J9325 | | | | |
| Inflectra® Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| Q5103 | | | | |
| Injectafer® Vial | 1/1/2020 | | Statewide PDL Managed | Iron, Parenteral |
| J1439 | | | | |
| Injectable Antipsychotic Medications (Abilify Maintena®, Aristada®, Aristada Initio®, Invega Hafyera, Invega Sustenna®, Invega Trinza, Perseris®, Risperdal Consta®, Zyprexa Relprevv®) | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J0401, J1944, J1943, J2426, J2798, J2794, J2358 | | | | |

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|---|------------|--|---|-------------------------------------|
| Intravenous and Immune Globulin (IVIG) (Asceniv™, Bivigam®, Carimune® NF, Cutaquig®, Cuvitru®, Flebogamma®/Flebogamma DIF®, Gammagard Liquid®, Gammagard S/D, Gamunex-C®/Gammaked®, Gammalex®, 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, J1599, J1459, J1558 | | | | |
| Invega Hafyera™ | 3/15/2022 | | Statewide PDL Managed | Antipsychotics |
| Currently this drug is reported with an unlisted procedure code, <u>Prior authorization is required for all members under the age of 18 years old</u> | | | | |
| Invega Sustenna® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J2426, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |
| Invega Trinza | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J2426, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |
| 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 | | | | |
| Ixinity | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents- Factor IX |
| J7195 | | | | |
| Jemperli® (dostarlimab-gxly) | 10/15/2021 | | Monthly Provider Update September 2021 | MBP 236.0 |
| J9272 | | | | |
| Jevtana® (cabazitaxel) | 1/1/2011 | | Briefly December 2010 | MBP 82.0 |
| J9043 | | | | |
| Jivi® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7208 | | | | |

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| Kadcyla® (ado-trastuzumab emtansine) | 9/1/2013 | | Postcard June 2017-Annual Policy Review | MBP 108.0 |
| J9354 | | | | |
| Kalbitor® Vial | 1/1/2020 | | Statewide PDL Managed | Hereditary Angioedema (HAE) Agents |
| J1290 | | | | |
| Kanuma® (sebelipase alfa) | 1/1/2017 | | Monthly Provider Update December 2016 | MBP 180.0 |
| J2840 | | | | |
| Kcentra | 7/1/2021 | | Statewide PDL Managed | Not Applicable |
| J7168 | | | | |
| Keytruda® (pembrolizumab) | 3/1/2015 | | Postcard July 2017-Annual Policy Review | MBP 119.0 |
| J9271 | | | | |
| Khapzory® (levoleucovorin) | 4/15/2020 | | Monthly Provider Update March 2020 | MBP 206.0 |
| J0642 | | | | |
| Kimmtrak® (tebentafusp-tebn) | 5/15/2022 | | Monthly Provider Update April 2022 | MBP 250.0 |
| C9095 | | | | |
| Kimyrsa™ (oritavancin) | 3/15/2022 | | Monthly Provider Update February 2022 | MBP 247.0 |
| J2406 | | | | |
| Koate® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7190 | | | | |
| Kogenate FS® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor VIII |
| J7192 | | | | |
| Kovaltry® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents- Factor VIII |
| J7211 | | | | |

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|--|------------------|--|--|---|
| Krystexxa® Vial | 1/1/2020 | | Statewide PDL Managed | Antihyperuricemics |
| J2507 | | | | |
| Kymriah® (tisagenlecleucel) | 1/1/2018 | | Monthly Provider Update February 2018 | MBP 159.0 |
| Q2042 | | | | |
| Kyprolis® (carfilzomib) | 1/1/2013 | | Postcard August 2016-Annual Policy Review | MBP 97.0 |
| J9047 | | | | |
| Lemtrada® Vial | 1/1/2020 | | Statewide PDL Managed | Multiple Sclerosis Agents |
| J0202 | | | | |
| Leukine® | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| J2820 | | | | |
| Leuprolide Acetate | 1/1/2020 | | Statewide PDL Managed | Pituitary Suppressive Agents, LHRH |
| J9218 | | | | |
| Leqvio® | 6/15/2022 | | Statewide PDL Managed | Not Applicable |
| J1306 | | | | |
| Levothyroxine Vial | 1/1/2020 | | Statewide PDL Managed | Thyroid Hormones |
| Currently this drug is billed with and unlisted procedure code | | | | |
| Libtayo® (cemiplimab-rwlc) | 4/1/2019 | | Monthly Provider Update March 2019 | MBP 186.0 |
| J9119 | | | | |
| Liothyronine Vial | 1/1/2020 | | Statewide PDL Managed | Thyroid Hormones |
| Currently this drug is billed with and unlisted procedure code | | | | |

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|--|------------------|--|--|---|
| Lorazepam Vial | 1/5/2021 | | Statewide PDL Managed | Anxiolytics |
| J2060, Prior authorization is required for any member under 21 years of age for any of the following NDC numbers: 00409198505, 00409198510, 00409198530, 00409677802, 00409677805, 00409677811, 00409677815, 00409677862, 00409678002, 00409678011, 00641604401, 00641604425, 00641604601, 00641604610, 00641604801, 00641604825, 00641605001, 00641605010, 00641620701, 00641620725, 10019010201, 10019010237, 10019010210, 10019010239, 10019010501, 10019010502, 10019010544, 10019010571, 17478004001, 54868356600, 54868356601, 54868356602, 55390016810, 55390017010, 72572038001, 72572038025, 76329826100, 76329826101, 00074153901, 00074153921, 00409153931, 00409677902, 00409677911, 00409678102, 00641604501, 00641604525, 00641604701, 00641604710, 00641604901, 00641604925, 00641604925, 00641605101, 00641605110, 10019010301, 10019010310, 10019010337, 10019010339, 10019010601, 10019010602, 10019010644, 10019010671, 55390016910, 55390017110 | | | | |
| Lucentis® | 1/1/2020 | | Statewide PDL Managed | Macular Degeneration Agents |
| 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 | | | | |
| Lupron Depot® or Lupron Depot-Ped® | 1/1/2020 | | Statewide PDL Managed | Pituitary Suppressive Agents, LHRH |
| J1950, J9217 | | | | |
| 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 | | | | |
| Macugen® | 1/1/2020 | | Statewide PDL Managed | Macular Degeneration Agents |
| J2503 | | | | |
| Makena® Auto-Injector | 1/1/2020 | | Statewide PDL Managed | Progestational Agents |
| J1726 | | | | |
| Margenza (margetuximab-cmkb) | 7/1/2021 | | Monthly Provider Update June 2021 | MBP 231.0 |
| J9353 | | | | |

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|--|------------|--|---|-----------------------------------|
| Marqibo® (vincristine sulfate liposome injection) | 11/1/2014 | | Postcard June 2017-Annual Policy Review | MBP 111.0 |
| J9371 | | | | |
| Mepsevii® (vestronidase alfa-vjvk) | 8/15/2018 | | Monthly Provider Update July 2018 | MBP 175.0 |
| J3397 | | | | |
| Midazolam Syrup | 1/1/2020 | | Statewide PDL Managed | Sedative Hypnotics |
| J2250 | | | | |
| Mircera® | 1/1/2020 | | Statewide PDL Managed | Erythropoiesis Stimulating Agents |
| J0887, J0888 | | | | |
| Monjuvi® (tafasitamab-cxix) | 11/15/2020 | | Monthly Provider Update October 2020 | MBP 221.0 |
| J9349 | | | | |
| Monoclate-P® | 1/1/2020 | | Statewide PDL Managed | Not Applicable |
| J7190 | | | | |
| Monoferric® Vial | 10/1/2020 | | Statewide PDL Managed | Iron, Parental |
| J1437 | | | | |
| Mononine® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor IX |
| J7193 | | | | |
| Monovisc® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7327 | | | | |
| Mylotarg (gemtuzumab ozogamicin) | 4/15/2018 | | Monthly Provider Update March 2018 | MBP 163.0 |
| J9203 | | | | |
| Myobloc® | 1/1/2020 | | Statewide PDL Managed | Botulinum Toxins |
| J0587 | | | | |

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|--|------------------|--|--|---|
| Naglazyme® (galsulfase) | 10/1/2006 | | Briefly September 2006 | MBP 39.0 |
| J1458 | | | | |
| Neulasta® Syringe or Neulasta Onpro® | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| J2506 | | | | |
| Neupogen® | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| J1442 | | | | |
| Nexviazyme™ (avalglucosidase alfa-ngpt) | 4/15/2022 | | Monthly Provider Update March 2022 | MBP 248.0 |
| J0219 | | | | |
| Nivestym™ | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| Q5110 | | | | |
| Novoseven RT® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Bypassing Agents |
| J7189 | | | | |
| Novoeight® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7182 | | | | |
| Nplate® Vial | 1/1/2020 | | Statewide PDL Managed | Thrombopoietics |
| J2796 | | | | |
| Nucala® Vial | 1/1/2020 | | Statewide PDL Managed | Monoclonal Antibodies (MABs)-ANTI-IL, ANTI-IGE |
| 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 | | | | |

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|---|-----------|--|---|-------------------------------------|
| Nuwiq® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7209 | | | | |
| Nuzyra® (omadacycline) | 3/15/2020 | | Monthly Provider Update February 2020 | MBP 203.0 |
| J0121 | | | | |
| Nyvepria | 1/1/2021 | | Statewide PDL Managed | Colony Stimulating Factors |
| Q5122 | | | | |
| Obizur® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7188 | | | | |
| Octagam® (intravenous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1568 | | | | |
| Ocrevus® Vial | 1/1/2020 | | Statewide PDL Managed | Multiple Sclerosis Agents |
| J2350 | | | | |
| Off Label Drug Use for Oncologic Indications | 1/1/2012 | | Postcard July 2017-Annual Policy Review | MBP 92.0 |
| Any off-label drug or biologic used for an oncologic indication not included in the FDA approved labeling for the drug would require prior authorization. | | | | |
| Olanzapine Vial | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J2358 | | | | |
| Olinvyk® (oliceridine) | 6/15/2021 | | Monthly Provider Update May 2021 | MBP 229.0 |
| Currently this drug is reported with an unlisted procedure code. | | | | |
| Onivyde® (irinotecan liposome) | 4/15/2016 | | Postcard March 2016 | MBP 138.0 |
| J9205 | | | | |
| Onpatro® (patisiran) | 4/15/2019 | | Monthly Provider Update March 2019 | MBP 188.0 |
| J0222 | | | | |

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|--|------------------|--|--|---|
| 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 |
| Currently this drug is billed with and unlisted procedure code | | | | |
| Orencia® Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J0129 | | | | |
| Orthovisc® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7324 | | | | |
| Oxlumo™ (lumasiran) | 7/1/2021 | | Monthly Provider Update June 2021 | MBP 234.0 |
| J0224 | | | | |
| Ozurdex® Implant | 1/1/2020 | | Statewide PDL Managed | Ophthalmics, Anti-Inflammatories |
| J7312 | | | | |
| Padcev® (enfortumab vedotinejfv) | 6/15/2020 | | Monthly Provider Update May 2020 | MBP 209.0 |
| J9177 | | | | |
| Panzyga® (intravenous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1599 | | | | |
| Parsabiv® (etelcalcetide) | 6/15/2018 | | Monthly Provider Update May 2018 | MBP 168.0 |
| J0606 | | | | |
| Pepaxto® (melphalan flufenamide) | 7/1/2021 | | Monthly Provider Update June 2021 | MBP 233.0 |
| J9247 | | | | |
| Perseris® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J2798, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |

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|---|------------|-------------------|---|-----------------------------------|
| Phenergan® Ampule or Vial | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J2550 Prior authorization is only required for the following NDC numbers: 00641608425, 00641608401, 00641608525, 00641608501, 00641608225, 00641608201, 00641608301, 006416083 | | | | |
| 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 and unlisted procedure code | | | | |
| Premarin® Vial | 1/1/2020 | | Statewide PDL Managed | Estrogens |
| J1410 | | | | |
| Prevymis IV™ (letermovir) | 8/15/2018 | | Monthly Provider Update July 2018 | MBP 177.0 |
| Currently this drug is billed with and unlisted procedure code | | | | |
| Prialt® (ziconotide intrathecal infusion) | 1/1/2008 | | Briefly December 2007 | MBP 58.0 |
| J2278 | | | | |
| Privigen® (intravenous immune globulin) | 1/1/2006 | | Postcard June 2017-Annual Policy Review | MBP 4.0 |
| J1459 | | | | |
| Probuphine® Implant | 1/1/2020 | | Statewide PDL Managed | Not Applicable |
| J0570 | | | | |
| Procrit® | 1/1/2020 | EPO, epoetin beta | Statewide PDL Managed | Erythropoiesis Stimulating Agents |
| J0885, Q4081 | | | | |

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| Profilnine® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor IX |
| J7194 | | | | |
| Prolastin® (human alpha ₁ -proteinase inhibitor) | 4/1/2007 | | Briefly March 2007 | MBP 43.0 |
| J0256 | | | | |
| Prolia® | 1/1/2020 | | Statewide PDL Managed | Bone Density Regulators |
| J0897 | | | | |
| Promethazine Ampule or Vial | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J2550, Prior authorization is required for any member under 6 years of age for any of the following NDC numbers: 00641092821, 00641095521, 00703219104, 00641620825, 00641095525, 00641092825, 00641620801, 00641095621, 00703220104, 00641092921, 00641092925, 00641095625, 39822552502, 00641149535, 00641094831, 39822552503, 00641149531, 00641094835, 39822555006, 00641094935, 00641149635, 00641094931, 39822555005, 00641149631 | | | | |
| Provenge® (sipuleucel-T) | 1/1/2011 | | Postcard June 2017-Annual Policy Review | MBP 79.0 |
| Q2043 | | | | |
| Radicava® (edaravone) | 10/1/2017 | | Postcard September 2017 | MBP 154.0 |
| J1301 | | | | |
| Rapivab® Vial | 1/1/2020 | | Statewide PDL Managed | Antivirals, Influenza |
| J2547 | | | | |
| Rebinyn® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor IX |
| J7203 | | | | |
| Reblozyl® (luspatercept-aamt) | 7/1/2020 | | Monthly Provider Update June 2020 | MBP 210.0 |
| J0896 | | | | |
| Recarbrio (imipenem, cilastatin and relabactam) | 7/1/2020 | | Monthly Provider Update June 2020 | MBP 215.0 |
| J0742 | | | | |
| Reclast® | 1/1/2020 | | Statewide PDL Managed | Bone Density Regulators |
| J3489, Prior authorization is only required for the following NDC number: 00078043561 | | | | |

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| Recombinate® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor VIII |
| J7192 | | | | |
| Releuko® | 7/1/2022 | | Statewide PDL Managed | Colony Stimulating Factors |
| C9096 | | | | |
| Remicade® Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J1745 | | | | |
| Remodulin IV (treprostinil) | 1/1/2009 | | Briefly December 2008 | MBP 62.0 |
| J3285 | | | | |
| Renflexis® Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| Q5104 | | | | |
| Retacrit | 1/1/2020 | EPO, epoetin alfa-epbx | Statewide PDL Managed | Erythropoiesis Stimulating Agents |
| Q5105, Q5106 | | | | |
| Retisert® Implant | 1/1/2020 | | Statewide PDL Managed | Ophthalmics, Anti-Inflammatories |
| J7311 | | | | |
| Revcovi™ (elapegamase-lvlr) | 6/15/2019 | | Monthly Provider Update May 2019 | MBP 193.0 |
| Currently this drug is billed with and unlisted procedure code | | | | |
| Riabni™ (rituximab-aarx) | 7/1/2021 | Per policy, Riabni does not require prior auth for Non-Hodgkin's Lymphoma (C82-00-C88.9), Chronic Lymphocytic (C91.10-C91.12) and Multiple Sclerosis (G35) | Monthly Provider Update June 2021 | MBP 48.0 |
| Q5123 | | | | |
| Risperdal Consta® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J2794, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |

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| Rituxan Hycela® (rituximab/hyaluronidase) | 4/1/2018 | | Monthly Provider Update March 2018 | MBP 165.0 |
| J9311 | | | | |
| Rituxan® (rituximab) | 10/1/2007 | | Monthly Provider Update September 2018 | MBP 48.0 |
| J9312 | | | | |
| Rixubis® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor IX |
| J7200 | | | | |
| Ruconest® Vial | 1/1/2020 | | Statewide PDL Managed | Hereditary Angioedema (HAE) Agents |
| J0596 | | | | |
| Ruxience® (rituximab-pvvr) | 7/1/2020 | 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 | | | | |
| Rybrevant® (amivantamab-vmjw) | 9/15/2021 | | Monthly Provider Update August 2021 | MBP 239.0 |
| J9061 | | | | |
| Rylaze™ (asparaginase erwinia chrysanthemi (recombinant)- rywn) | 11/15/2021 | | Monthly Provider Update October 2021 | MBP 244.0 |
| J9021 | | | | |
| Ryplazim® (plasminogen, human-tvmh) | 7/1/2022 | | Monthly Provider Update June 2022 | Not Applicable |
| J2998 | | | | |
| 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 | | | | |

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| Sarclisa® (isatuximab-irfc) | 9/15/2020 | | Monthly Provider Update August 2020 | MBP 213.0 |
| J9227 | | | | |
| Scenesse® (afamelanotide) | 1/1/2021 | | Monthly Provider Update December 2020 | MBP 220.0 |
| J7352 | | | | |
| Sevenfact | 1/1/2021 | | Statewide PDL Managed | Antihemophilia Agents-Bypassing Agents |
| J7212 | | | | |
| Signifor LAR® (pasireotide) | 1/1/2016 | | Postcard July 2017-Annual Policy Review | MBP 133.0 |
| J2502 | | | | |
| Simponi Aria® Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J1602 | | | | |
| Sinuva™ Implant | 1/1/2020 | | Statewide PDL Managed | Intranasal Rhinitis Agents |
| J7402 | | | | |
| Site of Care | 10/15/2018 | | Statewide PDL Managed | Not Applicable |
| Specific intravenous and injectable drugs must meet applicable medical necessity criteria for coverage. | | | | |
| Sivextro® (tedizolid phosphate) | 3/1/2015 | | Postcard February 2015 | MBP 122.0 |
| J3090 | | | | |
| Soliris® (eculizumab) | 10/1/2008 | | Postcard May 2016-Annual Policy Review | MBP 54.0 |
| J1300 | | | | |
| Spinraza® (nusinersen) | 7/1/2017 | | Postcard June 2017 | MBP 151.0 |
| J2326 | | | | |
| Spravato® Nasal Spray | 1/1/2021 | | Statewide PDL Managed | Antidepressants, Other |
| G2082, G2083, S0013 | | | | |

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| Stelara® Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Cytokine and Cam Antagonists |
| J3357, J3358 | | | | |
| Supartz FX® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7321 | | | | |
| Supprelin LA® | 1/1/2020 | | Statewide PDL Managed | Pituitary Suppressive Agents, LHRH |
| J1675, J9226 | | | | |
| Sustol® | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J1627, Prior authorization is only required for the following NDC number: 47426010106 | | | | |
| Susvimo™ | 4/1/2022 | | Statewide PDL Managed | Not Applicable |
| J2779 | | | | |
| Sylvant® (siltuximab) | 3/1/2015 | | Postcard February 2015 | MBP 120.0 |
| J2860 | | | | |
| Synagis (palivizumab) | 10/1/2005 | | Briefly March 2006 | MBP 2.0 |
| 90378 | | | | |
| Synribo® (omacetaxine mepesuccinate) | 4/1/2013 | | Postcard June 2017-Annual Policy Review | MBP 102.0 |
| J9262 | | | | |
| Synvisc® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7325 | | | | |
| Synvisc-One® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7325 | | | | |
| Tecartus® (brexucabtagene autoleucl) | 3/15/2021 | | Monthly Provider Update February 2021 | MBP 224.0 |
| Q2053 | | | | |

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|---|-------------------|--|--|---|
| Tecentriq™ (atezolizumab) | 10/15/2016 | | Postcard July 2017-Annual Policy Review | MBP 144.0 |
| J9022 | | | | |
| Tepadina® (thiotepa) | 12/15/2017 | | Postcard November 2017 | MBP 158.0 |
| J9340 | | | | |
| Tepezza (teprotumumab-trbw) | 10/1/2020 | | Monthly Provider Update September 2020 | MBP 217.0 |
| J3241 | | | | |
| Testopel® Implant Pellet | 1/1/2020 | | Statewide PDL Managed | Androgenic Agents |
| S0189 | | | | |
| Testosterone Cypionate Vial | 1/1/2020 | | Statewide PDL Managed | Androgenic Agents |
| J1071 | | | | |
| Testosterone Enanthate Injection | 1/1/2020 | | Statewide PDL Managed | Androgenic Agents |
| J3121 | | | | |
| Tezspire™ | 7/1/2022 | | Statewide PDL Managed | Not Applicable |
| J2356 | | | | |
| Tigan Vial | 1/1/2020 | | Statewide PDL Managed | Antiemetics-Antivertigo Agents |
| J3250 | | | | |
| Tivdak™ (tisotumab vedotin-tftv) | 3/15/2022 | | Monthly Provider Update February | MBP 246.0 |
| J9273 | | | | |
| Torisel® (temsirolimus) | 4/1/2009 | | Postcard May 2016-Annual Policy Review | MBP 65.0 |
| J9330 | | | | |
| Trelstar® Vial | 1/1/2020 | | Statewide PDL Managed | Pituitary Suppressive Agents, LHRH |
| J3315 | | | | |

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|--|-----------|---|---|--|
| Triesence® Vial | 1/1/2020 | | Statewide PDL Managed | Ophthalmics, Anti-Inflammatories |
| J3300 | | | | |
| Triferic AVNU® | 10/1/2021 | | Statewide PDL Managed | Not Applicable |
| J1445 | | | | |
| Triostat Vial | 1/1/2020 | | Statewide PDL Managed | Thyroid Hormones |
| Currently this drug is billed with and unlisted procedure code | | | | |
| Triptodur® Vial | 1/1/2020 | | Statewide PDL Managed | Pituitary Suppressive Agents, LHRH |
| J3316 | | | | |
| Trisenox® (arsenic trioxide) | 6/15/2018 | | Monthly Provider Update May 2018 | MBP 172.0 |
| J9017 | | | | |
| Trivisc® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7329 | | | | |
| Triluron® | 1/5/2021 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7332 | | | | |
| Trodelyv® (sacituzumab govitecan-hziy) | 10/1/2020 | | Monthly Provider Update Septemeber 2020 | MBP 216.0 |
| J9317 | | | | |
| Trogarzo® Vial | 1/1/2020 | | Statewide PDL Managed | HIV/AIDS Antiretrovirals-Miscellaneous |
| J1746 | | | | |
| Truxima® (rituximab-abbs) | 4/15/2020 | 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 March 2020 | MBP 48.0 |
| Q5115 | | | | |

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|--|-----------|--|---------------------------------------|----------------------------|
| Tysabri® Vial | 1/1/2020 | | Statewide PDL Managed | Multiple Sclerosis Agents |
| J2323 | | | | |
| Udenyca™ | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| Q5111 | | | | |
| Ultomiris® (ravulizumab-cwvz) | 8/15/2019 | | Monthly Provider Update July 2019 | MBP 196.0 |
| J1303 | | | | |
| Unituxin® (dinutuximab) | 1/1/2016 | | Postcard October 2015 | MBP 135.0 |
| Currently this drug is reported with an unlisted procedure code. | | | | |
| Uplinza® (inebilizumab-cdon) | 3/15/2021 | | Monthly Provider Update February 2021 | MBP 225.0 |
| J1823 | | | | |
| Vabomere® (meropenem/vaborbactam) | 6/15/2018 | | Monthly Provider Update May 2018 | MBP 167.0 |
| J2186 | | | | |
| Vabysmo™ | 5/15/2022 | | Statewide PDL Managed | Not Applicable |
| C9097 | | | | |
| Varubi® | 1/1/2020 | | Statewide PDL Managed | Not Applicable |
| 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, J9044 | | | | |
| Viltepso® (viltolarsen) | 4/1/2021 | | Monthly Provider Update March 2021 | MBP 226.0 |
| J1427 | | | | |

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|--|-----------|--|---|---------------------------------------|
| Vimizim® (elosulfase alfa) | 12/1/2014 | | Postcard November 2014 | MBP 114.0 |
| J1322 | | | | |
| Visco-3® | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7333 | | | | |
| Viscosupplementation Using Hyaluronan Injections (Durolane®, Euflexxa®, Gel-One®, Gelsyn 3®, GenVisc 850®, Hyalgan®, Hymovis®, Monovisc®, Orthovisc®, Supartz FX®, Synvisc®, Synvisc One®, TriVisc®, Visco-3®) | 1/1/2020 | | Statewide PDL Managed | Intra-Articular Hyaluronates |
| J7318, J7323, J7326, J7328, J7320, J7321, J7322, J7327, J7324, J7325, J7329, J7333 | | | | |
| Visudyne® Vial | 1/1/2020 | | Statewide PDL Managed | Macular Degeneration Agents |
| J3396 | | | | |
| Vonvendi® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents-Factor VIII/VWF |
| J7179 | | | | |
| Voraxaze® (glucarpidase) | 1/1/2014 | | Postcard June 2017-Annual Policy Review | MBP 96.0 |
| C9293 | | | | |
| Vpriv® | 1/1/2020 | | Statewide PDL Managed | Enzyme Replacements, Gaucher Disease |
| J3385 | | | | |
| Vyepti® Vial | 9/15/2020 | | Statewide PDL Managed | Migraine Prevention Agents |
| J3032 | | | | |
| Vyondys 53™ (golodirsen) | 7/1/2020 | | Statewide PDL Managed | Not Applicable |
| J1429 | | | | |
| Vyvgart™ (efgartigimod alfa-fcab) | 7/1/2022 | | Monthly Provider Update June 2022 | MBP 260.0 |
| J9332 | | | | |

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|---|-----------|--|---------------------------------------|---|
| Vyxeos® (daunorubicin/cytarabine liposomal) | 4/15/2018 | | Monthly Provider Update March 2018 | MBP 164.0 |
| J9153 | | | | |
| White Blood Cell Stimulating Factors (Fulphila™, Granix®, Leukine®, Neulasta®, Neupogen®, Nivestym™, Nyvepria, Releuko® Udenyca™, Zarxio™, Ziextenzo) | 4/1/2008 | | Statewide PDL Managed | Colony Stimulating Factors |
| Q5108, J1447, J2820, J2506, J1442, Q5110, Q5122, C9096, Q5111, Q5101, Q5120 | | | | |
| Wilate® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII/VWF |
| J7183 | | | | |
| Xembify® (intravenous immune globulin) | 3/15/2022 | | Monthly Provider Update February 2022 | MBP 4.0 |
| J1558 | | | | |
| Xenleta IV (lefamulin) | 4/15/2020 | | Monthly Provider Update March 2020 | MBP 207.0 |
| J0691 | | | | |
| Xeomin® | 1/1/2020 | | Statewide PDL Managed | Botulinum Toxins |
| J0588 | | | | |
| Xerava® (eravacycline) | 6/15/2019 | | Monthly Provider Update May 2019 | MBP 194.0 |
| J0122 | | | | |
| Xgeva® Vial | 1/1/2020 | | Statewide PDL Managed | Bone Density Regulators |
| J0897 | | | | |
| Xiaflex® (collagenase clostridium histolyticum) | 1/1/2011 | | Briefly December 2010 | MBP 80.0 |
| J0775 | | | | |
| Xipere™ | 5/17/2022 | | Statewide PDL Managed | Not Applicable |
| J3299 | | | | |
| Xofigo® (radium RA 223 dichloride) | 9/1/2013 | | Postcard August 2013 | MBP 110.0 |
| A9606 | | | | |

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| Xolair® Syringe or Vial | 1/1/2020 | | Statewide PDL Managed | Monoclonal Antibodies (MABs)-ANTI-IL, ANTI-IGE |
| J2357 | | | | |
| Xyntha® or Xyntha Solofuse® | 1/1/2020 | | Statewide PDL Managed | Antihemophilia Agents - Factor VIII |
| J7185 | | | | |
| 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 | | | | |
| Yutiq® Implant | 1/1/2020 | | Statewide PDL Managed | Ophthalmics, Anti-Inflammatories |
| J7314 | | | | |
| Zaltrap® (ziv-aflibercept) | 4/1/2013 | | Postcard June 2017-Annual Policy Review | MBP 101.0 |
| J9400 | | | | |
| Zantac® | 1/1/2020 | | Statewide PDL Managed | Not Applicable |
| J2780, Prior authorization is only required for the following NDC numbers: 52565009601, 52565010201, 52565010110 | | | | |
| Zarxio™ | 1/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| Q5101 | | | | |
| Zemaira® (human alpha ₁ -proteinase inhibitor) | 4/1/2007 | | Briefly March 2007 | MBP 43.0 |
| J0256 | | | | |
| Zemdri® (plazomicin) | 4/15/2019 | | Monthly Provider Update March 2019 | MBP 187.0 |
| J0291 | | | | |

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|---|------------|--|---------------------------------------|------------------------------------|
| Zemplar® | 1/1/2020 | | Statewide PDL Managed | Vitamin D Analogs |
| J2501, Prior authorization is only required for the following NDC numbers: 00074165805, 00074463701, 00074165801 | | | | |
| 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® (ibritumobab tiuxetan) | 1/1/2006 | | Briefly March 2006 | MBP 15.0 |
| A9542, A9543 | | | | |
| Ziextenzo | 4/1/2020 | | Statewide PDL Managed | Colony Stimulating Factors |
| Q5120 | | | | |
| Zilretta® (triamcinolone acetonide ER injection) | 8/15/2018 | | Monthly Provider Update July 2018 | MBP 178.0 |
| J3304 | | | | |
| Zinplava® Vial | 1/1/2020 | | Statewide PDL Managed | Antibiotics, GI and Related Agents |
| J0565 | | | | |
| Ziprasidone Vial | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J3486 | | | | |
| Zoladex® Implant | 1/1/2020 | | Statewide PDL Managed | Not Applicable |
| J9202 | | | | |
| Zolgensma® (onasemnogene abeparvovec-xioi) | 11/15/2019 | | Monthly Provider Update October 2019 | MBP 199.0 |
| J3399 | | | | |
| Zometa® | 1/1/2020 | | Statewide PDL Managed | Not Applicable |
| J3489, Injection: Prior authorization is only required for the following NDC number: 00078059061 Vial: Prior authorization is only required for the following NDC number: 00078038725 | | | | |

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| 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 | | | | |
| Zyprexa Relprevv® | 1/1/2020 | | Statewide PDL Managed | Antipsychotics |
| J2358, <u>Prior authorization is required for any member under 18 years of age</u> | | | | |