

	A	B	C	D	E
1	<p>This list of services applies to GHP Family (Medicaid) lines of business unless otherwise noted below. All drugs newly approved by the FDA should be considered to require prior authorization until such time as they are formally 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 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>				
2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
3	Abraxane® (paclitaxel protein-bound)	04/01/06		Briefly March 2006	MBP 36.0
4	J9264				
5	Adakveo® (crizanlizumab-tmca)	7/1/2020		Monthly Provider Update June 2020	MBP 212.0
6	J0791				
7	Adecetris® (brentuximab vedotin)	04/15/18		Monthly Provider Update March 2018	MBP 166.0
8	J9042				
9	Aldurazyme® (laronidase)	01/01/06		Briefly March 2006	MBP 7.0
10	J1931				
11	Aliqopa™ (copanlisib)	03/15/18		Monthly Provider Update February 2018	MBP 161.0
12	J9057				
13	Alpha 1-Antitrypsin Inhibitor Therapy (Prolastin®-C, Aralast™, Zemaira®, Glassia™)	04/01/07		Briefly March 2007	MBP 43.0
14	J0256, J0257				
15	Ameluz® (aminolevulinic acid)	04/15/17		Postcard March 2017	MBP 149.0
16	J7345				
17	Andexxa® (andexanet alfa)	12/15/18		Monthly Provider Update Nov 2018	MBP 183.0
18	J7169				
19	Aralast™ (alpha1-antitrypsin inhibitor therapy)	04/01/07		Briefly March 2007	MBP 43.0
20	J0256				
21	Arranon® (nelarabine)	04/01/09		Postcard June 2017-Annual Policy Review	MBP 64.0
22	J9261				
23	Arzerra™ (ofatumumab)	07/01/10		Briefly June 2010	MBP 73.0
24	J9302				
25	Avycaz® (ceftazidime/avibactam)	01/01/16		Postcard August 2017-Annual Policy Review	MBP 132.0
26	J0714				
27	Azedra (iobenguane I 131)	03/15/19		Monthly Provider Update February 2019	MBP 184.0
28	A9590				

	A	B	C	D	E
29	Bavencio® (avelumab)	08/15/17		Postcard July 2017	MBP 152.0
30	J9023				
31	Baxdela IV (delafloxacin)	06/15/18		Monthly Provider Update May 2018	MBP 169.0
32	C9462				
33	Beleodaq® (belinostat)	12/01/14		Postcard June 2017-Annual Policy Review	MBP 117.0
34	J9032				
35	Benlysta® (belimumab)	10/01/11		Postcard June 2017-Annual Policy Review	MBP 90.0
36	J0490				
37	Besponsa® (inotuzumab ozogamicin)	01/01/18		Monthly Provider Update February 2018	MBP 160.0
38	J9229				
39	Bivigam® (IVIg)	1/1/2014		Postcard December 2013	MBP 4.0
40	J1556				
41	Blincyto® (blintatumomab)	07/01/15		Postcard June 2015	MBP 128.0
42	J9039				
43	Brineura® (cerliponase alfa)	01/01/18		Postcard November 2017	MBP 157.0
44	J0567				
45	Carimune NF® (IVIg)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
46	J1566				
47	Clolar® (clofarabine)	04/01/06		Briefly March 2006	MBP 38.0
48	J9027				
49	Cresemba® IV (isavuconazonium sulfate)	01/01/16		Postcard October 2015	MBP 134.0
50	J1833				
51	Crysvita® (burosumab-twza)	12/15/2018		Monthly Provider Update Nov 2018	MBP 182.0
52	J0584				
53	Cyramza® (ramucirumab)	12/01/14		Postcard July 2017-Annual Policy Review	MBP 115.0
54	J9308				
55	Dacogen® (decitabine)	07/01/07		Briefly June 2007	MBP 46.0
56	J0894				
57	Dalvance™ (dalbavancin)	03/01/15		Postcard February 2015	MBP 121.0
58	J0875				
59	Darzalex™ (daratumumab)	07/01/16		Postcard March 2016	MBP 139.0
60	J9145				
61	Elaprase® (idursulfase)	07/01/07		Briefly June 2007	MBP 44.0
62	J1743				
63	Elitek® (rasburicase)	03/01/05		Briefly March 2006	MBP 29.0
64	J2783				
65	Elzonris™ (tagraxofusp-erzs)	08/15/19		Provider Monthly Update July 2019	MBP 197.0
66	J9269				

	A	B	C	D	E
67	Empliciti™ (elotuzumab)	04/15/16		Postcard March 2016	MBP 140.0
68	J9176				
69	Enhertu® (fam-trastuzumab-nxki)	6/15/2020		Monthly Provider Update May 2020	MBP 208.0
70	J9358				
71	Eraxis (anidulafungin)	01/01/08		Briefly December 2007	MBP 53.0
72	J0348				
73	Erwinaze® (asparaginase erwinia chrysanthemi)	07/01/13		Postcard June 2017-Annual Policy Review	MBP 95.0
74	J9019				
75	Evenity™ (romosozumab-aqqg)	10/01/19		Monthly Provider Update September 2019	MBP 202.0
76	J3111				
77	Exondys 51™ (eteplirsen)	04/01/17		Postcard June 2017	MBP 148.0
78	J1428				
79	Fabrazyme (agalsidase beta)	01/01/06		Briefly March 2006	MBP 18.0
80	J0180				
81	Flebogamma® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
82	J1572				
83	Flebogamma DIF® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
84	J1572				
85	Flolan® or Veletri® (epoprostenol)	01/01/09		Postcard July 2017-Annual Policy Review	MBP 61.0
86	J1325, S0155				
87	Gamifant® (emapalumab-lzsg)	8/15/2019		Monthly Provider Update July 2019	MBP 198.0
88	J9210				
89	Gammagard Liquid® (IVIG)	1/1/2008		Postcard December 2007	MBP 4.0
90	J1569				
91	Gammagard S/D® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
92	J1566				
93	Gammaked™ (IVIG)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
94	J1561				
95	Gammaplex® (IVIG)	1/1/2012		Postcard December 2011	MBP 4.0
96	J1557				
97	Gamunex-C® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
98	J1561				
99	Gamunex® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
100	J1561				
101	Gazyva™ (obinutuzumab)	08/01/14		Postcard July 2017-Annual Policy review	MBP 113.0
102	J9301				
103	Givlaari® (givosiran)	7/1/2020		Monthly Provider Update June 2020	MBP 211.0
104	J0223				

	A	B	C	D	E
105	Glassia™ (alpha 1-antitrypsin inhibitor therapy)	01/01/12		Briefly March 2007	MBP 43.0
106	J0257				
107	Halaven (eribulin mesylate)	07/01/11		Posted May 2016-Annual Policy Review	MBP 88.0
108	J9179				
109	Hizentra® (IVIG)	01/01/11		Postcard June 2017-Annual Policy Review	MBP 4.0
110	J1559				
111	Hyqvia™ (IVIG)	01/01/16		Postcard June 2017-Annual Policy Review	MBP 4.0
112	J1575				
113	Imfinzi® (durvalumab)	10/01/17		Postcard September 2017	MBP 156.0
114	J9173				
115	Imlygic™ (talimogene laherparepvec)	04/15/16		Postcard March 2016	MBP 136.0
116	J9325				
117	Intravenous Immune Globulin (IVIG) (Carimune® NF, Flebogamma, Flebogamma® DIF, Gammagard® Liquid, Gammagard® S/D, Gammaplex®, Gammaked™, Gamunex, Gamunex®-C, Octogam®, Panzyga®, Privilgen®, Hizentra, Bivigam®, Hyqvia)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
118	J1459, J1556, J1557, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599				
119	Istodax® (romidepsin)	10/01/10		Briefly September 2010	MBP 78.0
120	J9315, C9065				
121	Ixempra™ (ixabepilone)	10/01/08		Postcard June 2017-Annual Policy Review	MBP 63.0
122	J9207				
123	Jevtana® (cabazitaxel)	01/01/11		Briefly December 2010	MBP 82.0
124	J9043				
125	Kadcyla® (abo-trastuzumab emtansine)	09/01/13		Postcard June 2017-Annual Policy Review	MBP 108.0
126	J9354				
127	Kanuma® (sebelipase alfa)	01/01/17			MBP 180.0
128	J2840				
129	Keytruda® (pembrolizumab)	03/01/15		Postcard July 2017-Annual Policy Review	MBP 119.0
130	J9271				
131	Khapzory™ (levoleucovorin calcium)	4/15/2020		Monthly Provider Update March 2020	MBP 206.0
132	J0642				
133	Kymriah™ (tisagenlecleucel)	1/1/2018		Monthly Provider Update February 2018	MBP 159.0
134	Q2042				
135	Kyprolis® (carfilzomib)	01/01/13		Postcard August 2016-Annual Policy Review	MBP 97.0
136	J9047				

	A	B	C	D	E
137	Lartruvo™ (olaratumab)	04/15/17		Postcard April 2017	MBP 147.0
138	J9285				
139	Libtayo (cemiplimab-rwlc)	4/1/2019		Monthly Provider Update March 2019	MBP 186.0
140	J9119				
141	Lumizyme® (alglucosidase alfa)	01/01/11		Postcard June 2017-Annual Policy Review	MBP 83.0
142	J0221				
143	Lumoxiti™ (moxetumomab pasudotox-tdfk)	4/1/2019		Monthly Provider Update March 2019	MBP 189.0
144	J9313				
145	Lutathera® (lutetium lu 177 dotatate)	06/15/18		Monthly Provider Update May 2018	MBP 170.0
146	A9513				
147	Luxturna™ (voretigene-neparvovec-rzyl)	8/15/2018		Monthly Provider Update July 2018	MBP 174.0
148	J3398				
149	Marqibo® (vincristine sulfate liposome)	11/01/14		Postcard June 2017-Annual Policy Review	MBP 111.0
150	J9371				
151	Mepsevii™ (vestronidase alfa-vjbc)	08/15/18		Monthly Provider Update July 2018	MBP 175.0
152	J3397				
153	Mylotarg™ (gemtuzumab ozogamicin)	04/15/18		Monthly Provider Update March 2018	MBP 163.0
154	J9203				
155	Naglazyme® (galsulfase)	10/01/06		Briefly September 2006	MBP 39.0
156	J1458				
157	Nulojix® (belatacept)	01/01/12		Postcard June 2017-Annual Policy Review	MBP 93.0
158	J0485				
159	Nuzyra® (omadacycline)	03/15/20		Monthly Provider Update February 2020	MBP 203.0
160	J0121				
161	Octagam® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
162	J1568				
163	Off Label Drug Use-Oncology Indications	01/01/12		Postcard July 2017-Annual Policy Review	MBP 92.0
164	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.				
165	Onivyde™ (irinotecan liposome injection)	04/15/16		Postcard March 2016	MBP 138.0
166	J9205				
167	Onpatro (patisiran)	04/15/19		Monthly Provider Update March 2019	MBP 188.0
168	J0222				
169	Opdivo® (nivolumab)	07/01/15		Postcard July 2017-Annual Policy Review	MBP 126.0
170	J9299				
171	Padcev™ (enfortumab vedotin-efv)	6/15/2020		Monthly Provider Update May 2020	MBP 209.0
172	J9177				

	A	B	C	D	E
173	Panzyga® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
174	J1599				
175	Parsabiv™ (etelcalcetide)	6/15/2018		Monthly Provider Update May 2018	MBP 168.0
176	J0606				
177	Polivy™ (polatuzumab vedotin-piiq)	11/15/19		Monthly Provider Update October 2019	MBP 200.0
178	J9309				
179	Portrazza™ (necitumumab)	6/15/16		Postcard May 2016-Annual Policy Review	MBP 142.0
180	J9295				
181	Poteligeo® (mogamulizumab-kpkc)	3/15/2019		Monthly Provider Update February 2019	MBP 185.0
182	J9204				
183	Praxbind® (idarucizumab)	06/15/16		Postcard May 2016-Annual Policy Review	MBP 143.0
184	Currently this drug is billed with and unlisted procedure code				
185	Prialt® (ziconotide)	01/01/08		Briefly December 2007	MBP 58.0
186	J2278				
187	Privigen® (IVIG)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4.0
188	J1459				
189	Prevymis IV™ (letermovir)	8/15/2018		Monthly Provider Update July 2018	MBP 177.0
190	Currently this drug is billed with and unlisted procedure code				
191	Prolastin®-C (alpha1-antitrypsin inhibitor therapy)	04/01/07		Briefly March 2007	MBP 43.0
192	J0256				
193	Provenge® (sipuleucel-T)	01/01/11		Postcard June 2017-Annual Policy Review	MBP 79.0
194	Q2043				
195	Radicava® (edaravone)	10/01/17		Postcard September 2017	MBP 154.0
196	J1301				
197	Reblozyl® (luspatercept-aamt)	7/1/2020		Monthly Provider Update June 2020	MBP 210.0
198	J0896				
199	Recarbrio™ (injection, imipenem, cilastatin and relebactam)	7/1/2020		Monthly Provider Update June 2020	MBP 215.0
200	J0742				
201	Remodulin® (treprostinil)	01/01/09		Briefly December 2008	MBP 62.0
202	J3285				
203	Revcovi™ (elapegedemase-lvlr)	06/15/19		Monthly Provider Update May 2019	MBP 193.0
204	Currently this drug is billed with and unlisted procedure code				
205	Rituxan Hycela® (rituximab/hyaluronidase)	04/01/18		Monthly Provider Update March 2018	MBP 165.0
206	J9311				

	A	B	C	D	E
207	Rituxan® (rituximab)	10/01/07	Per policy, Rituxan 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 September 2018	MBP 48.0
208	J9312				
209	Ruxience™ (rituximab-pvvr)	07/01/20	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
210	Q5119				
211	Sandostatin LAR® (octreotide acetate)	04/01/13		Briefly March 2013	MBP 99.0
212	J2353				
213	Sarclisa® (isatuximab-irfc)	9/15/2020		Monthly Provider Update	MBP 213.0
214	J9227				
215	Signifor® LAR (pasireotide LAR)	01/01/16		Postcard July 2017-Annual Policy Review	MBP 133.0
216	J2502				
217	Sivextro® (tedizolid phosphate)	03/01/15		Postcard February 2015	MBP 122.0
218	J3090				
219	Soliris® (eculizumab)	10/01/08		Postcard May 2016-Annual Policy Review	MBP 54.0
220	J1300				
221	Spinraza® (nusinersen)	07/01/17		Postcard June 2017	MBP 151.0
222	J2326				
223	Sylvant™ (siltuximab)	03/01/15		Postcard February 2015	MBP 120.0
224	J2860				
225	Synagis® (palivizumab)	10/01/05		Briefly March 2006	MBP 2.0
226	90378				
227	Synribo™ (omacetaxine mepesuccinate)	04/01/13		Postcard June 2017-Annual Policy Review	MBP 102.0
228	J9262				
229	Tecentriq™ (atezolizumab)	10/15/16		Postcard July 2017-Annual Policy Review	MBP 144.0
230	J9022				
231	Tepadina® (thiotepa)	12/15/17		Postcard November 2017	MBP 158.0
232	J9340				
233	Tepezza™ (teprotumumab-trbw)	10/01/20		Monthly Provider Update September 2020	MBP 217.0
234	J3241				
235	Torisel™ (temsirolimus)	04/01/09		Postcard May 2016-Annual Policy Review	MBP 65.0
236	J9330				
237	Trisenox® (arsenic trioxide)	06/15/18		Monthly Provider Update May 2018	MBP 172.0
238	J9017				

	A	B	C	D	E
239	Trodelyv™ (sacituzumab govitecan-hziy)	10/01/20		Monthly Provider Update Septemeber 2020	MBP 216.0
240	C9066				
241	Truxima® (rituximab-abbs)	04/15/20	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
242	Q5115				
243	Ultomiris™ (ravulizumab-cwvz)	08/15/19		Monthly Provider Update July 2019	MBP 196.0
244	J1303				
245	Unituxin™ (dinutuximab)	01/01/16		Postcard October 2015	MBP 135.0
246	Currently this drug is reported with an unlisted procedure code.				
247	Vabomere™ (meropenem/vaborbactam)	6/15/2018		Monthly Provider Update May 2018	MBP 167.0
248	J2186				
249	Vectibix® (panitumumab)	07/01/07		Briefly June 2007	MBP 50.0
250	J9303				
251	Velcade® (bortezomib)	08/01/04		Briefly March 2006	MBP 23.0
252	J9041, J9044				
253	Veletri® (epoprostenol)	07/01/12		Postcard July 2017-Annual Policy Review	MBP 61.0
254	J1325				
255	Vimizim® (elosulfase alfa)	12/01/14		Postcard November 2014	MBP 114.0
256	J1322				
257	Voraxaze® (glucarpidase)	01/01/14		Postcard June 2017-Annual Policy Review	MBP 96.0
258	C9293				
259	Vyondys 53® (golodirsen)	7/1/2020		Monthly Provider Update June 2020	MBP 214.0
260	J1429				
261	Vyxeos (daunorubicin/cytarabine liposomal)	04/15/18		Monthly Provider Update March 2018	MBP 164.0
262	J9153				
263	Xenleta IV™ (lefamulin)	4/15/2020		Monthly Provider Update March 2020	MBP 207.0
264	J0691				
265	Xerava (eravacycline)	06/15/19		Monthly Provider Update May 2019	MBP 194.0
266	J0122				
267	Xiaflex® (collagenase, clostridium histolyticum)	01/01/11		Briefly December 2010	MBP 80.0
268	J0775				
269	Xofigo (radium RA 223 dichloride)	09/01/13		Postcard August 2013	MBP 110.0
270	A9606				

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271	Yervoy™ (ipilimumab)	10/01/11		Postcard May 2016-Annual Policy Review	MBP 91.0
272	J9228				
273	Yescarta® (axicabtagene ciloleucel)	04/01/18		Monthly Provider Update March 2018	MBP 162.0
274	Q2041				
275	Yondelis® (trabectedin)	07/01/16		Postcard March 2016	MBP 137.0
276	J9352				
277	Zaltrap® (ziv-aflibercept)	04/01/13		Postcard June 2017-Annual Policy Review	MBP 101.0
278	J9400				
279	Zemaira® (alpha 1-antitrypsin inhibitor therapy)	04/01/07		Briefly March 2007	MBP 43.0
280	J0256				
281	Zemdri™ (plazomicin)	04/15/19		Monthly Provider Update March 2019	MBP 187.0
282	J0291				
283	Zerbaxa® (ceftolozane/tazobactam)	03/15/20		Monthly Provider Update February 2020	MBP 205.0
284	J0695				
285	Zevalin® (ibritumomab tiuxetan)	01/01/06		Briefly March 2006	MBP 15.0
286	A9542, A9543				
287	Zilretta® (triamcinolone acetonide ER injection)	08/15/18		Monthly Provider Update July 2018	MBP 178.0
288	J3304				
289	Zolgensma® (onasemnogene abeparvovec-xioi)	11/15/19		Monthly Provider Update October 2019	MBP 199.0
290	J3399				
291	Zulresso (brexanolone)	01/15/20		Monthly Provider Update December 2019	MBP 201.0
292	J1632				