

For the Medicaid (GHP Family) line of business, please use the list at the following link below:				
<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 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
J9264				
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) and 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				
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®)	1/1/2020		Monthly Provider Update December 2019	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				
Andexxa® (andexanet alfa)	12/15/2018		Monthly Provider Update Nov 2018	MBP 183.0
J7169				
Aralast® (human alpha ₁ -proteinase inhibitor)	4/1/2007		Briefly March 2007	MBP 43.0
J0256				
Aranesp® (darbepoetin alfa)	6/15/2007	EPO, darbepoetin alfa	Postcard May 2016-Annual Policy Review Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	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)	12/1/2014		Postcard July 2017-Annual Policy review	MBP 116.0
J3145				
Avsola™ (infiximab-axxq)	7/1/2020		Monthly Provider Update June 2020	MBP 5.0
Q5121				
Avycaz® (ceftazidime/avibactam)	1/1/2016		Postcard August 2017-Annual Policy Review	MBP 132.0
J0714				
Azedra® (iodine i-131 iobenguane, diagnostic, 1 millicurie)	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)	1/1/2011		Postcard July 2017-Annual Policy review	MBP 84.0
J0597				
Besponsa® (injection, 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				
Blood clotting factors given in a nonemergency outpatient Facility setting	4/1/2006	Prior auth for Gold and certain TPAs.	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				
Boniva® IV (ibandronate sodium)	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® (injection, cerliponase alfa)	1/1/2018		Postcard November 2017	MBP 157.0
J0567				
Carimune® NF (intravenous immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1566				
Carvykti™ (ciltacabtagene autoleucel)	7/1/2022		Monthly Provider Update June 2022	MBP 256.0
C9098				
Cerezyme® (imiglucerase)	10/1/2008		Postcard June 2017-Annual Policy Review	MBP 60.0
J1786				
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)	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				
Cosela™ (trilaciclib)	7/1/2021		Monthly Provider Update 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				
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-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 and hyaluronidase-fihj)	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® (obobotulinumtoxinA)	1/1/2010		Postcard July 2016-Annual Policy Review	MBP 11.0
J0586				
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				
Elitek® (rasburicase)	3/1/2005		Briefly March 2006	MBP 29.0
J2783				
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				
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® (vedolizumab)	12/1/2014		Postcard June 2017-Annual Policy Review	MBP 118.0
J3380				

Epogen® (epoetin alfa)	6/15/2007	EPO, epoetin alfa	Briefly June 2007	MBP 49.0
J0885				
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	Briefly June 2007	MBP 49.0
J0881, J0882, J0885, Q4081, Q5106, Q5105				
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)	11/15/2020		Monthly Provider Update October 2020	MBP 94.0
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 (leuproliide)	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				

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				
Fulphila™ (pegfilgrastim-jmdb)	3/15/2019	All locations require prior authorization except emergency room locations.	Monthly Provider Update February 2019	MBP 59.0
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)	1/1/2020		Monthly Provider Update December 2019	MBP 4.0
J1566				
Gammaplex® (intravenous immune globulin)	1/1/2012		Postcard December 2011	MBP 4.0
J1557				
Gamunex-C®/Gammaked® (subcutaneous/intravenous immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1561				
Gazyva® (obinutuzumab)	8/1/2014		Postcard July 2017-Annual Policy review	MBP 113.0
J9301				
Gel-One® (hyaluronan or derivative)	10/1/2009		Postcard September 2016-Annual Policy Review	MBP 13.0
J7326				
GenVisc 850® (hyaluronan or derivative)	1/1/2017		Postcard September 2016-Annual Policy Review	MBP 13.0
J7320				
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® (tbo-filgrastim)	1/1/2014	All locations require prior auth except emergency room locations	Postcard July 2014	MBP 59.0
J1447				
Halaven® (eribulin mesylate)	7/1/2011		Postcard May 2016-Annual Policy Review	MBP 88.0
J9179				
Hemlibra® (injection, emicizumab-kxwh)	10/15/2018		Monthly Provider Update September 2018	MBP 179.0
J7170				
Hizentra® (subcutaneous immune globulin)	1/1/2011		Monthly Provider Update December 2010	MBP 4.0
J1559				
Hyalgan® (hyaluronate sodium)	10/1/2009		Briefly September 2009	MBP 13.0
J7321				
Hymovis® (hyaluronan or derivative)	1/1/2017		Postcard September 2016-Annual Policy Review	MBP 13.0
J7322				
Hyqvia® (immune globulin/hyaluronidase)	1/1/2016		Postcard June 2017-Annual Policy Review	MBP 4.0
J1575				
Ilaris® (canakinumab)	7/1/2010		Postcard July 2017-Annual Policy Review	MBP 77.0
J0638				
Ilumya® (tildrakizumab-asmn)	4/15/2019		Monthly Provider Update March 2019	MBP 190.0
J3245				
Iluvien® (fluocinolone acetonide)	8/15/2015	First treatment of Iluvien, for diabetic macular edema does not require prior authorization.	Postcard June 2017-Annual Policy Review	MBP 129.0
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® (infliximab-dyyb)	6/15/2017		Postcard May 2017-Annual Policy Review	MBP 5.0
Q5103				
Injectable Antipsychotic Medications (Abilify Maintena®, Aristada®, Aristada Initio®, Invega Hafyera™, Invega Sustenna®, Invega Trinza®, Perseris®, Risperdal Consta®, Zyprexa Relprevv®)	1/1/2020		Monthly Provider Update December 2019	MBP 106.0
J0401, J1944, J1943, J2426, J2798, J2794, J2358				
Intravenous and Immune Globulin (IVIg) (Asceniv™, Bivigam®, Carimune® NF, Cutaquig®, Cuvitru®, Flebogamma®/Flebogamma DIF®, Gammagard Liquid®, Gammagard S/D, Gamunex-C®/Gammaked®, Gammaplex®, Hizentra®, Hyqvia®, Octagam®, Panzyga®, Privigen®, Xembify®)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599				
Invega Hafyera™	3/15/2022		Monthly Provider Update February 2022	MBP 106.0
Currently this drug is reported with an unlisted procedure code.				
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
J2426				
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				
Jemperli® (dostarlimab-gxly)	10/15/2021		Monthly Provider Update Septemeber 2021	MBP 236.0
J9272				

J9043	Jevtana® (cabazitaxel)	1/1/2011		Briefly December 2010	MBP 82.0
J9354	Kadcyla® (ado-trastuzumab emtansine)	9/1/2013		Postcard June 2017-Annual Policy Review	MBP 108.0
J1290	Kalbitor® (ecallantide)	1/1/2011		Postcard June 2017-Annual Policy Review	MBP 86.0
J2840	Kanuma® (sebelipase alfa)	1/1/2017		Monthly Provider Update December 2016	MBP 180.0
J9271	Keytruda® (pembrolizumab)	3/1/2015		Postcard July 2017-Annual Policy Review	MBP 119.0
J0642	Khazory® (levoleucovorin)	4/15/2020		Monthly Provider Update March 2020	MBP 206.0
C9095	Kimtrak® (tebentafusp-tebn)	5/15/2022		Monthly Provider Update April 2022	MBP 250.0
J2406	Kimyrsa™ (oritavancin)	3/15/2022		Monthly Provider Update February 2022	MBP 247.0
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
J0202	Lemtrada® (alemtuzumab)	7/1/2015		Postcard June 2015	MBP 125.0
J1306	Leqvio® (inclisiran)	6/15/2022		Monthly Provider Update May 2022	MBP 254.0

Leukine® (sargramostim)	4/1/2008	All locations require prior auth except emergency room locations.	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				
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				
Makena® (hydroxyprogesterone caproate injection)	7/1/2015		Postcard June 2017-Annual Policy Review	MBP 127.0
J1726				
Margenza™ (margetuximab-cmkb)	7/1/2021		Monthly Provider Update June 2021	MBP 231.0
J9353				
Marqibo® (vincristine sulfate liposome injection)	11/1/2014		Postcard June 2017-Annual Policy Review	MBP 111.0
J9371				
Mepsevii® (vestronidase alfa-vjbc)	8/15/2018		Monthly Provider Update July 2018	MBP 175.0
J3397				
Mircera® (epotin beta)	8/15/2015	EPO, epoetin beta.	Postcard June 2017-Annual Policy Review	MBP 130.0
J0887, J0888				

Monjuvi® (tafasitamab-cxix)	11/15/2020		Monthly Provider Update October 2020	MBP 221.0
J9349				
Monovisc® (hyaluronan or derivative)	10/1/2009		Briefly September 2009	MBP 13.0
J7327				
Mylotarg (gemtuzumab ozogamicin)	4/15/2018		Monthly Provider Update March 2018	MBP 163.0
J9203				
Myobloc® (rimabotulinumtoxinB)	1/1/2001		Briefly March 2006	MBP 11.0
J0587				
Naglazyme® (galsulfase)	10/1/2006		Briefly September 2006	MBP 39.0
J1458				
Neulasta® (pegfilgrastim)/Neulasta® (pegfilgrastim) OnPro®	4/1/2008	All locations require prior auth except emergency room locations	Briefly March 2008	MBP 59.0
J2506				
Neupogen® (filgrastim)	4/1/2008	All locations require prior auth except emergency room locations	Briefly March 2008	MBP 59.0
J1442				
Nexvzyme® (avalglucosidase alfa-ngpt)	4/15/2022		Monthly Provider Update March 2022	MBP 248.0
J0219				
Nivestym™ (filgrastim-aafi)	6/15/2019	All locations require prior authorization except emergency room locations.	Monthly Provider Update May 2019	MBP 59.0
Q5110				
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)	3/15/2020		Monthly Provider Update February 2020	MBP 203.0
J0121				
Nyvepria™ (pegfilgrastim-apgf)	1/1/2021	All locations require prior authorization except emergency room locations.		MBP 59.0
Q5122				
Ocrevus® (ocrelizumab)	10/1/2017		Postcard September 2017	MBP 155.0
J2350				
Octagam® (intravenous immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1568				
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.				
Olinvyk® (oliceridine)	6/15/2021		Monthly Provider Update May 2021	MBP 229.0
Currently this drug is billed with an unlisted procedure code.				
Onivyde® (irinotecan liposome)	4/15/2016		Postcard March 2016	MBP 138.0
J9205				
Onpattro® (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
Currently this drug is billed with an unlisted procedure code				
Orencia® (abatacept)	2/1/2007		Briefly December 2006	MBP 40.0
J0129				

Orthovisc® (hyaluronate sodium)	10/1/2008		Briefly September 2008	MBP 13.0
J7324				
Oxlumo™ (lumasiran)	7/1/2021		Monthly Provider Update June 2021	MBP 234.0
J0224				
Padcev® (enfortumab vedotinejfv)	6/15/2020		Monthly Provider Update May 2020	MBP 209.0
J9177				
Panzyga® (intravenous immune globulin)	1/1/2020		Monthly Provider Update December 2019	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® (risperidone)	6/15/2019		Monthly Provider Update May 2019	MBP 106.0
J2798				
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				

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				
Procrit® (epoetin alfa)	6/15/2007	EPO, epoetin beta	Briefly June 2007	MBP 49.0
J0885				
Prolastin-C® (human alpha₁-proteinase inhibitor)	4/1/2007		Briefly March 2007	MBP 43.0
J0256				
Prolia® (denosumab)	1/1/2011		Postcard June 2017-Annual Policy Review	MBP 81.0
J0897				
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				
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				
Releuko® (filgrastim-ayow)	7/1/2022		Monthly Provider Update June 2022	MBP 59.0
C9096				
Remicade® (infliximab)	3/1/2001		Postcard June 2017-Annual Policy Review	MBP 5.0
J1745				
Remodulin (treprostinil)	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	EPO, epoetin alfa-epbx	Monthly Provider Update February 2019	MBP 49.0
Q5105, Q5106				
Revcovi (elapegedemase-lvlr)	6/15/2019		Monthly Provider Update June 2019	MBP 193.0
Currently this drug is reported with an unlisted procedure code				
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				
Risperdal Consta® (risperidone microspheres)	8/15/2013		Postcard July 2017-Annual Policy Review	MBP 106.0
J2794				
Rituxan® (rituximab)	10/1/2007		Monthly Provider Update September 2018	MBP 48.0
J9312				
Rituxan Hycela® (rituximab/hyaluronidase)	4/1/2018		Monthly Provider Update March 2018	MBP 165.0
J9311				
Ruconest® (C1 esterase inhibitor [recombinant])	7/1/2015		Postcard July 2017-Annual Policy Review	MBP 124.0
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				
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)	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	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)	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® (esketamine)	8/15/2019		Monthly Provider Update July 2019	MBP 195.0
G2082, G2083, S0013				
Stelara® (ustekinumab)	7/1/2010		Postcard June 2017-Annual Policy Review	MBP 75.0
J3357, J3358				
Supprelin LA® (histrelin acetate implant)	7/1/2009		Postcard July 2017-Annual Policy Review	MBP 67.0
J9226				
Sustol® (granisetron ER)	4/15/2017		Postcard April 2017	MBP 150.0
J1627				
Susvimo™ (ranibizumab)	4/1/2022		Monthly Provider Update March 2022	MBP 252.0
J2779				
Sylvant® (siltuximab)	3/1/2015		Postcard February 2015	MBP 120.0
J2860				
Synagis® (palivizumab)	10/1/2005		Briefly March 2006	MBP 120.0
90378				
Synribo® (omacetaxine mepesuccinate)	4/1/2013		Postcard June 2017-Annual Policy Review	MBP 102.0
J9262				
Tecartus® (brexucabtagene autoleucel)	1/1/2021		Monthly Provider Update December 2021	MBP 224.0
Q2053				
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				

Tezspire (tezepelumab-ekko)	7/1/2022		Monthly Provider Update June 2022	MBP 259.0
J2356				
Tivdak™ (tisotumab vedotin-tftv)	3/15/2022		Monthly Provider Update February 2022	MBP 246.0
J9273				
Torisel® (temsirolimus)	4/1/2009		Postcard May 2016-Annual Policy Review	MBP 65.0
J9330				
Triptodur® (triptorelin)	3/15/2020		Monthly Provider Update February 2020	MBP 204.0
J3316				
Trisenox® (arsenic trioxide)	6/15/2018		Monthly Provider Update May 2018	MBP 172.0
J9017				
TriVisc® (hyaluronan or derivative)	12/15/2021		Monthly Provider Update November 2021	MBP 13.0
J7329				
Trodelyv (sacituzumab govitecan-hziy)	10/1/2020		Monthly Provider Update September 2020	MBP 216.0
J9317				
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
Q5115				
Tysabri® (natalizumab)	1/1/2008		Briefly December 2007	MBP 57.0
J2323				
Udenyca™ (pegfilgrastim-cbqv)	1/1/2019	All locations require prior authorization except emergency room locations.	Monthly Provider Update December 2018	MBP 59.0
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				
Uplizna® (inebilizumab-cdon)	1/1/2021		Monthly Provider Update December 2020	MBP 225.0
J1823				
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
C9097				
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, J9044				
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® (sodium hyaluronate)	6/15/2018		Monthly Provider Update May 2018	MBP 13.0
J7333				
Viscosupplementation using hyaluronan injections (Gel-One®, GeneVisc 850®, Hyalgan® Hymovis®, Monovisc®, Orthovisc®, 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, J7329, J7333				

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				
Vyondys 53™ (golodirsen)	7/1/2020		Monthly Provider Update June 2020	MBP 214.0
J1429				
Vyvgart™ (efgartigimod alfa-fcab)	7/1/2022		Monthly Provider Update June 2022	MBP 260.0
J9332				
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	All locations require prior authorization except emergency room locations.	Briefly March 2008	MBP 59.0
Q5108, J1447, J2820, J2506, J1442, Q5110, Q5122, C9096, Q5111, Q5101, Q5120				
Xembify® (intravenous immune globulin)	3/15/2022		Monthly Provider Update February 2022	MBP 4.0
J1558				
Xeomin® (incobotulinumtoxin A)	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				
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				
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 authorization except emergency room locations.	Postcard January 2016-Annual Policy Review	MBP 59.0
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				
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 tiuxetan)	1/1/2006		Briefly March 2006	MBP 15.0
A9542, A9543				
Ziextenzo (pegfilgrastime-bmez)	4/1/2020	All locations require prior authorization except emergency room locations.	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				
Zyprexa Relprevv® (olanzapine)	8/15/2013		Postcard July 2017-Annual Policy Review	MBP 106.0
J2358				