



For the Medicaid (GHP Family) line of business, please use the list at the following link below:

- [Medicaid Medical Drug \(PDL and non-PDL\) prior authorization list](#)

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

Procedure/Service	Effective Date for Providers	Comments	Most Recent Communication to Providers	Associated Medical Policy #
Abecma® (idecabtagene vicleucel)	8/15/2021		Monthly Provider Update July 2021	MBP 235.0
Q2055				
Abilify Asimtufii® (aripiprazole)	9/15/2023		Monthly Provider Update August 2023	MBP 106.0
J0402				
Abilify Maintena® (aripiprazole)	8/15/2013		Postcard July 2013	MBP 106.0
J0401				
Abraxane® (paclitaxel protein bound particles)	4/1/2006		Briefly March 2006	MBP 36.0
J9264				
Actemra® IV (tocilizumab)	7/1/2010	Claims submitted with the following diagnosis for use do not require prior authorization: Chimeric antigen receptor (CAR) T cell-induced severe (Z92.850) or life-threatening cytokine release syndrome (CRS) (D89.83, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839)	Briefly June 2010	MBP 76.0
J3262				
Adakveo® (crizanlizumab-tmca)	7/1/2020		Monthly Provider Update June 2020	MBP 212.0
J0791				
Adcetris® (brentuximab vedotin)	4/15/2018		Monthly Provider Update March 2018	MBP 166.0
J9042				

Adstiladrin® (nadofaragene firadenov-vncg)	3/15/2024		Monthly Provider Update February 2024	MBP 303.0
J9029				
Aduhelm (aducanumab-avwa)	7/15/2023	Aduhelm™ (aducanumab-avwa) is excluded from coverage for commercial, exchange, and CHIP lines of business. For the Medicare line of business, Aduhelm™ (aducanumab-avwa) will be covered consistent with the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) 200.3 Monoclonal antibodies directed against amyloid for the treatment of Alzheimer's Disease (AD).	Monthly Provider Update June 2023	MBP 287.0
J0172				
Adzynma (ADAMTS13, recombinant-krhn)	7/1/2024		Monthly Provider Update June 2024	MBP 325.0
J7171				
Ahzantive® (afibercept-mrbb)	4/1/2025		Monthly Provider Update March 2025	Not Applicable
Q5150				
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				
Alpha 1-Antitrypsin Inhibitor Therapy (Aralast®, Glassia®, Prolastin-C®, Zemaira®)	4/1/2007		Briefly March 2007	MBP 43.0
J0256, J0257				
Altuviiiio® (antihemophilic factor (Recombinant [Fc-VWF-XTEN)-ehtl)	1/15/2025		Monthly Provider Update December 2023	MBP 304.0
J7214				

Alyglo® (immune globulin)	1/1/2025		Monthly Provider Update December 2024	MBP 4.0
J1552				
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				
Amtagvi® (lifileucel)	10/15/2024		Monthly Provider Update September 2024	MBP 324.0
Currently this drug is reported with an unlisted procedure code				
Amvuttra® (vutrisiran)	1/1/2023		Monthly Provider Update December 2022	MBP 268.0
J0225				
Andexxa® (andexanet alfa)	12/15/2018		Monthly Provider Update November 2018	MBP 183.0
J7169				
Anjeso® (meloxicam injection)	8/15/2022		Monthly Provider Update July 2022	MBP 261.0
J1738				
Anktiva (nogapendekin alpha inbakicept-pmln)	10/1/2024		Monthly Provider Update September 2024	MBP 320.0
J9028				
Aphexda® (motixafortide)	7/15/2024		Monthly Provider Update June 2024	MBP 315.0
J2277				
Aponvie (aprepitant)	11/15/2023		Monthly Provider Update October 2023	MBP 299.0
C9145				
Aralast® (alpha 1-proteinase inhibitor (human))	4/1/2007		Briefly March 2007	MBP 43.0
J0256				

Aranesp® (darbepoetin alfa)	6/15/2007	darbepoetin alfa, epoetin alfa, epoetin beta, epoetin alfa-epbx	Postcard May 2016-Annual Policy Review	MBP 49.0
J0881, J0882				
Arexvy™ (Respiratory Syncytial Virus Vaccine (Adjuvanted) Injection)	2/15/2025	Arexvy™ (Respiratory Syncytial Virus Vaccine (Adjuvanted) Injection) will not require prior authorization for patients greater than or equal to 60 years of age. Arexvy™ (Respiratory Syncytial Virus Vaccine (Adjuvanted) Injection) will require prior authorization for patients greater than or equal to 50 years of age to less than 59 years of age.	Monthly Provider Update January 2025	MBP 329.0
90679				
Aristada® (aripiprazole lauroxil)	4/15/2016		Postcard July 2017-Annual Policy Review	MBP 106.0
J1944				
Aristada Initio®	1/1/2019		Monthly Provider Update December 2018	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				
Aucatzyl® (obecabtagene autoleucel)	4/1/2025		Monthly Provider Update March 2025	MBP 335.0
Q2058				
Aveed® (testosterone undecanoate)	12/1/2014		Postcard July 2017-Annual Policy Review	MBP 116.0
J3145				
Avsola® (infliximab-axxq)	7/1/2020		Monthly Provider Update June 2020	MBP 5.0

Q5121				
Avtozma® (tocilizumab-anoh)	10/1/2025		Monthly Provider Update September 2025	MBP 76.0
Q5156				
Avycaz® (cefazidime/avibactam)	1/1/2016		Postcard August 2017-Annual Policy Review	MBP 132.0
J0714				
Azedra® (iobenguane I 131)	3/15/2019		Monthly Provider Update February 2019	MBP 184.0
A9590				
Bavencio® (avelumab)	8/15/2017		Postcard July 2017	MBP 152.0
J9023				
Baxdela® IV (delafloxacin)	6/15/2018		Monthly Provider Update March 2018	MBP 169.0
C9462				
Beleodaq® (belinostat)	1/1/2015		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				
Beqvez™ (fidanacogene elaparvovec-dzkt)	1/1/2025		Monthly Provider Update December 2024	MBP 332.0
J1414				
Berinert® (C1 esterase inhibitor, human)	1/1/2011		Postcard July 2017-Annual Policy Review	MBP 84.0
J0597				
Besponsa® (inotuzumab ozogamicin)	1/1/2018		Monthly Provider Update December 2017	MBP 160.0

J9229				
Bevacizumab (Avastin®) and Biosimilars	4/15/2024	Avastin® (bevacizumab) used for intravitreal injection does NOT require prior authorization.	Monthly Provider Update March 2024	MBP 309.0
C9257, J9035				
Beyfortus® (nirsevimab-alip)	7/17/2023	Beyfortus® (nirsevimab-alip) will not require prior authorization for patients less than 8 months of age. Beyfortus® (nirsevimab-alip) will require prior authorization for patients 8 months of age or greater but less than 24 months of age.	Monthly Provider Update June 2023	MBP 297.0
90380, 90381				
Bivigam® (immune globulin)	1/1/2014		Postcard December 2013	MBP 4.0
J1556				
Bizengri® (zenocutuzumab-zbco)	5/15/2025		Monthly Provider Update April 2025	MBP 338.0
J9382				
Bkemv™ (eculizumab-aeab)	1/1/2025		Monthly Provider Update December 2024	Not Applicable
Q5152				
Blincyto® (blinatumomab)	4/1/2015		Postcard June 2015	MBP 128.0
J9039				
Blood clotting factors given in a nonemergency outpatient Facility setting	4/1/2006	Prior authorization is required when provided in any location except 21, 22, 23, 24 and 11. These drugs will be covered under medical when provided in locations 21, 22, 23, 24 and 11. Prior authorization is no longer required for Medicare lines of business.	Briefly March 2006	Not Applicable
J7168, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213				
Boniva® (ibandronate sodium) Intravenous	7/1/2007		Briefly June 2007	MBP 42.0
J1740				

Boruzu™ (bortezomib)	4/1/2025		Monthly Provider Update March 2025	Not Applicable
J9054				
Botox® (onabotulinumtoxinA)	1/1/2000		Postcard July 2016-Annual Policy Review	MBP 11.0
J0585				
Botulinum Toxin and Derivatives (Botox®, Daxxify®, Dysport®, Myobloc®, Xeomin®)	1/1/2020		Monthly Provider Update December 2019	MBP 11.0
J0585, J0589, J0586, J0587, J0588				
Breyanzi® (lisocabtagene maraleucel)	6/15/2021		Monthly Provider Update May 2021	MBP 228.0
Q2054				
Brineura® (cerliponase alfa)	12/15/2017		Postcard November 2017	MBP 157.0
J0567				
Briumvi® (ublituximab-xiyy)	9/15/2023		Monthly Provider Update August 2023	MBP 295.0
J2329				
Byooviz™ (ranibizumab-nuna)	3/15/2023		Monthly Provider Update February 2023	MBP 47.0
Q5124				
cabazitaxel	10/1/2023		Monthly Provider Update September 2023	MBP 82.0
J9064				
Carimune® NF (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
Q2056				
Casgevvy® (exagamglogene autotemcel)	7/15/2024		Monthly Provider Update June 2024	MBP 318.0
J3392				
Cerezyme® (imiglucerase)	10/1/2008		Postcard June 2017-Annual Policy Review	MBP 60.0

J1786				
Cimerli® (ranibizumab-eqrn)	3/15/2023		Monthly Provider Update February 2023	MBP 47.0
Q5128				
Cimzia® (certolizumab pegol)	7/1/2010		Briefly June 2010	MBP 74.0
J0717				
Cinqair® (reslizumab)	12/15/2016		Postcard November 2016	MBP 145.0
J2786				
Cinryze® (C1 esterase inhibitor, human)	1/1/2011		Postcard July 2017-Annual Policy Review	MBP 85.0
J0598				
Cinvanti® (aprepitant)	6/15/2019		Monthly Provider Update May 2019	MBP 191.0
J0185				
Columvi™ (glofitamab-gxbm)	12/15/2023		Monthly Provider Update November 2023	MBP 298.0
J9286				
Cosela® (trilaciclib)	7/1/2021		Monthly Provider Update June 2021	MBP 232.0
J1448				
Cosentyx® (secukinumab) vials	4/1/2024		Monthly Provider Update March 2024	MBP 131.0
J3247				
Cresemba® IV (isavuconazonium sulfate)	12/15/2015		Monthly Provider Update November 2015	MBP 134.0
J1833				
Crysvita® (burosumab-twza)	12/15/2018		Monthly Provider Update November 2018	MBP 182.0
J0584				
Cutaquig® (immune globulin)	3/15/2020		Monthly Provider Update February 2020	MBP 4.0
J1551				

Cuvitru® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1555				
Cyramza® (ramucirumab)	12/1/2014		Postcard July 2017-Annual Policy Review	MBP 115.0
J9308				
Dalvance® (dalbavancin)	3/1/2015		Postcard February 2015	MBP 121.0
J0875				
Danyelza® (naxitamab-gqgk)	6/15/2021		Monthly Provider Update May 2021	MBP 227.0
J9348				
Darzalex® (daratumumab)	4/15/2016		Monthly Provider Update March 2016	MBP 139.0
J9145				
Darzalex Faspro® (daratumumab/hyaluronidase)	6/15/2021		Monthly Provider Update May 2021	MBP 230.0
J9144				
Datroway® (datopotamab deruxtecan-dlnk)	6/15/2025		Monthly Provider Update May 2025	MBP 339.0
J9011				
Daxxify® (daxibotulinumtoxinA-lanm)	6/15/2024		Monthly Provider update May 2024	MBP 11.0
J0589				
Dextenza® (dexamethasone ophthalmic (intraocular) insert)	6/15/2022		Monthly Provider Update May 2022	MBP 255.0
J1096				
Durysta® (bimatoprost intraocular implant)	11/15/2021		Monthly Provider Update October 2021	MBP 243.0
J7351				
Dysport® (abobotulinumtoxinA)	1/1/2010		Postcard July 2016-Annual Policy Review	MBP 11.0
J0586				
Elahere® (mirvetuximab soravtansine-gynx)	7/1/2023		Monthly Provider Update June 2023	MBP 277.0

J9063				
Elaprase® (idursulfase)	7/1/2007		Briefly June 2007	MBP 44.0
J1743				
Elelyso® (taliglucerase alfa)	4/1/2013		Postcard June 2017-Annual Policy Review	MBP 100.0
J3060				
Elevidys® (delandistrogene moxeparvovec-rokl)	1/1/2024		Monthly Provider Update December 2023	MBP 307.0
J1413				
Elfabrio® (pegunigalsidase alfa-iwxj)	10/15/2023		Monthly Provider Update September 2023	MBP 289.0
J2508				
Elitek® (rasburicase)	3/1/2005		Briefly March 2006	MBP 29.0
J2783				
Elrexio™ (elranatamab-bcmm)	1/1/2024		Monthly Provider Update December 2023	MBP 301.0
J1323				
Elzonris® (Tagraxofusp-erzs)	8/15/2019		Monthly Provider Update July 2019	MBP 197.0
J9269				
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				
Emrelis™ (telisotuzumab vedotin-tilv)	10/1/2025		Monthly Provider Update September 2025	MBP 346.0
C9306				
Encelto™ (taroretccl-lwey)	10/1/2025		Monthly Provider Update September 2025	MBP 351.0
J3403				

Enhertu® (fam-trastuzumab deruxtecan-nxki)	6/15/2020		Monthly Provider Update May 2020	MBP 208.0
J9358				
Enjaymo® (sutimlimab-jome)	10/15/2022		Monthly Provider Update September 2022	MBP 264.0
J1302				
Entyvio® (vedolizumab)	12/1/2014		Postcard June 2017-Annual Policy Review	MBP 118.0
J3380				
Enzeevu™ (afibercept-abzv)	4/1/2025		Monthly Provider Update March 2025	Not Applicable
Q5149				
Epkinly® (epcoritamab-bysp)	10/1/2023		Monthly Provider Update September 2023	MBP 290.0
J9321				
Epogen® (epoetin alfa)	6/15/2007	darbepoetin alfa, epoetin alfa, epoetin beta, epoetin alfa-epbx	Briefly June 2007	MBP 49.0
J0885, Q4081				
Eraxis® (anidulafungin)	1/1/2008		Briefly December 2007	MBP 53.0
J0348				
Erythropoietin and Darbepoetin Therapy (Aranesp®, Epogen®, Procrit®, Retacrit®)	6/15/2007	darbepoetin alfa, epoetin alfa, epoetin beta, epoetin alfa-epbx	Briefly June 2007	MBP 49.0
J0881, J0882, J0885, Q4081, Q5105, Q5106				
Erzofri® (paliperidone palmitate)	4/1/2025		Monthly Provider Update March 2025	MBP 106.0
J2428				
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®/Eylea® HD (afibercept)	11/15/2020		Monthly Provider Update October 2020	MBP 94.0
J0178, J0177				
Fabrazyme® (agalsidase beta)	1/1/2006		Briefly March 2006	MBP 18.0
J0180				
Fasenra® Prefilled Syringes (benralizumab)	8/15/2018		Monthly Provider Update July 2018	MBP 173.0
J0517				
Fensolvi® (leuprolide injection)	9/15/2021		Monthly Provider Update August 2021	MBP 240.0
J1951				
Fetroja® (cefiderocol)	1/1/2021		Monthly Provider Update December 2020	MBP 219.0
J0699				
Flebogamma® / Flebogamma DIF® (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		Monthly Provider Update February 2019	MBP 59.0
Q5108				
Fyarro® (sirolimus protein-bound particles for injectable suspension) (albumin-bound)	8/15/2022		Monthly Provider Update July 2022	MBP 262.0
J9331				
Fynetra® (pegfilgrastim-pbbk)	4/1/2023		Monthly Provider Update March 2023	MBP 59.0
Q5130				

Gamifant® (emapalumab-lzsg)	8/15/2019		Monthly Provider Update July 2019	MBP 198.0
J9210				
Gammagard Liquid® (immune globulin)	1/1/2008		Postcard December 2007	MBP 4.0
J1569				
Gammagard S/D (immune globulin)	1/1/2020		Monthly Provider Update December 2019	MBP 4.0
J1566				
Gammaked® / Gamunex® / Gamunex-C® (immune globulin)	1/1/2006		Postcard June 2017	MBP 4.0
J1561				
Gammaplex® (immune globulin)	1/1/2012		Postcard December 2011	MBP 4.0
J1557				
ganciclovir sodium	1/1/2023		Monthly Provider Update December 2022	Not Applicable
J1574				
Gazyva® (obinutuzumab)	8/1/2014		Postcard July 2017	MBP 113.0
J9301				
Gel-One® (hyaluronan or derivative)	10/1/2009		Postcard September 2016	MBP 13.0
J7326				
GenVisc 850® (hyaluronan or derivative)	1/1/2017		Postcard September 2016	MBP 13.0
J7320				
Givlaari® (givosiran)	7/1/2020		Monthly Provider Update June 2020	MBP 211.0
J0223				
Glassia® (alpha 1 proteinase inhibitor (human))	1/1/2012		Briefly March 2007	MBP 43.0
J0257				
Grafapex™ (treosulfan)	7/1/2025		Monthly Provider Update June 2025	MBP 343.0

J0614				
Granix® (tbo-filgrastim)	1/1/2014		Postcard July 2014	MBP 59.0
J1447				
Halaven® (eribulin mesylate)	7/1/2011		Postcard May 2016	MBP 88.0
J9179				
Hemgenix® (etranacogene dezaparvovec-drlb)	10/15/2023		Monthly Provider Update September 2023	MBP 286.0
J1411				
Hemlibra® (emicizumab-kxwh)	10/15/2018		Monthly Provider Update September 2018	MBP 179.0
J7170				
Hepzato Kit™ (melphalan/hepatic delivery system [HDS])	10/15/2024		Monthly Provider Update September 2024	MBP 321.0
J9248				
Hizentra® (immune globulin)	1/1/2011		Monthly Provider Update December 2010	MBP 4.0
J1559				
Hyalgan® (hyaluronan or derivative)	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	MBP 4.0
J1575				
Igalmi® (dexmedetomidine)	9/15/2022		Monthly Provider Update August 2022	MBP 265.0
J1105				
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				
Imaavy™ (nipocalimab-aahu)	10/1/2025		Monthly Provider Update September 2025	Not Applicable
C9305				
Imdelltra™ (tarlatamab-dlle)	10/1/2024		Monthly Provider Update September 2024	MBP 322.0
J9026				
Imfinzi® (durvalumab)	10/1/2017		Postcard September 2017	MBP 156.0
J9173				
Imjudo® (tremelimumab-actl)	3/15/2023		Monthly Provider Update February 2023	MBP 270.0
J9347				
Imlygic® (talimogene laherparepvec)	4/15/2016		Postcard March 2016	MBP 136.0
J9325				
Imuldosa™ IV (ustekinumab-srlf IV)	7/15/2025		Monthly Provider Update June 2025	MBP 75.0
Q5098				
Inflectra® (infliximab-dyyb)	6/15/2017		Postcard May 2017-Annual Policy Review	MBP 5.0
Q5103				
Injectable Antipsychotic Medications (Abilify Asimtufii®, Abilify Maintena®, Aristada®, Aristada Initio®, Erzofri®, Invega Hafyera®, Invega Sustenna®, Invega Trinza®, Perseris®, Risperdal Consta®, Rykindo®, Uzedy®, Zyprexa Relprevv®)	1/1/2020		Monthly Provider Update December 2019	MBP 106.0
J0402, J0401, J1944, J1943, J2428, J2427, J2426, J2798, J2794, J2801, J2799, J2358				

Injectafer® (ferric carboxymaltose)	7/15/2025	iron dextran complex (Infed), iron sucrose (Venofer), sodium ferric gluconate complex (Ferrlecit), ferumoxytol (Feraheme) are preferred agents and DO NOT require prior authorization.	Monthly Provider Update June 2025	MBP 345.0
J1439				
Intravenous Immune Globulin (IVIG) (Alyglo®, Asceniv, Bivigam®, Carimune® NF, Cutaquig®, Cuvitru®, Flebogamma® / Flebogamma DIF®, Gammagard Liquid®, Gammagard S/D, Gammaked® / Gamunex® / Gamunex-C®, Gammplex®, Hizentra®, Hyqvia®, Octagam®, Panzyga®, Privigen®, Xembify®)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1552, J1554, J1556, J1566, J1551, J1555, J1572, J1569, J1566, J1561, J1557, J1559, J1575, J1568, J1576, J1459, J1558				
Intravenous (IV) Iron (Injectafer®, Monoferic®)	7/15/2025	iron dextran complex (Infed), iron sucrose (Venofer), sodium ferric gluconate complex (Ferrlecit), ferumoxytol (Feraheme) are preferred agents and DO NOT require prior authorization.	Monthly Provider Update June 2025	MBP 345.0
J1437, J1439				
Invega Hafyera® (paliperidone palmitate extended release)	3/15/2022		Monthly Provider Update February 2022	MBP 106.0
J2427				
Invega Sustenna® (paliperidone palmitate extended release)	8/15/2013		Postcard July 2017-Annual Policy Review	MBP 106.0
J2426				
Invega Trinza® (paliperidone palmitate extended release)	12/15/2015		Postcard November 2015	MBP 106.0
J2427				
Istodax® (romidepsin)	10/1/2010		Briefly September 2010	MBP 78.0
J9318, J9319				
Ixemptra® (ixabepilone)	10/1/2008		Postcard June 2017-Annual Policy Review	MBP 63.0
J9207				

Izervay™ (avacincaptad pegol)	4/1/2024		Monthly Provider Update March 2024	MBP 316.0
J2782				
Jelmyto® (mitomycin ureteral gel)	2/15/2023		Monthly Provider Update January 2023	MBP 266.0
J9281				
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				
Kadcyla® (ado-trastuzumab emtansine)	9/1/2013		Postcard June 2017-Annual Policy Review	MBP 108.0
J9354				
Kalbitor® (ecallantide)	1/1/2011		Postcard June 2017-Annual Policy Review	MBP 86.0
J1290				
Kanuma® (sebelipase alfa)	1/1/2017		Monthly Provider Update December 2016	MBP 180.0
J2840				
Kebilidi™ (eladocagene exuparvovec-tneq)	8/15/2025		Monthly Provider Update July 2025	MBP 344.0
Currently this drug is reported with an unlisted procedure code				
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				
Kimtrak® (tebentafusp-tebn)	5/15/2022		Monthly Provider Update April 2022	MBP 250.0
J9274				

Kimyrsa® (oritavancin)	3/15/2022		Monthly Provider Update February 2022	MBP 247.0
J2406				
Kisunla™ (donanemab-azbt)	10/1/2024		Monthly Provider Update September 2024	MBP 333.0
J0175				
Korsuva® (difelikefalin)	7/15/2023		Monthly Provider Update June 2023	MBP 279.0
J0879				
Krystexxa® (pegloticase)	3/15/2023		Monthly Provider Update February 2023	MBP 272.0
J2507				
Kymriah® (tisagenlecleucel)	3/15/2018		Monthly Provider Update February 2018	MBP 159.0
Q2042				
Kyprolis® (carfilzomib)	1/1/2013		Postcard August 2016-Annual Policy Review	MBP 97.0
J9047				
Lamzede® (velmanase alfa-tycv)	10/15/2023		Monthly Provider Update September 2023	MBP 291.0
J0217				
Lantidra (donislecel-jujn)	10/15/2024		Monthly Provider Update September 2024	MBP 323.0
Currently this drug is reported with an unlisted procedure code				
Lemtrada® (alemtuzumab)	7/1/2015		Postcard June 2015	MBP 125.0
J0202				
Lenmeldy™ (atidarsagene autotemcel)	2/15/2025		Monthly Provider Update January 2025	MBP 328.0
J3391				
Leqvio® (inclisiran)	6/15/2022		Monthly Provider Update May 2022	MBP 254.0
J1306				

Leqembi® (lecanemab-irmb)	7/15/2023	For the Medicare line of business, Leqembi® (lecanemab-irmb) will be covered consistent with the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) 200.3 Monoclonal antibodies directed against amyloid for the treatment of Alzheimer's Disease (AD).	Monthly Provider Update June 2023	MBP 288.0
J0174				
Leukine® (sargramostim)	4/1/2008		Briefly March 2008	MBP 59.0
J2820				
Libtayo® (cemiplimab-rwlc)	3/15/2019		Monthly Provider Update February 2019	MBP 186.0
J9119				
Loqtorzi® (toripalimab-tpzi)	6/15/2024		Monthly Provider Update May 2024	MBP 314.0
J3263				
Lucentis® (ranibizumab)	11/15/2020		Monthly Provider Update October 2020	MBP 47.0
J2778				
Lumizyme® (alglucosidase alfa)	1/1/2011		Postcard June 2017-Annual Policy Review	MBP 83.0
J0221				
Lumoxiti® (moxetumomab pasudotox-tdfk)	4/1/2019		Monthly Provider Update March 2019	MBP 189.0
J9313				
Lunsumio™ (mosunetuzumab-axgb)	7/1/2023		Monthly Provider Update June 2023	MBP 280.0
J9350				
Lutathera® (lutetium Lu 177 dotatate)	6/15/2018		Monthly Provider Update May 2018	MBP 170.0
A9513				
Luxturna® (voretigene-neparvovec-rzyl)	8/15/2018		Monthly Provider Update July 2018	MBP 174.0

J3398				
Lyfgenia™ (lovotibeglogene autotemcel)	7/1/2024		Monthly Provider Update June 2024	MBP 319.0
J3394				
Lymphir™ (denileukin diftitox-cxdl)	4/1/2025		Monthly Provider Update March 2025	Not Applicable
J9161				
Lynozytic™ (linvoseltamab-gcpt)	12/15/2025		Monthly Provider Update November 2025	MBP 352.0
Currently this drug is reported with an unlisted procedure code				
Margenza® (margetuximab-cmkb)	7/1/2021		Monthly Provider Update June 2021	MBP 231.0
J9353				
Medical Benefit Drug Optimization Program	11/1/2023	This policy does not apply to the Medicare, CHIP, PEBTF, or medical benefit only ASO lines of business.	Monthly Provider Update October 2023	MBP 300.0
Specific intravenous and injectable drugs must meet applicable medical necessity criteria for coverage. If these criteria are met, this coverage policy will be used to define which medications must be obtained through a Specialty Pharmacy. The Specialty Pharmacy will distribute the patient specific medication directly to the providers office or facility where the medication will be prepared and administered to the patient				
Mepsevii® (vestronidase alfa-vjbk)	8/15/2018		Monthly Provider Update July 2018	MBP 175.0
J3397				
Mircera® (methoxy polyethylene glycol-epoetin beta)	8/15/2015		Monthly Provider Update July 2015	MBP 130.0
J0887, J0888				
Monjuvi® (tafasitamab-cxix)	11/15/2020		Monthly Provider Update October 2020	MBP 221.0
J9349				
Monoferic® (ferric derisomaltose)	7/15/2025	iron dextran complex (Infed), iron sucrose (Venofer), sodium ferric gluconate complex (Ferrlecit), ferumoxytol (Feraheme) are preferred agents and DO NOT require prior authorization.	Monthly Provider Update June 2025	MBP 345.0
J1437				
Monovisc® (hyaluronan or derivative)	10/1/2009		Briefly September 2009	MBP 13.0

J7327				
Mresvia® (Respiratory syncytial virus vaccine, mRNA lipid nanoparticles)	11/19/2024	Mresvia® (Respiratory syncytial virus vaccine, mRNA lipid nanoparticles) will not require prior authorization for patients greater than or equal to 60 years of age. Mresvia® (Respiratory syncytial virus vaccine, mRNA lipid nanoparticles) will require prior authorization for patients less than 59 years of age.	Monthly Provider Update October 2024	Not Applicable
90683				
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® / Neulasta® Onpro® (pegfilgrastim)	4/1/2008		Briefly March 2008	MBP 59.0
J2506				
Neupogen® (filgrastim)	4/1/2008		Briefly March 2008	MBP 59.0
J1442				
Nexviazyme® (avalglucosidase alfa-ngpt)	4/15/2022		Monthly Provider Update March 2022	MBP 248.0
J0219				
Niktimvo™ (axatilimab-csfr)	11/15/2025		Monthly Provider Update October 2025	MBP 347.0
J9038				
Nivestym® (filgrastim-aafi)	6/15/2019		Monthly Provider Update May 2019	MBP 59.0
Q5110				

Nplate® (romiplostim)	7/1/2009		Briefly July 2009	MBP 68.0
J2802				
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
J1809				
Nulojix® (belatacept)	1/1/2012		Postcard June 2017-Annual Policy Review	MBP 93.0
J0485				
Nuzyra® (omadacycline) Injection	3/15/2020		Monthly Provider Update February 2020	MBP 203.0
J0121				
Nypozi® (filgrastim-txid)	1/1/2025		Monthly Provider Update December 2024	MBP 59.0
Q5148				
Nyvepria™ (pegfilgrastim-apgf)	1/1/2021		Monthly Provider Update December 2020	MBP 59.0
Q5122				
Ocrevus® (ocrelizumab) or Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq)	10/1/2017		Postcard September 2017	MBP 155.0
J2350, J2351				
Octagam® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1568				
Olinvyk (oliceridine)	6/15/2021		Monthly Provider Update May 2021	MBP 229.0
C9101				
Omisirge® (omidubicel-only)	10/15/2023		Monthly Provider Update September 2023	MBP 292.0

Currently this drug is reported with an unlisted procedure code				
Omlyclo® (omalizumab-igec)	10/1/2025		Monthly Provider Update September 2025	MBP 22.0
Q5154				
OmvoH® (mirikizumab-mrkz)	6/15/2024		Monthly Provider Update May 2024	MBP 317.0
J2267				
Onivyde® (irinotecan liposome injection)	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				
Opdivo Qvantig™ (nivolumab-hyaluronidase- nvhy)	6/15/2025		Monthly Provider Update May 2025	MBP 342.0
J9289				
Opdualag™ (nivolumab and relatlimab-rmbw)	7/15/2022		Monthly Provider Update June 2022	MBP 257.0
J9298				
Orencia® IV (abatacept)	2/1/2007		Briefly December 2006	MBP 40.0
J0129				
Orthovisc® (hyaluronan or derivative)	10/1/2008		Briefly September 2008	MBP 13.0
J7324				
Otufi® (ustekinumab-aauz)	4/1/2025		Monthly Provider Update March 2025	MBP 75.0
Q9999				
Oxlumo® (lumasiran)	7/1/2021		Monthly Provider Update June 2021	MBP 234.0
J0224				

Padcev® (enfortumab vedotin-ejfv)	6/15/2020		Monthly Provider Update May 2020	MBP 209.0
J9177				
Posfrea® (palonosetron)	7/1/2024		Monthly Provider Update June 2024	MBP 350.0
J2468				
Panzyga® (immune globulin)	1/1/2020		Monthly Provider Update December 2019	MBP 4.0
J1576				
Parsabiv® (etelcalcetide)	6/15/2018		Monthly Provider Update May 2018	MBP 168.0
J0606				
Pavblu™ (aflibercept-ayyh)	4/1/2025		Monthly Provider Update March 2025	MBP 94.0
Q5147				
Pedmark® (sodium thiosulfate)	4/1/2023		Monthly Provider Update March 2023	MBP 275.0
J0208				
Perseris® (risperidone)	6/15/2019		Monthly Provider Update May 2019	MBP 106.0
J2798				
PiaSky™ (crovalimab-akkz)	5/15/2025		Monthly Provider Update April 2025	MBP 340.0
J1307				
Pluvicto® (lutetium Lu 177 vipivotide tetraxetan)	9/15/2022		Monthly Provider Update August 2022	MBP 263.0
A9607				
Polivy® (polatuzumab vedotin-piiq)	11/15/2019		Monthly Provider Update October 2019	MBP 200.0
J9309				
Pombiliti® (cipaglifosidase alfa-atga)	2/15/2025		Monthly Provider Update January 2025	MBP 326.0
J1203				
Portrazza® (necitumumab)	6/15/2016		Monthly Provider Update May 2016	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 reported 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® (immune globulin)	1/1/2006		Postcard June 2017-Annual Policy Review	MBP 4.0
J1459				
Procrit® (epoetin beta)	6/15/2007	darbepoetin alfa, epoetin alfa, epoetin beta, epoetin alfa-epbx	Briefly June 2007	MBP 49.0
J0885, Q4081				
Prolastin-C® (alpha 1-proteinase inhibitor (human))	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				
Pyzchiva IV® (ustekinumab-ttwe IV)	1/1/2025		Monthly Provider Update December 2024	MBP 75.0
Q9997				
Qalsody® (tofersen)	10/1/2023		Monthly Provider Update September 2023	MBP 293.0
J1304				

Qutenza® (capsaicin topical system)	2/15/2023		Monthly Provider Update January 2023	MBP 269.0
J7336				
Quzyttir® (cetirizine hydrochloride injection)	6/15/2025		Monthly Provider Update May 2025	MBP 341.0
J1201				
Radicava® (edaravone)	10/1/2017		Monthly Provider Update September 2017	MBP 154.0
J1301				
Reblozyl® (luspatercept-aamt)	7/1/2020		Monthly Provider Update June 2020	MBP 210.0
J0896				
Rebyota® (fecal microbiota, live-jslm)	7/1/2023		Monthly Provider Update June 2023	MBP 281.0
J1440				
Recarbrio™ (imipenem/cilastatin/relebactam)	7/1/2020		Monthly Provider Update June 2020	MBP 215.0
J0742				
Releuko® (filgrastim-ayow)	7/1/2022		Monthly Provider Update June 2022	MBP 59.0
Q5125				
Remicade® (infliximab)	3/1/2001		Postcard June 2017-Annual Policy Review	MBP 5.0
J1745				
Remodulin IV (treprostinil sodium)	1/1/2009		Briefly December 2008	MBP 62.0
J3285				
Renflexis® (infliximab-abda)	1/1/2018		Monthly Provider Update March 2018	MBP 5.0
Q5104				
Retacrit® (epoetin alfa-epbx)	3/15/2019	darbepoetin alfa, epoetin alfa, epoetin beta, epoetin alfa-epbx	Monthly Provider Update February 2019	MBP 49.0
Q5105, Q5106				

Revcovi® (elapegamase-ivlr)	6/15/2019		Monthly Provider Update May 2019	MBP 193.0
Currently this drug is reported with an unlisted procedure code				
Rezzayo® (rezafungin)	4/15/2024		Monthly Provider Update March 2024	MBP 313.0
J0349				
Riabni® (rituximab-arrx)	7/1/2021	Prior authorization is not required for Riabni® (rituximab-arrx) for diagnosis codes C91.00-C91.02, C91.10-C91.12, C91.40-C91.42, C82.00-C85.99, C86.0- C88.9, C81.00-C81.09, G35.B0, G35.B1, G35.B2, G35.C, G35.C0, G35.C1, G35.C2 and G35.D	Monthly Provider Update June 2021	MBP 48.0
Q5123				
Risperdal Consta® (risperidone)	8/15/2013		Postcard July 2017-Annual Policy Review	MBP 106.0
J2794				
Rituxan® (rituximab)	4/1/2018		Monthly Provider Update March 2018	MBP 48.0
J9312				
Rituxan Hycela® (rituximab/hyaluronidase)	4/15/2018		Monthly Provider Update March 2018	MBP 165.0
J9311				
Roctavian® (valoctocogene roxaparvovec-rvox)	1/1/2024		Monthly Provider Update December 2023	MBP 308.0
J1412				
Rolvedon® (eflapegrastim-xnst)	4/1/2023		Monthly Provider Update March 2023	MBP 59.0
J1449				
Ruconest® (C1 esterase inhibitor, recombinant)	7/1/2015		Postcard July 2017-Annual Policy Review	MBP 124.0
J0596				

		Prior authorization is not required for Ruxience® (rituximab-pvvr) for diagnosis codes C91.00-C91.02, C91.10-C91.12, C91.40-C91.42, C82.00-C85.99, C86.0- C88.9, C81.00-C81.09, G35.B0, G35.B1, G35.B2, G35.C, G35.C0, G35.C1, G35.C2 and G35.D		
Ruxience® (rituximab-pvvr)	7/1/2020		Monthly Provider Update June 2020	MBP 48.0
Q5119				
Rybrevant® (amivantamab-vmjw)	9/15/2021		Monthly Provider Update August 2021	MBP 239.0
J9061				
Rykindo® (risperidone)	6/15/2024		Monthly Provider Update May 2024	MBP 106.0
J2801				
Rylaze® (asparaginase erwinia chrysanthemi (recombinant)- rywn)	11/15/2021		Monthly Provider Update October 2021	MBP 244.0
J9021				
Ryoncil® (remestemcel-l-rknd)	10/1/2025		Monthly Provider Update September 2025	Not Applicable
J3402				
Ryplazim® (plasminogen, human-tvmh)	7/1/2022		Monthly Provider Update June 2022	MBP 258.0
J2998				
Rystiggo® (rozanolixizumab-noli)	1/1/2024		Monthly Provider Update December 2023	MBP 305.0
J9333				
Rytelo® (imetelstat)	1/1/2025		Monthly Provider Update December 2024	MBP 336.0
J0870				
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				
Selarsdi™ IV (ustekinumab-aekn IV)	7/15/2025		Monthly Provider Update June 2025	MBP 75.0
Q9998				
Signifor LAR® (pasireotide LAR)	1/1/2016		Postcard July 2017-Annual Policy Review	MBP 133.0
J2502				
Simponi Aria® (golimumab)	10/1/2014		Postcard September 2014	MBP 112.0
J1602				
Site of Care Review Guidelines for Infusion Drugs and Specialty Medications	10/15/2018	This policy does not apply to the Medicare line of business.	Monthly Provider Update September 2018	MBP 181.0
Specific intravenous and injectable drugs must meet applicable medical necessity criteria for coverage. If these criteria are met, this coverage policy will be used to determine the medical necessity of administration in the hospital based outpatient setting. If medical necessity criteria for administration in the hospital based outpatient setting are not met, an alternative less intensive site of care facility should be utilized.				
Sivextro® (tedizolid phosphate) IV	3/1/2015		Postcard February 2015	MBP 122.0
J3090				
Skyrizi® IV (risankizumab intravenous)	1/15/2023		Monthly Provider Update December 2022	MBP 267.0
J2327				
Skysona™ (elivaldogene autotemcel)	7/15/2023		Monthly Provider Update June 2023	MBP 282.0
Currently this drug is reported with an unlisted procedure code				
Soliris® (eculizumab)	10/1/2008		Postcard May 2016-Annual Policy Review	MBP 54.0
J1299				
Spevigo® (spesolimab-sbzo)	4/15/2023		Monthly Provider Update March 2023	MBP 274.0

J1747				
Spinraza® (nusinersen)	7/1/2017		Postcard June 2017	MBP 151.0
J2326				
Spravato® (esketamine)	8/15/2019		Monthly Provider Update July 2019	MBP 195.0
G2082, G2083, S0013				
Stelara® IV (ustekinumab)	7/1/2010		Postcard June 2017-Annual Policy Review	MBP 75.0
J3357, J3358				
Steqeyma® IV (ustekinumab-stba IV)	7/15/2025		Monthly Provider Update June 2025	MBP 75.0
Q5099				
Stimufend® (pegfilgrastim-fpgk)	4/1/2023		Monthly Provider Update March 2023	MBP 59.0
Q5127				
Supprelin LA® (histrelin acetate implant)	7/1/2009		Postcard July 2017-Annual Policy Review	MBP 67.0
J1675, J9226				
Sustol® (granisetron ER)	4/15/2017		Postcard April 2017	MBP 150.0
J1627				
Susvimo™ (ranibizumab implant)	4/1/2022		Monthly Provider Update March 2022	MBP 252.0
J2779				
Syfovre® (pegcetacoplan)	6/15/2023		Monthly Provider Update May 2023	MBP 278.0
J2781				
Sylvant® (siltuximab)	3/1/2015		Postcard February 2015	MBP 120.0
J2860				
Synagis® (palivizumab)	10/1/2005		Briefly March 2006	MBP 2.0

90378			
Synjoynt® (hyaluronan or derivative)	10/15/2023		Monthly Provider Update September 2023 MBP 13.0
J7331			
Talvey® (talquetamab-tgvs)	1/1/2024		Monthly Provider Update December 2023 MBP 302.0
J3055			
Tecartus® (brexucabtagene autoleucel)	1/1/2021		Monthly Provider Update December 2020 MBP 224.0
Q2053			
Tecelra® (afamitresgene autoleucel)	12/15/2024		Monthly Provider Update November 2024 MBP 327.0
Q2057			
Tecentriq™ (atezolizumab)	10/15/2016		Postcard July 2017-Annual Policy Review MBP 144.0
J9022			
Tecentriq Hybreza™ (atezolizumab and hyaluronidase-tqjs)	4/1/2025		Monthly Provider Update March 2025 Not Applicable
J9024			
Tecvayli® (teclistamab-cqyv)	4/1/2023		Monthly Provider Update March 2023 MBP 273.0
J9380			
Tepadina® (thiotepa)	12/15/2017		Postcard November 2017 MBP 158.0
J9342			
Tepezza® (teprotumumab-trbw)	10/1/2020		Monthly Provider Update September 2020 MBP 217.0
J3241			
Terlivaz® (terlipressin)	3/15/2023		Monthly Provider Update February 2023 MBP 271.0
Currently this drug is reported with an unlisted procedure code			
Tevimbra® (tislelizumab-jsgr)	3/15/2025		Monthly Provider Update February 2025 MBP 331.0
J9329			

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				
Tolfidance™ IV (tocilizumab-bavi)	11/15/2024	Claims submitted with the following diagnosis for use do not require prior authorization: Chimeric antigen receptor (CAR) T cell-induced severe (Z92.850) or life-threatening cytokine release syndrome (CRS) (D89.83, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839)	Monthly Provider Update October 2024	MBP 76.0
Q5133				
Torisel® (temsirolimus)	4/1/2009		Postcard May 2016-Annual Policy Review	MBP 65.0
J9330				
Trastuzumab (Herceptin®) and Biosimilars	9/15/2023		Monthly Provider Update August 2023	MBP 294.0
J9355				
Tremfya® (guselkumab)	12/15/2024		Monthly Provider Update November 2024	MBP 330.0
J1628				
Triluron® (hyaluronan or derivative)	10/15/2023		Monthly Provider Update September 2023	MBP 13.0
J7332				
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				
Trodrelvy® (sacituzumab govitecan-hziy)	10/1/2020		Monthly Provider Update September 2020	MBP 216.0
J9317				

		Prior authorization is not required for Truxima® (rituximab-abbs) for diagnosis codes C91.00-C91.02, C91.10-C91.12, C91.40-C91.42, C82.00-C85.99, C86.0- C88.9, C81.00-C81.09, G35.B0, G35.B1, G35.B2, G35.C, G35.C0, G35.C1, G35.C2 and G35.D		
Truxima® (rituximab-abbs)	7/1/2019		Monthly Provider Update June 2019	MBP 48.0
Q5115				
		Claims submitted with the following diagnosis for use do not require prior authorization: Chimeric antigen receptor (CAR) T cell-induced severe (Z92.850) or life-threatening cytokine release syndrome (CRS) (D89.83, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839)		
Tyenne® IV (tocilizumab-aazg)	10/1/2024		Monthly Provider Update September 2024	MBP 76.0
Q5135				
Tysabri® (natalizumab)	1/1/2008		Briefly December 2007	MBP 57.0
J2323				
Tzield® (teplizumab-mzwv)	7/1/2023		Monthly Provider Update June 2023	MBP 283.0
J9381				
Udenyca® (pegfilgrastim-cbqv)	1/1/2019		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				
Uzedy® (risperidone)	9/15/2023		Monthly Provider Update August 2023	MBP 106.0
J2799				

Vabomere® (meropenem/vaborbactam)	6/15/2018		Monthly Provider Update May 2018	MBP 167.0
J2186				
Vabysmo® (faricimab)	5/15/2022		Monthly Provider Update April 2022	MBP 253.0
J2777				
Varubi™ IV (rolapitant)	6/15/2018		Monthly Provider Update May 2018	MBP 171.0
J2797				
Vectibix® (panitumumab)	7/1/2007		Briefly June 2007	MBP 50.0
J9303				
Velcade® (bortezomib)	8/1/2004		Briefly March 2006	MBP 23.0
J9041, J9046, J9051, J9049, J9048				
Veletri® or Flolan® (epoprostenol)	1/1/2009		Postcard July 2017-Annual Policy Review	MBP 61.0
J1325				
Veopoz™ (pezolimab-bbfg)	4/1/2024		Monthly Provider Update March 2024	MBP 312.0
J9376				
Viltepso® (viltolarsen)	4/1/2021		Monthly Provider Update March 2021	MBP 226.0
J1427				
Vimizim® (elosulfase alfa)	12/1/2014		Postcard November 2014	MBP 114.0
J1322				
Visco-3® (hyaluronan or derivative)	6/15/2018		Monthly Provider Update May 2018	MBP 13.0
J7321				
Viscosupplementation using hyaluronan injections (Gel-One®, GenVisc 850®, Hyalgan®, Hymovis®, Monovisc®, Orthovisc®, Synjooynt®, Trilon®®, TriVisc®, Visco-3®)	10/1/2009	Durolane®, Euflexxa®, Gelsyn®-3, Supartz® FX, Synvisc®, and Synvisc One® are preferred agents and DO NOT require prior authorization.	Briefly September 2009	MBP 13.0

J7326, J7320, J7321, J7322, J7327, J7324, J7331, J7332, J7329, J7321				
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)	9/15/2020		Monthly Provider Update August 2020	MBP 218.0
J3032				
Vyjuvek® (beremagene geperpavec-svdt)	1/1/2024		Monthly Provider Update December 2023	MBP 306.0
J3401				
Vyloy® (zolbetuximab-clzb)	3/15/2025		Monthly Provider Update February 2025	MBP 334.0
J1326				
Vyondys 53 (golodirsen)	7/1/2020		Monthly Provider Update June 2020	MBP 214.0
J1429				
Vyvgart® (efgartigimod alfa-fcab) and Vyvgart® Hytrulo (Efgartigimod Alfa and Hyaluronidase Injection)	7/1/2022		Monthly Provider Update June 2022	MBP 260.0
J9332, J9334				
Vyxeos® (daunorubicin/cytarabine liposomal)	4/15/2018		Monthly Provider Update March 2018	MBP 164.0
J9153				
Wezlana™ IV (ustekinumab-auub IV)	7/15/2025		Monthly Provider Update June 2025	MBP 75.0
Q5138				
White Blood Cell Stimulating Factors (Fulphila®, Fylnetra®, Granix®, Leukine®, Neulasta®/Neulasta® Onpro, Neupogen®, Nivestym®, Nypozi™, Nyvepria™, Releuko®, Rolvedon®, Stimufend®, Udenyca®, Zarxio®, Ziextenzo®)	4/1/2008		Briefly March 2008	MBP 59.0

Q5108, Q5130, J1447, J2820, J2506, J1442, Q5110, Q5148, Q5122, Q5125, J1449, Q5127, Q5111, Q5101, Q5120				
Xacduro® (sulbactam and durlobactam)	4/15/2024		Monthly Provider Update March 2024	MBP 311.0
Currently this drug is reported with an unlisted procedure code				
Xembify® (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				
Xenpozyme® (olipudase alfa-rpcp)	4/1/2023		Monthly Provider Update March 2023	MBP 284.0
J0218				
Xeomin® (incobotulinumtoxinA)	1/1/2012		Briefly December 2011	MBP 11.0
J0588				
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				
Xofigo® (radium Ra 223 dichloride)	9/1/2013		Postcard August 2013	MBP 110.0
A9606				
Xolair® (Omalizumab)	2/1/2004		Briefly March 2006	MBP 22.0
J2357				
Ycanth® (cantharidin)	4/1/2024		Monthly Provider Update March 2024	MBP 310.0
J7354				
Yervoy® (Ipilimumab)	10/1/2011		Postcard May 2016-Annual Policy Review	MBP 91.0

J9228				
Yesafili (aflibercept-jbvf)	10/1/2025		Monthly Provider Update September 2025	MBP 94.0
Q5155				
Yescarta® (axicabtagene ciloleucel)	4/1/2018		Monthly Provider Update March 2018	MBP 162.0
Q2041				
Yesintek™ IV (ustekinumab-kfce IV)	7/15/2025		Monthly Provider Update June 2025	MBP 75.0
Q5100				
Yondelis® (trabectedin)	4/15/2016		Postcard March 2016	MBP 137.0
J9352				
Zarxio® (pegfilgrastim-sndz)	1/1/2016		Postcard January 2016-Annual Policy Review	MBP 59.0
Q5101				
Zemaira® (alpha 1-proteinase inhibitor (human))	4/1/2007		Briefly March 2007	MBP 43.0
J0256				
Zemdri® (plazomicin)	4/15/2019		Monthly Provider Update March 2019	MBP 187.0
J0291				
Zepzelca® (lurbinectedin)	11/15/2020		Monthly Provider Update October 2020	MBP 222.0
J9223				
Zerbaxa® (ceftolozane/tazobactam)	3/15/2020		Monthly Provider Update February 2020	MBP 205.0
J0695				
Zevalin® (Ibritumomab tiuxetan (IDEC Y2B8))	1/1/2006		Briefly March 2006	MBP 15.0
A9542, A9543				
Ziextenzo® (pegfilgrastim-bmez)	4/1/2020		Monthly Provider Update March 2020	MBP 59.0
Q5120				

Ziihera® (zanidatamab-hrii)	4/1/2025		Monthly Provider Update March 2025	MBP 337.0
J9276				
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				
Zynlonta® (loncastuximab tesirine-lpyl)	9/15/2021		Monthly Provider Update August 2021	MBP 237.0
J9359				
Zynteglo® (betibeglogene autotemcel)	7/15/2023		Monthly Provider Update June 2023	MBP 276.0
J3393				
Zynyz® (retifanlimab-dlwr)	7/15/2023		Monthly Provider Update June 2023	MBP 285.0
J9345				
Zyprexa Relprevv (olanzapine)	8/15/2013		Postcard July 2017-Annual Policy Review	MBP 106.0
J2358				