

Medical/Specialty Pharmacy (Rx) Drugs Requiring Prior Auth
July 2020

Florida Blue requires prior authorization for a wide range of drug services when being processed through the Medical benefit through various Utilization Management (UM) Programs and/or when prior auth required for the Member's product.

For the products and UM Programs that require prior authorization for the listed drugs, a separate review is NOT required for the administration/ supportive services unless separately identified.

Example 1: Oncology drug, Yervoy (J9228) requires prior auth listed below which the corresponding administration CPT code, 96413, would be identified as a supportive service that would not need to be separately reviewed .

Example 2: Eye injection, Lucentis (J2778) requires prior auth listed below which the corresponding administration CPT code, 67028, would be identified as a supportive service that would not need to be separately reviewed.

Requesting Prior Authorization for Medical/Specialty Pharmacy (Rx) Drugs

Medical/ Specialty Pharmacy (Rx) drug prior authorization requests are handled through different Florida Blue/ Vendor entities based upon various circumstances. This section will provide guidance with identifying where the drug review must be submitted when processed through the member's Medical benefit.

The following information will need to be determined in order to identify the Florida Blue/ Vendor Entity that will perform the review (Prior Authorization/ VPSS) for the Medical/ Specialty Pharmacy (Rx) Drugs:

- Specific Drug
- Place of Service
- Rendering Entity (Entity Billing Drug)
- Member Product Type (Listed below)
- Rendering Entity Participation Status

<u>Member Product Type</u>	<u>Entity Billing Drug</u>	<u>Where to Submit Medical/Specialty Rx Review</u>
FEP	FL Physician and FL Outpatient Facilities	Advanced Benefit Determination is available for select services; see our Voluntary Predetermination for Select Services in the Utilization Management section.
FEP/SAO	Drugs ordered through Pharmacy Provider ('just in time'/drug replacement')	Prior approval required for certain medications. Refer to Caremark (Pharmacy Benefit Manager for FEP & SAO) for a current Rx drug prior approval list.
All**	Drugs included in PADP Drug list (identified 'x' within PADP column) not ordered through Caremark, Prime Specialty Pharmacy, or CareCentrix	Magellan Rx Management's provider self-service at http://ih.magellanrx.com and click on the physician tab. and click on the physician tab. Phone# (800) 424-4947.
All	Drugs not included PADP Drug list and not ordered through Caremark, Prime Specialty Pharmacy, or CareCentrix	Submit authorization requests electronically through Availity or contact Florida Blue using Blue Express, our automated phone system.

All	Home Health, Home Infusion*, or Ambulatory Infusion Suite (AIS) participating within CareCentrix (CCX) Network	Review coordinated with CareCentrix (CCX) Phone# (877)561-9910 Fax#(877)627-6688
All	Caremark Specialty Pharmacy*	Caremark Specialty Pharmacy Services All Products Phone: (866) 278-5108 Fax: (800) 323-2445
FB Comm U65	Prime Specialty Pharmacy*	Prime Therapeutics Specialty Pharmacy (Prime Specialty Pharmacy) Phone: (877) 627-MEDS (6337) Fax: (877) 828-3939
Part D (Med Adv)	Retail Pharmacy/ Infusion Pharmacy (Home Setting)	Prime Therapeutics LLC Phone: (800) 926-6565 Fax: (800) 693-6703
***FB PBM (U65 plans)	Drugs identified as 'Self-Administered' that are not ordered through Caremark or Prime Specialty Pharmacy	Prime Therapeutics LLC Phone: (877) 627-6337 Fax (877) 828-3939

* Refer to the Remote Provider section of the Provider Manual for drug supplier billing guidelines to determine if "Local Plan" would be identified as Florida Blue

**Includes: BlueOptions, BlueChoice, BlueSelect, BlueCare, My Blue, State Account Employees, Medicare Advantage PPO & HMO, Traditional, Miami-Dade Blue, and Go Blue.

***FB PBM - excludes State Account Employees, FEP (Federal Employee Program), and all non-standard plans with pharmacy benefit carved out.

Identifying Product/ Plans that Require Prior Authorization

Member's products and coverage vary based upon the policy type and benefits. All services must meet the definition of medical necessity as outlined in the Member's benefit contract. Select benefit types enforce prior authorization to ensure the services align with the medical necessity criteria before the services are rendered, while other benefits verify the medical necessity criteria through post-service or concurrent review.

For products that require a prior authorization, failure to obtain an authorization prior to the service being rendered may result in the services (and supportive services) being denied which will apply the financial liability to the member/ provider depending upon the contract arrangements.

Below are the standard product types that require a prior authorization for the Medical/Specialty Pharmacy (Rx) Drugs:

- BlueCare HMO
- My Blue*
- Medicare Advantage HMO*
- BlueSelect (Group & Individual plans)
- BlueOptions ACA Plans (Group & Individual plans)

- Medicare Advantage PPO
- BlueChoice Group ACA Plans (effective 4/1/2016)
- SimplyBlue Group

* Prior Authorization required in addition to referral when applicable

NOTE: Products that do not require prior authorization for the listed drugs are eligible for a Voluntary Predetermination of Select Services.

Medical/ Specialty Pharmacy (Rx) Drug List Requiring Prior Auth

The following Medical/Specialty Pharmacy (Rx) Drug List does **NOT** identify the following:

- Medical/ Specialty Pharmacy (Rx) Drugs Listed do **NOT** guarantee coverage is available through the member's medical benefit. It is important Eligibility and Benefits (E&B) is verified prior to providing services to determine if the member's product has coverage.
- Medical/ Specialty Pharmacy (Rx) Drug List does **NOT** identify Prior Authorization requirements for drugs processed and covered through the Member's Pharmacy Benefit (PBM).
- Medical/ Specialty Pharmacy (Rx) Drug List should **NOT** be used as reference for BlueCard Out-of Area members. NOTE - Contact BlueCard Eligibility for Out-of-Area members benefits and Utilization Management Questions #(800)676-2583

The following Medical/Specialty Pharmacy (Rx) Drug List **does** identify the following:

- Drugs services that require prior authorization based upon the Member's product type which will verify the services are medically necessary prior to the services be administered.
- The drugs which have an 'x' in the 'PADP' column below are drugs that are included in the Provider Administered Drug Program(PADP), which are reviewed by Magellan Rx Management (formerly ICORE). Refer to the PADP (Provider Administered Drug Program) section of the Provider Manual**
- The drug HCPCS/CPT code(s), Drug Brand Name & Drug Generic Name that requires prior authorization. Drugs newly FDA approved would require prior authorization based upon the Unclassified HCPCS/CPT codes listed below. List updates (excluding newly FDA approved drugs) are added or removed twice a year (Jan & July). NOTE - This does not identify any changes to the member's product & benefits.

- Newly Added Drug or Newly FDA Approved Drug
- New HCPCS/CPT code assigned - drug was previously included
- New Drug Added to PADP (MRxM Managed)
- Drug no longer Requiring Prior Auth (Removed Date based on service date)

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
90281	GamaSTAN S/D	IMMUNE GLOBULIN				12/15/1999	n/a	
90283	CARIMUNE NF	IMMUNE GLOBULIN				12/15/1999	n/a	
90283	FLEBOGAMMA	IMMUNE GLOBULIN				01/11/2004	n/a	
90283	FLEBOGAMMA DIF	IMMUNE GLOBULIN				01/11/2004	n/a	

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90283	GAMMAGARD	IMMUNE GLOBULIN		x	BOTH***	07/01/2005	n/a	
90283	GAMMAGARD SD	IMMUNE GLOBULIN		x	BOTH***	12/15/1999	n/a	
90283	GAMMAKED	IMMUNE GLOBULIN		x	BOTH***	08/03/2011	n/a	
90283	GAMMAPLEX	IMMUNE GLOBULIN				03/31/2010	n/a	
90283	GAMUNEX	IMMUNE GLOBULIN		x	BOTH***	10/09/2003	n/a	
90283	GAMUNEX-C	IMMUNE GLOBULIN		x	BOTH***	12/07/2010	n/a	
90283	OCTAGAM	IMMUNE GLOBULIN				05/24/2004	n/a	
90283	PRIVIGEN	IMMUNE GLOBULIN				01/01/2008	n/a	
90284	CUVITRU	IMMUNE GLOBULIN		x	SAD**	10/06/2016	n/a	
90284	GAMMAGARD LIQUID	IMMUNE GLOBULIN		x	BOTH***	07/01/2005	n/a	
90284	GAMMAKED	IMMUNE GLOBULIN		x	BOTH***	08/03/2011	n/a	
90284	GAMUNEX-C	IMMUNE GLOBULIN		x	BOTH***	12/07/2010	n/a	
90284	HIZENTRA	IMMUNE GLOBULIN		x	SAD**	04/01/2010	n/a	
90284	HYQVIA	IMMUNE GLOBULIN		x	SAD**	10/06/2014	n/a	
90378	SYNAGIS	PALIVIZUMAB				01/01/2008	n/a	
90399*	Unlisted IVIG*	IMMUNE GLOBULIN				01/01/1999	n/a	
A9513	LUTATHERA	LUTETIUM LU 177	x			01/26/2018	n/a	
A9543	ZEVALIN	IBRITUMOMAB TIUXETAN	x			07/01/2009	n/a	
A9590	AZEDRA	IODINE I-131 IOBENGUANE	x			08/01/2018	n/a	
A9600	METASTRON	STRONTIUM SR-89 CHLORIDE	x			01/01/2019	n/a	
A9604	QUADRAMET	SAMARIUM SM-153 LEXIDRONAM	x			01/01/2019	n/a	
A9606	XOFIGO	RADIUM RA 223 DICHLORIDE	x			05/15/2013	n/a	
A9699*	Unclassified Rx*	UNCLASSIFIED RADIOPHARMACEUTICAL*	x			01/01/2003	n/a	
C9047	CABLIVI	CAPLACIZUMAB-YHDP			SAD**	03/15/2019	n/a	
C9053	ADAKVEO	CRIZANLIZUMAB	x			11/20/2019	n/a	New HCPCS, J0791 effective 07/01/2020
C9055	ZULRESSO	BREXANOLONE				06/18/2019	n/a	
C9056	GIVLAARI	GIVOSIRAN				12/15/2019	n/a	New HCPCS, J0223 effective 07/01/2020
C9058	ZIEXTENZO	PEGFILGRASTIM-BMEZ	x			11/07/2019	n/a	New HCPCS, Q5120 effective 07/01/2020
C9257	AVASTIN (non- oncology indication)	BEVACIZUMAB				12/15/2012	06/30/2015	

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C9061	TEPEZZA	TEPROTUMUMAB-TRBW	x			01/28/2020	n/a	
C9063	VYEPTI	EPTINEZUMAB-JJMR	x			02/21/2020	n/a	
C9122	SINUVA IMPLANT	MOMETASONE FUROATE	x			02/15/2018	n/a	
C9399	AIMOVIG	ERENUMAB-AOOE		x	SAD**	05/17/2018	n/a	
C9399	ALUNBRIG	BRIGATINIB		x	SAD**	04/28/2017	n/a	
C9399	BENLYSTA SQ	BELIMUMAB SQ		x	SAD**	08/14/2017	n/a	
C9399	BRAFTOVI	ENCORAFENIB		x	SAD**	06/27/2018	n/a	
C9399	CALQUENCE	ACALABRUTINIB		x	SAD**	10/31/2017	n/a	
C9399	COSENTYX	SECUKINUMAB		x	SAD**	01/30/2015	n/a	
C9399	DAURISMO	GLASDEGIB		x	SAD**	12/10/2018	n/a	
C9399	DEFITELIO	DEFBROTIDE SODIUM				04/04/2016	n/a	
C9399	DOPTELET	AVATROMBOPAG			SAD**	05/30/2018	n/a	
C9399	DUPIXENT	DUPILUMAB		x	SAD**	03/28/2017	n/a	
C9399	EGRIFTA	TESAMORELIN		x	SAD**	11/30/2010	n/a	
C9399	EMGALITY	GALCANEZUMAB-GNLM		x	SAD**	06/06/2019	n/a	
C9399	ERLEADA	APALUTAMIDE		x	SAD**	02/14/2018	n/a	
C9399	EVZIO	NALOXONE HCL		x	SAD**	12/12/2016	n/a	
C9399	FORTESTA	TESTOSTERONE (non- injectable formulation)		x	SAD**	01/26/2011	n/a	
C9399	GALAFOLD	MIGALASTAT		x	SAD**	08/13/2018	n/a	
C9399	GATTEX	TEDUGLUTIDE		x	SAD**	01/29/2013	n/a	
C9399	IBRANCE	PALBOCICLIB		x	SAD**	02/03/2015	n/a	
C9399	IDHIFA	ENASIDENIB		x	SAD**	08/01/2017	n/a	
C9399	IMBRUVICA	IBRUTINIB		x	SAD**	11/13/2013	n/a	
C9399	KEVZARA	SARILUMAB		x	SAD**	05/22/2017	n/a	
C9399	KISQALI	RIBOCICLIB		x	SAD**	03/14/2017	n/a	
C9399	KYBELLA	DEOXYCHOLIC ACID				07/27/2016	n/a	New HCPCS, J0591 effective 07/01/2020
C9399	KYNAMRO	MIPOMERSEN		x	SAD**	03/01/2013	n/a	
C9399	LORBRENA	LORLATINIB		x	SAD**	11/19/2018	n/a	
C9399	LONSURF	TRIFLURIDINE and TIPIRACIL		x	SAD**	10/01/2015	n/a	
C9399	LUPANETA	LEUPROLIDE ACETATE AND NORETHINDRONE				07/01/2015	n/a	
C9399	LYNPARZA	OLAPARIB		x	SAD**	08/17/2017	n/a	
C9399	MEKTOVI	BINIMETINIB		x	SAD**	06/27/2018	n/a	
C9399	MULPLETA	LUSUTROMBOPAG		x	SAD**	08/27/2018	n/a	
C9399	MYALEPT	METRELEPTIN		x	SAD**	04/11/2014	n/a	
C9399	NATPARA	PARATHYROID HORMONE		x	SAD**	04/02/2015	n/a	

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C9399	NERLYNX	NERATINIB		x	SAD**	07/17/2017	n/a	
C9399	NINLARO	IXAZOMIB		x	SAD**	11/20/2015	n/a	
C9399	ODOMZO	SONIDEGB		x	SAD**	09/28/2015	n/a	
C9399	OLUMIANT	BARICITINIB		x	SAD**	06/01/2018	n/a	
C9399	OZEMPIC	SEMAGLUTIDE		x	SAD**	12/05/2017	n/a	
C9399	PALYNZIQ	PEGVALIASE-PQPZ		x	SAD**	06/28/2018	n/a	
C9399	PIQRAY	ALPELISIB		x	SAD**	05/28/2019	n/a	
C9399	PLEGRIDY	PEGINTERFERON BETA-1A		x	SAD**	10/03/2014	n/a	
C9399	PRALUENT	ALIROCUMAB		x	SAD**	07/24/2015	n/a	
C9399	REPATHA	EVOLOCUMAB		x	SAD**	08/31/2015	n/a	
C9399	RUBRACA	RUCAPARIB		x	SAD**	12/19/2016	n/a	
C9399	RYDAPT	MIDOSTAURIN		x	SAD**	04/28/2017	n/a	
C9399	SIGNIFOR	PASREOTIDE		x	SAD**	03/11/2013	n/a	
C9399	SILIQ	BRODALUMAB		x	SAD**	02/15/2017	n/a	
C9399	SIMPONI	GOLIMUMAB		x	SAD**	04/27/2009	n/a	
C9399	SKYRIZI	RISANKIZUMAB		x	SAD**	05/01/2019	n/a	
C9399	SOLIQUA	INSULIN GLARGINE and LIXISENATIDE		x	SAD**	12/12/2016	n/a	
C9399	STRENSIQ	ASFOTASE ALFA		x	SAD**	10/23/2015	n/a	
C9399	TAVALISSE	FOSTAMATINIB		x	SAD**	05/08/2018	n/a	
C9399	TALZENNA	TALAZOPARIB		x	SAD**	10/29/2018	n/a	
C9399	TEGSEDI	INOTERSEN		x	SAD**	11/14/2018	n/a	
C9399	TIGLUTIK	RILUZOLE		x	SAD**	10/10/2018	n/a	
C9399	TYMLOS	ABALOPARATIDE		x	SAD**	05/01/2017	n/a	
C9399	VARITHENA	POLIDOCANOL INJECTABLE FOAM				04/15/2014	n/a	Drug not separately allowed, bundled within administration CPT
C9399	VERZENIO	ABEMACICLIB		x	SAD**	10/09/2017	n/a	
C9399	VITRAKVI	LAROTRECTINIB		x	SAD**	11/26/2018	n/a	
C9399	VYONDYS 53	GOLODIRSEN				12/12/2019	n/a	New HCPCS, J1429 effective 07/01/2020
C9399	XEMBIFY	IMMUNE GLOBULIN SQ		x	SAD**	11/01/2019	n/a	New HCPCS, J1558 effective 07/01/2020
C9399	XOSPATA	GILTERITINIB		x	SAD**	11/28/2018	n/a	
C9399	XULTOPHY	INSULIN DEGLUDEC and LIRAGLUTIDE		x	SAD**	03/03/2017	n/a	
C9399	YONSA	ABIRATERONE ACETATE		x	SAD**	03/25/2018	n/a	
C9399	ZINBRYTA	DACLIZUMAB		x	SAD**	08/01/2016	n/a	
C9399	ZOLGENSMA	ONASEMNOGENE- ABEPARVOVEC-XIOI				05/24/2019	n/a	New HCPCS, J3399 effective 07/01/2020

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
C9399	ZYKADIA	CERITINIB		x	SAD**	05/06/2019	n/a	
C9399	ZULRESSO	BREXANOLONE				06/18/2019	n/a	
C9399*	Unclassified Rx*	UNCLASSIFIED DRUGS OR BIOLOGICALS			BOTH***	01/01/2004	n/a	C-codes only applicable for Outpatient Facility (OPPS)
J0129	ORENCIA IV	ABATACEPT	x	x		01/01/2014	n/a	
J0129	ORENCIA SQ	ABATACEPT			SAD**	01/01/2014	n/a	
J0135	HUMIRA	ADALIMUMAB		x	SAD**	01/01/2005	n/a	
J0178	EYLEA	AFLIBERCEPT	x			11/21/2011	n/a	
J0179	BEOVU	BROLUCIZUMAB-DBLL	x			10/08/2019	n/a	
J0180	FABRAZYME	AGALSIDASE BETA	x			07/01/2016	n/a	
J0185	CINVANTI	APREPITANT	x			01/02/2018	n/a	
J0202	LEMTRADA	ALEMTUZUMAB	x			11/21/2014	n/a	
J0245	AMEVIVE	ALEFACEPT				10/15/2008	12/31/2014	product no longer available
J0220	MYOZYME	ALGLUCOSIDASE ALFA				01/01/2016	n/a	
J0221	LUMIZYME	ALGLUCOSIDASE ALFA	x			01/01/2016	n/a	
J0222	ONPATTRO	PATISIRAN	x			08/10/2018	n/a	
J0223	GIVLAARI	GIVOSIRAN				12/15/2019	n/a	
J0256	ARALAST	ALPHA 1-PROTEINASE INHIBITOR	x			01/01/2005	n/a	
J0256	ARALAST NP	ALPHA 1-PROTEINASE INHIBITOR	x			02/25/2008	n/a	
J0256	PROLASTIN-C	ALPHA 1-PROTEINASE INHIBITOR	x			11/23/2009	n/a	
J0256	ZEMAIRA	ALPHA 1-PROTEINASE INHIBITOR	x			01/01/2005	n/a	
J0257	GLASSIA	ALPHA 1-PROTEINASE INHIBITOR	x			10/11/2010	n/a	
J0364	APOKYN	APOMORPHINE HYDROCHLORIDE			BOTH***	01/01/2019	n/a	
J0470	BAL IN OIL	DIMERCAPROL	x			08/15/2001	n/a	
J0490	BENLYSTA IV	BELIMUMAB IV	x			03/10/2011	n/a	
J0517	FASENRA	BENRALIZUMAB	x			11/14/2017	n/a	
J0517	FASENRA PEN	BENRALIZUMAB PEN			SAD**	10/04/2019	n/a	
J0565	ZINPLAVA	BEZLOTOXUMAB	x			12/08/2016	n/a	
J0567	BRINEURA	CERLIPONASE ALFA	x			04/27/2017	n/a	
J0570	PROBUPHINE IMPLANT KIT	BUPRENORPHINE IMPLANT	x			06/06/2016	n/a	
J0584	CRYSVITA	BUROSUMAB-TWZA	x			04/17/2018	n/a	

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J0585	BOTOX	ONABOTULINUMTOXIN A	x			10/01/1999	n/a	
J0586	DYSPORT	ONABOTULINUMTOXIN A	x			11/02/2009	n/a	
J0587	MYOBLOC	ONABOTULINUMTOXIN B	x			12/11/2000	n/a	
J0588	XEOMIN	ONABOTULINUMTOXIN A	x			12/11/2000	n/a	
J0591	KYBELLA	DEOXYCHOLIC ACID				07/27/2016	n/a	
J0593	TAKHZYRO	LANADELUMAB-FLYO		x	SAD**	08/27/2018	n/a	
J0596	RUCONEST	C1 ESTERASE INHIBITOR		x	SAD**	09/05/2014	n/a	
J0597	BERINERT	C1 ESTERASE INHIBITOR	x	x	BOTH***	10/15/2009	n/a	
J0598	CINRYZE	C1 ESTERASE INHIBITOR		x	SAD**	07/15/2009	n/a	
J0599	HAEGARDA	C-1 ESTERASE INH		x	SAD**	07/17/2017	n/a	
J0600	CALCIUM EDTA	EDETATE CALCIUM DISODIUM	x			08/15/2001	n/a	
J0638	ILARIS	CANAKINUMAB	x			10/15/2013	n/a	
J0641	FUSILEV	LEVOLEUCOVORIN	x			04/01/2015	n/a	
J0642	KHAPZORY	LEVOLEUCOVORIN	x			10/01/2019	n/a	
J0717	CIMZIA	CERTOLIZUMAB PEGOL	x	x	BOTH***	04/22/2008	n/a	
J0725	NOVAREL	CHORIONIC GONADOTROPIN		x	SAD**	11/13/2000	n/a	infertility benefit review
J0725	PREGNYL	CHORIONIC GONADOTROPIN		x	SAD**	02/15/1999	n/a	infertility benefit review
J0775	XIAFLEX	COLLAGENASE, CLOST HIST	x			01/01/2016	n/a	
J0791	ADAKVEO	CRIZANLIZUMAB	x			11/20/2019	n/a	
J0800	HP ACTHAR	CORTICOTROPIN	x	x	BOTH***	01/07/2013	n/a	
J0881	ARANESP	DARBEPOETIN ALFA	x		BOTH***	01/01/2014	n/a	
J0882	ARANESP	DARBEPOETIN ALFA			BOTH***	01/01/2014	n/a	
J0885	EPOGEN	EPOETIN ALFA	x		BOTH***	01/01/2014	n/a	
J0885	PROCRIT	EPOETIN ALFA	x		BOTH***	01/01/2014	n/a	
J0886	EPOGEN	EPOETIN ALFA			BOTH***	01/01/2014	n/a	
J0886	PROCRIT	EPOETIN ALFA	x		BOTH***	01/01/2014	n/a	
J0887	MIRCERA	EPOETIN BETA (ESRD use)			BOTH***	10/01/2014	n/a	
J0888	MIRCERA	EPOETIN BETA (non- ESRD use)			BOTH***	10/01/2014	n/a	
J0896	REBLOZYL	LUSPATERCEPT-AAMT	x			11/08/2019	n/a	
J0897	PROLIA	DENOSUMAB	x			06/05/2010	n/a	
J0897	XGEVA	DENOSUMAB	x			11/20/2010	n/a	

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J1074	DEPO- TESTOSTERONE	TESTOSTERONE- CYPIONATE		x	BOTH***	06/15/2010	06/30/2019	
J1290	KALBITOR	ECALLANTIDE	x			12/16/2009	n/a	
J1300	SOLIRIS	ECULIZUMAB	x			03/15/2010	n/a	
J1301	RADICAVA	EDARAVONE	x			05/05/2017	n/a	
J1303	ULTOMIRIS	RAVULIZUMAB-CWVZ	x			12/21/2018	n/a	
J1322	VIMIZIM	ELOSULFASE ALFA	x			02/14/2014	n/a	
J1325	FLOLAN	EPOPROSTENOL	x			11/15/2009	n/a	
J1325	VELETRI	EPOPROSTENOL	x			11/15/2009	n/a	
J1428	EXONDYS 51	ETEPLIRSEN	x			09/19/2016	n/a	
J1429	VYONDYS 53	GOLODIRSEN				12/12/2019	n/a	
J1438	ENBREL	ETANERCEPT		x	SAD**	04/15/2001	n/a	
J1439	INJECTAFER	FERRIC CARBOXYMALTOSE	x			07/25/2013	n/a	
J1442	NEUPOGEN	FILGRASTIM	x		BOTH***	11/15/2000	n/a	
J1447	GRANIX	TBO-FILGRASTIM	x		BOTH***	11/11/2013	n/a	
J1453	EMEND	FOSAPREPITANT	x			11/14/2016	n/a	
J1454	AKYNZEO	FOSNETUPITANT PALONOSETRON	*			05/08/2018	n/a	
J1458	NAGLAZYME	GALSULFASE	x			01/01/2016	n/a	
J1459	PRIVIGEN	HUMAN IMMUNE GLOBULIN	x			01/01/2008	n/a	
J1555	CUVITRU	IMMUNE GLOBULIN		x	SAD**	10/06/2016	n/a	
J1556	BIVIGAM	HUMAN IMMUNE GLOBULIN	x			12/19/2012	n/a	
J1557	GAMMAPLEX	HUMAN IMMUNE GLOBULIN	x			03/31/2010	n/a	
J1558	XEMBIFY	IMMUNE GLOBULIN SQ		x	SAD**	11/01/2019	n/a	
J1559	HIZENTRA	HUMAN IMMUNE GLOBULIN		x	SAD**	04/01/2010	n/a	
J1561	GAMMAKED	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	08/03/2011	n/a	
J1561	GAMUNEX	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	10/09/2003	n/a	
J1561	GAMUNEX-C	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	12/07/2010	n/a	
J1562	VIVAGLOBIN	HUMAN IMMUNE GLOBULIN				03/01/2006	n/a	*product discontinued

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J1566	CARIMUNE NF	HUMAN IMMUNE GLOBULIN	x			12/15/1999	n/a	
J1566	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	12/15/1999	n/a	
J1566	PANGLOBULIN NF	HUMAN IMMUNE GLOBULIN	x			01/16/2012	n/a	
J1568	OCTAGAM	HUMAN IMMUNE GLOBULIN	x			05/24/2004	n/a	
J1569	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	07/01/2005	n/a	
J1572	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN	x			01/11/2004	n/a	
J1575	HYQVIA	IMMUNE GLOBULIN		x	SAD**	10/06/2014	n/a	
J1595	COPAXONE	GLATIRAMER		x	SAD**	10/01/2011	n/a	
J1595	GLATIRAMER ACETATE	GLATIRAMER ACETATE		x	SAD**	10/04/2017	n/a	
J1595	GLATOPA	GLATIRAMER		x	SAD**	06/18/2015	n/a	
J1599	ASCENIV	IMMUNE GLOBULIN IV	x			10/01/2019	n/a	
J1599	PANZYGA	IMMUNE GLOBULIN IV	x			09/02/2019	n/a	
J1599*	Unclassified IVIG*	IMMUNE GLOBULIN IV	x			01/01/2011	n/a	
J1602	SIMPONI ARIA	GOLIMUMAB	x			07/25/2013	n/a	
J1627	SUSTOL	GRANISETRON	x			10/04/2016	n/a	
J1628	TREMFYA	GUSELKUMAB		x	SAD**	07/14/2017	n/a	
J1645	FRAGMIN	DALTEPARIN SODIUM			SAD**	03/15/2001	12/31/2014	
J1650	LOVENOX	ENOXAPARIN SODIUM			SAD**	07/15/2001	12/31/2014	
J1652	ARIXTRA	FONDAPARINUX SODIUM			SAD**	10/15/2005	12/31/2014	
J1726	MAKENA	HYDROXYPROGESTERONE CAPROATE	x			02/11/2011	n/a	
J1729	HYDROXYPROGES TERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE	x			06/09/2016	n/a	
J1740	BONIVA	IBANDRONATE SODIUM	x			12/15/2007	n/a	
J1743	ELAPRASE	IDURSULFASE	x			01/01/2016	n/a	
J1744	FIRAZYR	ICATIBANT		x	SAD**	08/25/2011	n/a	
J1745	REMICADE	INFLIXIMAB	x			04/25/2001	n/a	
J1786	CEREZYME	IMUGLUCERASE	x			04/15/2002	n/a	
J1826	AVONEX	INTERFERON BETA-1A		x	SAD**	10/01/2011	n/a	
J1830	BETASERON	INTERFERON BETA-1B		x	SAD**	10/01/2011	n/a	

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J1830	EXTAVIA	INTERFERON BETA-1B		x	SAD**	10/01/2011	n/a	
J1930	SOMATULINE DEPOT	LANREOTIDE	x			04/15/2010	n/a	
J1931	ALDURAZYME	LARONIDASE	x			01/01/2016	n/a	
J1950	LUPRON DEPOT	LEUPROLIDE ACETATE	x			01/01/2005	n/a	
J2170	INCRELEX	MECASERMIN		x	SAD**	06/15/2006	n/a	
J2182	NUCALA	MEPOLIZUMAB	x			11/30/2015	n/a	
J2212	RELISTOR	METHYLNALTREXONE		x	SAD**	01/01/2009	n/a	
J2315	VIVITROL	NALTREXONE				09/15/2008	12/31/2015	
J2323	TYSABRI	NATALIZUMAB	x			03/15/2008	n/a	
J2326	SPINRAZA	NUSINERSEN				12/28/2016	n/a	
J2350	OCREVUS	OCRELIZUMAB	x			03/28/2017	n/a	
J2353	SANDOSTATIN LAR DEPOT	OCTREOTIDE	x			03/15/2009	n/a	
J2355	NEUMEGA	OPRELVEKIN		x	SAD**	11/15/2000	n/a	
J2357	XOLAIR	OMALIZUMAB	x			12/15/2004	n/a	
J2469	ALOXI	PALONOSETRON	x			02/15/2009	n/a	
J2502	SIGNIFOR LAR	PASREOTIDE LONG ACTING	x			02/17/2015	n/a	
J2503	MACUGEN	PEGAPTANIB SODIUM	x			01/01/2005	n/a	
J2505	NEULASTA	PEGFILGRASTIM	x		BOTH***	04/01/2002	n/a	
J2507	KRYSTEXXA	PEGLOTICASE	x			01/01/2016	n/a	
J2562	MOZOBIL	PLERIXAFOR	x			07/15/2012	n/a	
J2675	Progesterone in Oil	PROGESTERONE				05/15/2011	n/a	
J2724	CEPROTIN	PROTEIN C CONCENTRATE	x			12/15/2013	n/a	
J2778	LUCENTIS	RANIBIZUMAB	x			10/15/2007	n/a	
J2783	ELITEK	RASBURICASE	x			01/01/2016	n/a	
J2786	CINQAIR	RESLIZUMAB	x			04/01/2016	n/a	
J2787	PHOTREXA VISCIOUS	RIBOFLAVIN 5-PHOSPHATE	x			07/01/2017	n/a	
J2788	HYPER-RHO SD- Mini dose	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2790	HYPER-RHO SD	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	

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J2790	HYPERRHO S/D- (Full Dose)- RHOGAM Ultra- Filtered PLUS	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2791	RHOPHYLAC	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2792	WINRHO SDF	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2793	ARCALYST	RILONACEPT		x	SAD**	10/15/2013	n/a	
J2796	NPLATE	ROMIPLOSTIM	x			03/15/2009	n/a	
J2797	VARUBI	ROLAPITANT	x			11/15/2017	n/a	
J2820	LEUKINE	SARGRAMOSTIM (GM-CSF)	x			11/14/2016	n/a	
J2840	KANUMA	SEBELIPASE ALFA	x			12/08/2015	n/a	
J2860	SYLVANT	SILTUXIMAB	x			04/25/2014	n/a	
J2941	GENOTROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	HUMATROPE	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	NORDITROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	NUTROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	NUTROPIN AQ	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	OMNITROPE	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	SAIZEN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	SEROSTIM	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	TEVTROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	ZOMACTON	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	ZORBTIVE	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J3031	AJOVY	FREMANEZUMAB-VRFRM		x	SAD**	09/17/2018	n/a	
J3060	ELELYSO	TALIGLUCERASE ALFA	x			05/08/2012	n/a	
J3110	FORTEO	TERIPARATIDE		x	SAD**	01/01/2005	n/a	
J3111	EVENITY	ROMOSOZUMAB-AQQG	x			04/16/2019	n/a	
J3121	DELATESTRYL	TESTOSTERONE- ENANTHATE		x	BOTH***	06/15/2010	06/30/2019	
J3145	AVEED	TESTOSTERONE UNDECANOATE	x			03/10/2014	n/a	
J3245	ILUMYA	TILDRAKIZUMAB-ASMN	x			09/17/2018	n/a	
J3262	ACTEMRA IV	TOCILIZUMAB IV	x			01/18/2010	n/a	
J3285	REMODULIN	TREPROSTINIL		x	SAD**	05/23/2002	n/a	
J3304	ZILRETTA	TRIAMCINOLONE	x			10/23/2017	n/a	

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J3315	TRELSTAR DEPOT	TRIPTORELIN PAMOATE	x			01/01/2005	n/a	
J3315	TRELSTAR LA	TRIPTORELIN PAMOATE	x			01/01/2005	n/a	
J3316	TRIPTODUR	TRIPTORELIN ER	x			09/22/2017	n/a	
J3355	BRAVELLE	UROFOLLITROPIN		x	SAD**	05/27/2002	n/a	infertility benefit review
J3357	STELARA SQ	USTEKINUMAB	x	x	BOTH***	09/25/2009	n/a	
J3358	STELARA IV	USTEKINUMAB IV	x			09/27/2016	n/a	
J3380	ENTYVIO	VEDOLIZUMAB	x			05/21/2014	n/a	
J3385	VPRIV	VELAGLUCERASE ALFA	x			04/15/2002	n/a	
J3396	VISUDYNE	VERTEPORFIN	x			04/12/2000	n/a	
J3397	MEPSEVII	VESTRONIDASE ALFA-VJBJK	x			11/15/2017	n/a	
J3398	LUXTURNA	VORETIGENE NEPARVOVEC- RZYL				01/03/2018	n/a	
J3399	ZOLGENSMA	ONASEMNOGENE ABEPARVOVEC-XIOI				05/24/2019	n/a	
J3420	B-12	CYANOCOBALAMIN			BOTH***	03/15/2001	06/30/2014	
J3489	ZOMETA/ RECLAST	ZOLEDRONIC ACID	x			02/15/2008	n/a	
J3490	AIMOVIG	ERENUMAB-AOOE		x	SAD**	05/17/2018	n/a	
J3490	ANDROGEL	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	AVASTIN (non- oncology indication)	BEVACIZUMAB				12/15/2012	06/30/2015	
J3490	BAQSIMI	GLUCAGON			SAD**	08/06/2019	n/a	
J3490	CETROTIDE	CETRORELIX		x	SAD**	01/17/2001	n/a	infertility benefit review
J3490	DEFITELIO	DEFBROTIDE SODIUM				04/04/2016	n/a	
J3490	EGRIFTA	TESAMORELIN		x	SAD**	11/30/2010	n/a	
J3490	EMFLAZA	DEFLAZACORT		x	SAD**	02/10/2017	n/a	
J3490	ENDARI	L-GLUTAMINE		x	SAD**	10/01/2017	n/a	
J3490	EVZIO	NALOXONE HCL		x	SAD**	12/12/2016	n/a	
J3490	EXELDERM	SULCONAZOLE		x	SAD**	07/01/2018	n/a	
J3490	FENSOLVI	LEUPROLIDE ACETATE				05/04/2020	n/a	
J3490	FOLLISTIM AQ	FOLLITROPIN BETA		x	SAD**	03/23/2004	n/a	infertility benefit review
J3490	FORTESTA	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	GANIRELIX	GANIRELIX ACETATE		x	SAD**	05/01/2003	n/a	infertility benefit review

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J3490	GATTEX	TEDUGLUTIDE		x	SAD**	01/29/2013	n/a	
J3490	GIVLAARI	GIVOSIRAN				12/15/2019	n/a	New HCPCS, J0223 effective 07/01/2020
J3490	GONAL-F	FOLLTROPIN ALFA		x	SAD**	10/01/1997	n/a	infertility benefit review
J3490	GVOKE	GLUCAGON			SAD**	10/11/2019	n/a	
J3490	IMVEXXY	ESTRADIOL		x	SAD**	07/16/2018	n/a	
J3490	KYBELLA	DEOXYCHOLIC ACID				07/27/2016	n/a	New HCPCS, J0591 effective 07/01/2020
J3490	KYNAMRO	MIPOMERSEN		x	SAD**	03/01/2013	n/a	
J3490	LOKELMA	SODIUM ZIRCONINUM CYCLOSILCATE		x	SAD**	08/01/2018	n/a	
J3490	LUPANETA	LEUPROLIDE ACETATE AND NORETHINDRONE				07/01/2015	n/a	
J3490	LUVERIS	LUTROPIN ALFA		x	SAD**	10/18/2004	n/a	infertility benefit review
J3490	MENOPUR	MENOTROPINS INJECTION		x	SAD**	04/11/2005	n/a	infertility benefit review
J3490	NAYZILAM	MIDAZOLAM			SAD**	10/09/2019	n/a	
J3490	OVIDREL	CHORIOGONADOTROPIN ALFA		x	SAD**	09/20/2000	n/a	infertility benefit review
J3490	OZEMPIC	SEMAGLUTIDE		x	SAD**	12/05/2017	n/a	
J3490	PLENVU	POLYETHYLENE GLYCOL		x	SAD**	09/04/2018	n/a	
J3490	REPRONEX	MENOTROPINS INJECTION		x	SAD**	02/10/1998	n/a	infertility benefit review
J3490	REVATIO IV	SILDENAFIL CITRATE INJECTON				03/08/2010	n/a	
J3490	SCENESSE	AFAMELANOTIDE				10/08/2019	n/a	
J3490	SIGNIFOR	PASREOTIDE		x	SAD**	03/11/2013	n/a	
J3490	SOLIQUA	INSULIN GLARGINE and LIXISENATIDE		x	SAD**	12/12/2016	n/a	
J3490	SPRAVATO	ESKETAMINE				03/06/2019	n/a	
J3490	TARGRETIN GEL	BEXAROTENE GEL		x	SAD**	12/15/2016	n/a	
J3490	TEGSEDI	INOTERSEN		x	SAD**	11/14/2018	n/a	
J3490	TESTIM	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	TESTOPEL	TESTOSTERONE PELLETS				06/15/2010	n/a	
J3490	TESTOSTERONE (non-injectable)	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	TOSYMRA	SUMATRIPTAN			SAD**	09/11/2019	n/a	
J3490	TYMLOS	ABALOPARATIDE		x	SAD**	05/01/2017	n/a	

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J3490	VARITHENA	POLIDOCANOL INJECTABLE FOAM				04/15/2014	n/a	Drug not separately allowed, bundled within administration CPT code
J3490	VISTOGARD ORAL GRANULES	URIDINE TRIACETATE		x	SAD**	02/19/2016	n/a	
J3490	VOGELXO	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	VYLEESI	BREMELANOTIDE			SAD**	08/02/2019	n/a	
J3490	VYONDYS 53	GOLODIRSEN				12/12/2019	n/a	New HCPCS, J1429 effective 07/01/2020
J3490	XULTOPHY	INSULIN DEGLUDEC and LIRAGLUTIDE		x	SAD**	03/03/2017	n/a	
J3490	XURIDEN ORAL GRANULES	URIDINE TRIACETATE		x	SAD**	02/19/2016	n/a	
J3490	ZULRESSO	BREXANOLONE				06/18/2019	n/a	
J3490*	Unclassified Rx*	UNCLASSIFIED DRUGS			BOTH***	09/22/1989	n/a	
J3520	EDTA	edetate disodium				08/15/2001	n/a	
J3535	INBRIJA	LEVODOPA		x	SAD**	02/25/2019	n/a	
J3590	ABRILADA	ADALIMUMAB-AFZB		x	SAD**	11/15/2019	n/a	
J3590	ACTEMRA SQ	TOCILIZUMAB SQ		x	SAD**	10/21/2013	n/a	
J3590	ADAKVEO	GRIZANLIZUMAB	x			11/20/2019	n/a	New HCPCS, J0791 effective 07/01/2020
J3590	AMJEVITA	ADALIMUMAB-ATTO		x	SAD**	09/23/2016	n/a	
J3590	AVSOLA	INFLIXIMAB-AXXQ	x			12/06/2019	n/a	New HCPCS, Q5121 effective 07/01/2020
J3590	BENLYSTA SQ	BELIMUMAB SQ		x	SAD**	08/14/2017	n/a	
J3590	CABLIVI	CAPLACIZUMAB-YHDP		x	BOTH***	03/15/2019	n/a	
J3590	COSENTYX	SECUKINUMAB		x	SAD**	01/30/2015	n/a	
J3590	CUTAQUIG	IMMUNE GLOBULIN		x	SAD**	05/13/2019	n/a	
J3590	CYLTEZO	ADALIMUMAB-ADBIM		x	SAD**	08/25/2017	n/a	
J3590	DUPIXENT	DUPILUMAB		x	SAD**	03/28/2017	n/a	
J3590	EMGALITY	GALCANEZUMAB-GNLM		x	SAD**	06/06/2019	n/a	
J3590	ERELZI	ETANERCEPT		x	SAD**	08/30/2016	n/a	
J3590	KEVZARA	SARILUMAB		x	SAD**	05/22/2017	n/a	
J3590	KINERET	ANAKINRA		x	SAD**	01/01/2005	n/a	
J3590	MYALEPT	METRELEPTIN		x	SAD**	04/11/2014	n/a	
J3590	NATPARA	PARATHYROID HORMONE		x	SAD**	04/02/2015	n/a	
J3590	NYVEPRIA	PEGFILGRASTIM-APGF	x			06/10/2020	n/a	
J3590	ODACTRA	DERMATOPHAGOIDES FARINAE DERMATOPHAGOIDES PTERONYSSINUS		x	SAD**	01/08/2018	n/a	

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J3590	PALYNZIQ	PEGVALIASE-PQPZ		x	SAD**	06/28/2018	n/a	
J3590	PEGASYS	PEGINTERFERON ALFA-2A		x	SAD**	01/01/2016	n/a	
J3590	PEG-INTRON	PEGINTERFERON ALFA-2B		x	SAD**	01/01/2016	n/a	
J3590	PLEGRIDY	PEGINTERFERON BETA-1A		x	SAD**	10/03/2014	n/a	
J3590	PRALUENT	ALIROCUMAB		x	SAD**	07/24/2015	n/a	
J3590	REBLOZYL	LUSPATERCEPT-AAMT	x			11/08/2019	n/a	New HCPCS, J0896 effective 07/01/2020
J3590	REPATHA	EVOLOCUMAB		x	SAD**	08/31/2015	n/a	
J3590	REVCIVI	ELAPEGADEMASE-LVLR	x			11/12/2018	n/a	
J3590	SARCLISA	ISATUXIMAB-IRFC	x			03/09/2020	n/a	
J3590	SILIQ	BRODALUMAB		x	SAD**	02/15/2017	n/a	
J3590	SIMPONI	GOLIMUMAB		x	SAD**	04/27/2009	n/a	
J3590	SKYRIZI	RISANKIZUMAB		x	SAD**	05/01/2019	n/a	
J3590	STRENSIQ	ASFOTASE ALFA		x	SAD**	10/23/2015	n/a	
J3590	TALTZ	IXEKIZUMAB		x	BOTH***	03/23/2016	n/a	
J3590	TEPEZZA	TEPROTUMUMAB-TRBW	x			01/28/2020	n/a	
J3590	UPLIZNA	INEBILIZUMAB-CDON	x			07/10/2020	n/a	
J3590	VYEPTI	EPTINEZUMAB-JJMR	x			02/21/2020	n/a	
J3590	XEMBIFY	IMMUNE GLOBULIN SQ		x	SAD**	11/01/2019	n/a	New HCPCS, J1558 effective 07/01/2020
J3590	ZIEXTENZO	PEGFILGRASTIM-BMEZ	x		BOTH***	11/07/2019	n/a	New HCPCS, Q5120 effective 07/01/2020
J3590	ZINBRYTA	DACLIZUMAB		x	SAD**	08/01/2016	n/a	
J3590	ZOLGENSMA	ONASEMNOGENE- ABEPARVOVEC-XIOI				05/24/2019	n/a	New HCPCS, J3399 effective 07/01/2020
J3590*	Unclassified Rx*	UNCLASSIFIED BIOLOGICS	x		BOTH***	01/01/2003	n/a	
J3591*	NOC ESRD DRUG	NOC ESRD DRUG			BOTH***	01/01/2019	n/a	
J7170	HEMLIBRA	EMICIZUMAB-KXWH		x	SAD**	11/16/2017	n/a	
J7175	COAGADEX	FACTOR X, (human)		x	SAD**	12/01/2015	n/a	
J7177	FIBRYGA	HUMAN FIBRINOGEN CONCENTRATE		x	SAD**	12/27/2017	n/a	
J7178	RIASTAP	HUMAN FIBRINOGEN		x	SAD**	03/24/2009	n/a	
J7179	VONVENDI	VON WILLEBRAND FACTOR(recombinant)		x	SAD**	07/05/2016	n/a	
J7180	CORIFACT	FACTOR XIII CONCENTRATE		x	SAD**	04/04/2011	n/a	
J7181	TRETTEN	FACTOR XIII A-SUBUNIT		x	SAD**	03/14/2014	n/a	

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J7182	NOVOEIGHT	FACTOR VIII		x	SAD**	04/02/2015	n/a	
J7183	WILATE	VON WILLEBRAND FACTOR/COAGULATON FACTOR VIII COMPLEX		x	SAD**	01/01/2010	n/a	
J7185	XYNTHA	FACTOR VIII		x	SAD**	07/10/2008	n/a	
J7186	ALPHANATE VWF	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		x	SAD**	03/15/2001	n/a	
J7187	HUMATE P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		x	SAD**	03/15/2001	n/a	
J7188	OBIZUR	Antihemophilic Factor (Recombinant), Porcine Sequence		x	SAD**	11/17/2014	n/a	
J7189	NOVOSEVEN RT	FACTOR VIIIA		x	SAD**	03/15/2001	n/a	
J7190	HEMOFIL M	FACTOR VIII		x	SAD**	06/14/2001	n/a	
J7190	KOATE-DVI	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7190	MONOCLATE-P	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7192	ADVATE	FACTOR VIII		x	SAD**	07/25/2003	n/a	
J7192	HELIXATE FS	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7192	KOGENATE FS	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7192	KOGENATE FS BIO-SET	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7192	RECOMBINATE	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7193	ALPHANINE	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7193	MONONINE	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7194	BEBULIN VH	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7194	BEBULIN, PROFILNINE SD	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7195	BENEFIX	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7195	IXINITY	FACTOR IX		x	SAD**	05/29/2015	n/a	
J7198	FEIBA	ANTI-INHIBITOR COAGUALTION COMPLEX		x	SAD**	03/15/2001	n/a	
J7199*	ESPEROCT	ANTIHEMOPHILIC FACTOR (RECOMBINANT), GLYCOPEGYLATED-EXEL		x	SAD**	02/03/2020	n/a	New HCPCS, J7204 effective 07/01/2020

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J7199*	Unclassified FACTOR	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		x	SAD**	03/15/2001	n/a	
J7200	RIXUBIS	FACTOR IX		x	SAD**	10/02/2013	n/a	
J7201	ALPROLIX	FACTOR IX		x	SAD**	04/18/2014	n/a	
J7202	IDELVION	FACTOR IX		x	SAD**	03/04/2016	n/a	
J7203	REBINYN	FACTOR IX		x	SAD**	11/20/2017	n/a	
J7204	ESPEROCT	ANTIHEMOPHILIC FACTOR (RECOMBINANT), GLYCOPEGYLATED-EXEL		x	SAD**	02/03/2020	n/a	
J7205	ELOCTATE	FACTOR VIII		x	SAD**	07/14/2014	n/a	
J7207	ADYNOVATE	FACTOR VIII		x	SAD**	12/01/2015	n/a	
J7208	JIVI	Antihemophilic Factor (Recombinant)		x	SAD**	08/30/2018	n/a	
J7209	NUWIG	FACTOR VIII		x	SAD**	11/01/2015	n/a	
J7210	AFSTYLA	ANTIHEMOPHILIC FACTOR		x	SAD**	05/25/2016	n/a	
J7211	KOVALTRY	ANTIHEMOPHILIC FACTOR		x	SAD**	03/16/2016	n/a	
J7311	RETISERT	FLUCINOLONE ACETONIDE	x			05/15/2015	n/a	
J7312	OZURDEX	DEXAMETHASONE	x			05/15/2015	n/a	
J7313	ILUVIEN	FLUOCINOLONE ACETONIDE	x			12/01/2014	n/a	
J7314	YUTIQ	FLUOCINOLONE ACETONIDE	x			12/17/2018	n/a	
J7318	DUROLANE	HYALURONAN DERIVATIVE	x			11/09/2017	n/a	
J7320	GENVISC 850	HYALURONAN/ DERIVATIVE	x			01/01/2016	n/a	
J7321	HYALGAN	SODIUM HYALURONATE	x			06/15/2000	n/a	
J7321	SUPARTZ	SODIUM HYALURONATE	x			06/15/2000	n/a	
J7321	VISCO-3	SODIUM HYALURONATE	x			05/01/2017	n/a	New HCPCS, J7333 effective 07/01/2020
J7322	HYMOVIS	HYALURONAN/ DERIVATIVE	x			11/12/2015	n/a	
J7323	EUFLEXXA	SODIUM HYALURONATE	x			10/24/2005	n/a	

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J7324	ORTHOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	x			03/01/2004	n/a	
J7325	SYNVISC	HYLAN G-F 20	x			06/15/2000	n/a	
J7325	SYNVISC ONE	HYLAN G-F 20	x			03/09/2009	n/a	
J7326	GEL-ONE	CROSS-LINKED HYALURONATE	x			11/01/2012	n/a	
J7327	MONOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	x			04/16/2014	n/a	
J7328	GEL-SYN	HYALURONAN/ DERIVATIVE	x			01/01/2016	n/a	
J7329	TRIVISC	HYALURONAN DERIVATIVE	x			09/10/2018	n/a	
J7330	MACI	AUTOLOGOUS CULTURED CHONDROCYTES				01/01/2017	n/a	
J7331	SYNOJOYT	SYNOJOYNE	x			10/01/2019	n/a	
J7332	TRILURON	TRILURON	x			10/01/2019	n/a	
J7333	VISCO-3	SODIUM HYALURONATE	x			05/01/2017	n/a	
J7401	SINUVA IMPLANT	MOMETASONE FUROATE	x			02/15/2018	n/a	
J7686	TYVASO	TREPROSTINIL INHALATION		x	SAD**	08/14/2009	n/a	
J7699*	NOC INHALATION SOLUTION, DME	NOC INHALATION SOLUTION, DME		x	SAD**	01/13/1993	n/a	
J7799*	NOC OTHER THAN INHALATION DRUGS, DME	NOC OTHER THAN INHALATION DRUGS, DME		x	SAD**	01/13/1993	n/a	
J7999*	NOC (FINAL COMPOUNDED PRODUCT)	NOC (FINAL COMPOUNDED PRODUCT)			BOTH***	01/01/2016	n/a	
J8499*	Oral Non-Chemo Unclassified Rx*	ORAL NON-CHEMO PRESCRIPTION DRUG		x	SAD**	01/01/1994	n/a	
J8520	XELODA	CAPECITABINE		x	SAD**	01/01/2012	n/a	
J8521	XELODA	CAPECITABINE		x	SAD**	01/01/2012	n/a	
J8565	IRESSA	GEFITINIB		x	SAD**	09/15/2015	n/a	
J8655	AKYNZEO	NETUPITANT and PALONOSETRON		x	SAD**	04/01/2017	n/a	

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J8700	TEMODAR	TEMOZOLOMIDE		x	SAD**	01/01/2012	n/a	
J8705	HYCAMTIN ORAL	TOPOTECAN		x	SAD**	05/15/2009	n/a	
J8999*	Oral Chemo Unclassified Rx*	ORAL CHEMO PRESCRIPTION DRUG		x	SAD**	12/21/1994	n/a	
J9019	ERWINAZE	ASPARAGINASE	x			07/15/2012	n/a	
J9022	TECENTRIQ	ATEZOLIZUMAB	x			05/18/2016	n/a	
J9023	BAVENCIO	AVELUMAB	x			03/23/2017	n/a	
J9025	VIDAZA	AZACITIDINE	x			04/01/2015	n/a	
J9032	BELEODAQ	BELINOSTAT	x			07/21/2014	n/a	
J9033	TREANDA	BENDAMUSTINE	x			04/01/2015	n/a	
J9034	BENDEKA	BENDAMUSTINE	x			12/11/2015	n/a	
J9035	AVASTIN (oncology use)	BEVACIZUMAB	x			07/20/2009	n/a	
J9036	BELRAPZO	BENDAMUSTINE HCl	x			05/15/2018	n/a	
J9039	BLINCYTO	BLINATUMOMAB	x			12/16/2014	n/a	
J9041	VELCADE	BORTEZOMIB	x			04/01/2013	n/a	
J9042	ADCETRIS	BRENTUXIMAB	x			08/25/2011	n/a	
J9043	JEVTANA	CABAZITAXEL	x			07/15/2010	n/a	
J9044	BORTEZOMIB	BORTEZOMIB	x			12/04/2017	n/a	
J9045	CARBOPLATIN	CARBOPLATIN				04/15/2009	12/31/2014	
J9047	KYPROLIS	CARFILZOMIB	x			07/20/2012	n/a	
J9055	ERBITUX	CETUXIMAB	x			04/01/2013	n/a	
J9057	ALIQOPA	COPANLISIB	x			09/18/2017	n/a	
J9118	ASPARLAS	CALASPARGASE PAGOL- MKNL	x			10/01/2019	n/a	
J9119	LIBTAYO	CEMIPLIMAB-RWIC	x			09/28/2018	n/a	
J9145	DARZALEX	DARATUMUMAB	x			11/17/2015	n/a	
J9153	VYXEOS	DAUNORUBICIN and CYTARABINE	x			08/11/2017	n/a	
J9155	FIRMAGON	DEGARELIX				04/01/2013	12/31/2014	
J9171	DOCEFREZ	DOCETAXEL	x			04/01/2013	n/a	
J9171	TAXOTERE	DOCETAXEL	x			04/01/2013	n/a	
J9173	IMFINZI	DURVALUMAB	x			05/01/2017	n/a	
J9176	EMPLICITI	ELOTUZUMAB	x			11/30/2015	n/a	
J9177	PADCEV	ENFORTUMAB VEDOTIN-EJFV	x			12/18/2019	n/a	
J9179	HALAVEN	ERIBULIN	x			11/16/2010	n/a	

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J9198	INFUGEM	GEMCITABINE HYDROCHLORIDE	x			04/08/2019	n/a	
J9199	INFUGEM	GEMCITABINE- HYDROCHLORIDE	*			04/08/2019	n/a	New HCPCS, J9198 effective 07/01/2020
J9201	GEMZAR	GEMCITABINE				04/15/2009	12/31/2014	
J9202	ZOLADEX	GOSERELIN ACETATE	x			01/01/2014	n/a	
J9203	MYLOTARG	GEMTUZUMAB OZOGAMICIN	x			09/07/2017	n/a	
J9204	POTELIGEO	MOGAMULIZUMAB-KPKC	x			08/17/2018	n/a	
J9205	ONIVYDE	IRINOTECAN LIPOSOME	x			10/26/2015	n/a	
J9206	CAMPTOSAR	INJECTION, IRINOTECAN				05/15/2009	12/31/2014	
J9210	GAMIFANT	EMAPALUMAB-LZSG	x			12/27/2018	n/a	
J9214	INTRON A-	INTERFERON, ALFA-2B		x	SAD**	01/01/2006	12/31/2014	
J9215	ALFERON N-	INTERFERON, ALFA-N3		x	SAD**	01/01/2006	12/31/2014	
J9216	ACTIMMUNE	INTERFERON, GAMMA-1B		x	SAD**	01/01/2017	n/a	
J9217	ELIGARD	LEUPROLIDE ACETATE	x			01/01/2005	n/a	
J9217	LUPRON DEPOT	LEUPROLIDE ACETATE	x			01/01/2005	n/a	
J9218	Leuprolide acetate	LEUPROLIDE ACETATE		x	SAD**	01/01/2005	n/a	
J9219	Leuprolide acetate	LEUPROLIDE ACETATE		x	SAD**	01/01/2005	12/31/2014	
J9225	VANTAS	HISTRELIN ACETTE	x			11/10/2004	n/a	
J9226	SUPPRELIN LA	HISTRELIN ACETATE	x			06/18/2007	n/a	
J9228	YERVOY	IPILIMUMAB	x			03/29/2011	n/a	
J9229	BESPONSA	INOTUZUMAB OZOGAMICIN	x			08/18/2017	n/a	
J9245	EVOMELA	MELPHALAN HCI				01/01/2017	n/a	New HCPCS, J9246 effective 07/01/2020
J9246	EVOMELA	MELPHALAN HCI				01/01/2017	n/a	
J9262	SYNRIBO	OMACETAXINE MEPESUCCINATE	x			11/12/2012	n/a	
J9263	ELOXATIN	OXALIPLATIN	x			05/15/2009	n/a	
J9264	ABRAXANE	PACLITAXEL	x			05/15/2009	n/a	
J9265	ONXOL-	PACLITAXEL				05/15/2009	12/31/2014	
J9269	ELZONRIS	TAGRAXOFUSP-ERZS	x			12/21/2018	n/a	
J9271	KEYTRUDA	PEMBROLIZUMAB	x			09/08/2014	n/a	
J9285	LARTRUVO	OLARATUMAB	x			03/06/2017	n/a	
J9295	PORTRAZZA	NECITUMUMAB	x			12/14/2015	n/a	
J9299	OPDIVO	NIVOLUMAB	x			12/23/2014	n/a	
J9301	GAZYVA	OBINUTUZUMAB	x			11/01/2013	n/a	
J9302	ARZERRA	OFATUMUMAB	x			06/01/2015	n/a	

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J9303	VECTIBIX	PANITUMUMAB	x			04/15/2009	n/a	
J9305	ALIMTA	PEMETREXED	x			05/15/2009	n/a	
J9306	PERJETA	PERTUZUMAB	x			06/08/2012	n/a	
J9307	FOLOTYN	PRALATREXATE	x			09/28/2009	n/a	
J9308	CYRAMZA	RAMUCIRUMAB	x			04/28/2014	n/a	
J9309	POLIVY	POLATUZUMAB VEDOTIN- PIIQ	x			06/10/2019	n/a	
J9311	RITUXAN HYLECTA	RITUXIMAB HYALURONIDASE	x			06/22/2017	n/a	
J9312	RITUXAN	RITUXIMAB	x			08/15/2006	n/a	
J9313	LUMOXITI	MOXETUMOMAB PASUDOTOX-TDFK	x			10/16/2018	n/a	
J9325	IMLYGIC	TALIMOGENE LAHERPAREPVEC	x			11/02/2015	n/a	
J9330	TORISEL	TEMSIROLIMUS	x			03/15/2014	n/a	
J9352	YONDELIS	TRABECTEDIN	x			10/23/2015	n/a	
J9354	KADCYLA	ADO-TRASTUZUMAB	x			02/22/2013	n/a	
J9355	HERCEPTIN	TRASTUZUMAB	x			07/20/2009	n/a	
J9356	HERCEPTIN HYLECTA	TRASTUZUMAB HYALURONIDASE-OYSK	x			04/08/2019	n/a	
J9358	ENHERTU	FAM-TRASTUZUMAB DERUXTECAN-NXKI	x			12/20/2019	n/a	
J9395	FASLODEX	FULVESTRANT				05/15/2009	12/31/2014	
J9400	ZALTRAP	ZIV-ALFILBERCEPT	x			08/20/2012	n/a	
J9999	DARZALEX FASPRO	DARATUMUMAB & HYALURONIDASE-FIHJ	x			05/11/2020	n/a	
J9999	ENHERTU	FAM-TRASTUZUMAB- DERUXTECAN-NXKI	x			12/20/2019	n/a	New HCPCS, J9358 effective 07/01/2020
J9999	JELMYTO	MITOMYCIN	x			04/16/2020	n/a	
J9999	PADGEV	ENFORTUMAB VEDOTIN- EJFV	x			12/18/2019	n/a	New HCPCS, J9177 effective 07/01/2020
J9999	PHESGO	PERTUZUMAB, TRASTUZUMAB, and HYALURONIDASE-ZZXF	x			06/29/2020	n/a	
J9999	ROMIDEPSIN	ROMIDEPSIN	x			03/13/2020	n/a	
J9999	RUXIENCE	RITUXIMAB-PVVR	x			07/23/2019	n/a	New HCPCS, Q5119 effective 07/01/2020
J9999	SYLATRON	PEGINTERFERON ALFA-2b		x	SAD**	04/15/2011	12/31/2014	

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J9999	TRODELVY	SACITUZUMAB GOVITECAN-HZIY	x			04/22/2020	n/a	
J9999	UNITUXIN	DINUTUXIMAB	x			05/01/2017	n/a	
J9999	ZEPZELCA	LURBINECTEDIN	x			06/19/2020	n/a	
J9999*	Unclassified Rx*	NOC ANTINEOPLASTIC DRUGS	x		BOTH***	09/22/1989	n/a	
Q2041	YESCARTA	AXICABTAGENE CILOLEUCEL				10/18/2017	n/a	
Q2042	KYMRIAH	TISAGENLECLEUCEL				08/31/2017	n/a	
Q2043	PROVENGE	SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS	x			04/29/2010	n/a	
Q2049	LIPODOX	DOXORUBICIN LIPOSOMAL	x			04/01/2015	n/a	
Q2050	DOXIL	DOXORUBICIN LIPOSOMAL	x			04/01/2015	n/a	
Q3027	AVONEX	INTERFERON BETA-1A		x	SAD**	10/01/2011	n/a	
Q3028	REBIF	INTERFERON BETA-1A		x	SAD**	10/01/2011	n/a	
Q4074	VENTAVIS	ILOPROST INHALATION		x	SAD**	11/15/2009	n/a	
Q4082*	Unclassified Rx*	UNCLASSIFIED DRUGS OR BIOLOGICALS, (CAP)			BOTH***	01/01/2007	n/a	
Q5101	ZARXIO	FILGRASTIM-SNDZ	x		BOTH***	09/03/2015	n/a	
Q5103	INFLECTRA	INFLIXIMAB-DYYB	x			11/21/2016	n/a	
Q5104	RENFLEXIS	INFLIXIMAB-ABDA	x			07/25/2017	n/a	
Q5105	RETACRIT (ESRD)	EPOETIN ALFA (ESRD)			BOTH***	06/18/2018	n/a	
Q5106	RETACRIT	EPOETIN ALFA	x		BOTH***	06/18/2018	n/a	
Q5107	MVASI	BEVACIZUMAB-AWWB	x			09/14/2017	n/a	
Q5108	FULPHILA	PEGFILGRASTIM-JMDB	x		BOTH***	07/09/2018	n/a	
Q5109	IXIFI	INFLIXIMAB-QBTX	x			01/01/2019	n/a	
Q5110	NIVESTYM	FILGRASTIM-AAFI	x		BOTH***	09/24/2018	n/a	
Q5111	UDENYCA	PEGFILGRASTIM-CBQV	x			01/01/2019	n/a	
Q5112	ONTRUZANT	TRASTUZUMAB-DTTB	x			07/01/2019	n/a	
Q5113	HERZUMA	TRASTUZUMAB-PKRB	x			07/01/2019	n/a	
Q5114	OGIVRI	TRASTUZUMAB-DKST	x			12/01/2017	n/a	
Q5115	TRUXIMA	RITUXIMAB-ABBS	x			07/01/2019	n/a	
Q5116	TRAZIMERA	TRAZIMERA	x			10/01/2019	n/a	
Q5117	KANJINTI	TRASTUZUMAB-ANNS	x			07/22/2019	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
Q5118	ZIRABEV	ZIRABEV	x			10/01/2019	n/a	
Q5119	RUXIENCE	RITUXIMAB-PVVR	x			07/23/2019	n/a	
Q5120	ZIEXTENZO	PEGFILGRASTIM-BMEZ	x			11/07/2019	n/a	
Q5121	AVSOLA	INFLIXIMAB-AXXQ	x			12/06/2019	n/a	
Q9991	SUBLOCADE	BUPRENORPHINE	x			01/01/2018	n/a	
Q9992	SUBLOCADE	BUPRENORPHINE	x			01/01/2018	n/a	
S0088	GLEEVEC	IMATINIB		x	SAD**	01/01/2012	n/a	
S0122	MENOPUR	MENOTROPINS INJECTION		x	SAD**	04/11/2005	n/a	infertility benefit review
S0122	REPRONEX	MENOTROPINS INJECTION		x	SAD**	02/10/1998	n/a	infertility benefit review
S0126	GONAL-F	FOLLITROPIN ALFA		x	SAD**	10/01/1997	n/a	infertility benefit review
S0128	FOLLISTIM AQ	FOLLITROPIN BETA		x	SAD**	03/23/2004	n/a	infertility benefit review
S0132	GANIRELIX	GANIRELIX ACETATE		x	SAD**	05/01/2003	n/a	infertility benefit review
S0145	PEGASYS	PEGYLATED INTERFERON ALFA-2A		x	SAD**	01/01/2016	n/a	
S0148	PEG INTRON	PEGYLATED INTERFERON ALFA-2B		x	SAD**	01/01/2006	n/a	
S0189	TESTOPEL	TESTOSTERONE PELLETS		x		06/15/2010	n/a	
S0190	KORLYM	MIFEPRISTONE		x	SAD**	03/23/2012	n/a	
S5000*	UNLISTED GENERIC DRUG	PRESCRIPTION DRUG, GENERIC NAME		x	SAD**	01/01/2000	n/a	
S5001*	UNLISTED BRAND DRUG	PRESCRIPTION DRUG, BRAND NAME		x	SAD**	01/01/2000	n/a	

* new drugs approved by FDA may **not** be listed but could be subject to prior authorization

** self-administered drug coverage has limited benefits through the medical benefit

*** Covered as Self-Administered or Provider-Administered Specialty drugs

NOTES -

- 1 Drugs listed may not be covered by the member's benefits. Benefits vary by plan, so benefits need to be verified prior to providing services.
- 2 Based on new codes being assigned to drug(s), search by HCPCS or CPT code and/or Drug Brand Name