



CDPHP Medicare Advantage Pharmacy Prior Authorization Guidelines

Effective December 1, 2021 (unless otherwise noted)

The following guideline outlines those services that may require prior authorization through the CDPHP® pharmacy department. Coverage of a service is subject to the member’s eligibility, specific contract benefits, CDPHP policy and any applicable National or Local Medicare Coverage Determination guidance. This grid is NOT APPLICABLE for members that are enrolled in a Medicare Supplement Plan. Requests for a service that does not meet criteria outlined in the CDPHP pharmacy policies or for an extension beyond what has been approved by CDPHP should be directed to the pharmacy department at (518) 641-3784.

Please also reference the CDPHP Medicare Advantage Part B versus Part D Determination document, located on cdphp.com/medicare to determine if a Part B vs. Part D prior authorization is required.

Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
ABECMA (idecabtagene vicleucel), 1350/20.000415	N/A	Yes - see National Coverage Determination for CAR T-cell Therapy https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=374&ncdver=1&bc=AAAAIAAAAA&
abiraterone acetate tablets 1350/20.000247	Yes—new starts only	N/A
ACNE AGENTS 1350/20.000118 Topical retinoid products • Avita • Tretinoin	Yes	N/A
ACTEMRA (tocilizumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J3262	Not on Part D formulary	Yes
ACTIMMUNE (Interferon-Gamma 1B) injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ADCETRIS (brentuximab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9042 <i>Medical benefit, prescription drug benefit not required</i>	N/A	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
ADEMPAS (riociguat) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ADUHELM (aducanumab) infusion, injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000416	N/A	Not Medically Necessary, refer to policy listed
AFINITOR DISPERZ TAB (everolimus) see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
AIMOVIG (erenumab) injection 1350/20.000346	Yes	N/A
ALDURAZYME (laronidase) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	No
ALECENSA (alectinib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ALIQOPA (copanlisib) injection.	Not on Part D formulary	Excluded
Alpha-1-Proteinase Inhibitor, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278, J0256 (Aralast NP, Prolastin C and Zemaira), J0257 (Glassia)	Yes—J0256 J0257—Not on Part D formulary	Yes
ALUNBRIG (brigatinib) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ambrisentan tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
AMONDYS 45 (casimersen) IV injection 1350/20.000300, J1426	Not on Part D formulary	Yes
ANADROL (oxymetholone) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
APOKYN (apomorphine) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
ARANESP (darbepoetin) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	No

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ARCALYST (riloncept) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
armodafanil tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
ARZERRA (ofatumumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9302	Not on Part D formulary	Yes
ASPARLAS (calaspargase-pegol-mknl), see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9118	Not on Part D formulary	Yes
AURYXIA (ferric citrate) tabs, 1350/20.000330	Yes	N/A
AUSTEDO (deutetrabenazine) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
AVASTIN (bevacizumab) injection, 1350/20.000403, J9035. Also see Medicare Policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	PA not required for ophthalmologic use. Please refer to policy 1350/20.000403 for details
AYVAKIT (avapritinib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
BALVERSA (erdafitinib) tabs, see Medicare Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
bamlanivimab and etesevimab (combination therapy only) injection, 1350/20.000400, Q0245	N/A	Covered by Medicare FFS during the Public Health Emergency https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf
BANZEL (rufinamide) tabs, see Medicare Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
BAVENCIO (avelumab) intravenous injection, J9023	Not on Part D formulary	Excluded
BELEODAQ (belinostat) injection, see policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283 J9032	Not on Part D formulary	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
BELRAPZO (bendamustine) injection, see policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9036	Not on Part D formulary	Yes
BENDEKA (bendamustine) injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9034	Yes, B/D	Yes
BENLYSTA (belimumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0490, also policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	Yes
BENZODIAZEPINES 1350/20.000254 • clorazepate • diazepam • diazepam intensol	Yes—new starts only	N/A
BERINERT (C1 esterase Inhibitor) for intravenous infusion, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, J0597	Yes	No
BESPONSA (inotuzumab ozogamicin) injection, C9028	Not on Part D formulary	Excluded
Bexarotene capsules, Targretin Gel, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
BLENREP (belantamab mafodotin-blmf) injection, J9037	Not on Part D formulary	Excluded
BLINCYTO (blinatumomab) injection, J9039	Not on Part D formulary	Excluded
BONIVA (ibandronate) injection, J1740	Not on Part D formulary	Reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
Bosentan tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
BOSULIF (bosutinib) tablets see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
BRAFTOVI (encorafenib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
BREYANZI (lisocabtagene maraleucel), 1350/20.000417, Q2054	N/A	Yes - see National Coverage Determination for CAR T-cell Therapy https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=374&ncdver=1&bc=AAAAIAAAAA&
BRINEURA (cerlinopase alfa) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, C9014	N/A	Yes
BRIVIACT (brivaracetam) tabs, oral soln, inj. see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
BRUKINSA (zanubrutinib) caps, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
CABOMETYX (cabozantinib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
CABLIVI (caplacizumab-yhdp) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, C9047	N/A	Yes
CALQUENCE (acalabrutinib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
CAPRELSA (vandetanib) tablets, see Medicare Policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
CARBAGLU (carglumic acid) tablets, see Medicare Policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
CERDELGA (eliglustat) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
CEREZYME (imiglucerase) injection, see Medicare policy Drugs Requiring Prior Authorization, J1786, 1350/20.000278	Yes	No
CIMZIA (certolizumab pegol) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0717, J0718	Not on Part D Formulary	Yes
CINQAIR (reslizumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J2786	N/A	Excluded
CINRYZE (C1 Inhibitor) injection, see Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J0598	Not on Part D Formulary	Yes
clobazam tablets/suspension see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
COMETRIQ (cabozantinib) capsules see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
Compounding/Convenience kits ex: Lidolog kit, Bupivillog kit	N/A	Excluded
COPIKTRA (duvelisib) caps, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
COSELA (trilaciclib) IV infusion, J1448	Not on Part D Formulary	Excluded
COSENTYX (secukinumab) Inj., see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	Not on Part D Formulary	No
COTELLIC (cobimetinib) tablets 1350/20.000278, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
CRESEMBA (isavuconazonium) Inj., J1833	Not on Part D Formulary	Excluded

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
CRYSVITA (burosumab twza) injection, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	Not on Part D formulary	Yes
CYRAMZA (ramucirumab) injection, Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9308	Not on Part D formulary	Yes
CYSTAGON (cysteamine) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
CYSTARAN (cysteamine) ophth soln, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
DANYELZA (naxitamab-gqgk) intravenous solution, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283	N/A	Excluded
DARZALEX (daratumumab) infusion, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000283, J9145	N/A	Yes
DARZALEX FASPRO (daratumumab and hyaluronidase human-fihj) SQ injection, J9144, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
DAURISMO (glasdegib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
deferasirox tabs, granules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
delafloxacin inj (Baxdela), see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, C9462	N/A	Yes
DHE (dihydroergotamine) Nasal Spray , see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	No

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
DIACOMIT (stiripentol) caps/pak, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
DOPTELET (avatrombopag) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
DRIZALMA (duloxetine sprinkle caps) 1350/20.000376	Yes—new starts only	N/A
Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
DURYSTA (bimatoprost) intracameral implant, J7351	N/A	Excluded
ELELYSO (taliglucerase alfa) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J3060	Not on Part D formulary	Yes
ELZONRIS (tagraxofusp) Injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9269	N/A	Yes
EMPLICITI (elotuzumab) infusion, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9176	N/A	Yes
ENBREL (etanercept) injection 1350/20.000161	Yes	N/A
ENDARI (l-glutamine) powder, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
ENHERTU (fam-trastuzumab deruxtecan-nxki) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
ENTYVIO (vedolizumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J3380	Not on Part D formulary	Yes
EPCLUSA (sofosbuvir/velpatasvir) tabs 1350/20.000311	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
EPIDIOLEX (cannabidiol) solution, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ERIVEDGE (vismodegib) capsules see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ERLEADA (apalutamide) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
erlotinib tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ERWINAZE (asparaginase erwinia chrysthemii) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9019	Not on Part D formulary	Yes
ESBRIET (pirfenidone) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
EVENITY (romosuzumab-aqqg) J3111	Not on Part D formulary	Yes
everolimus tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
EVKEEZA (evinacumab-DGNB) IV injection, 1350/20.000409, J1305	Not on Part D formulary	Yes
EXKIVITY (mobocertinib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
EXONDYS 51 (eteplirsen) injection 1350/20.000300, J1428	Not on Part D formulary	Yes
FABRAZYME (agalsidase beta) infusion, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, J0180	Yes	No
FARYDAK (panobinostat) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
FASENRA (benralizumab) injection see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0517	Not on Part D formulary	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
fantanyl topical patch 1350/20.000327	Yes—new starts only	N/A
FETROJA (cefiderocol) injection, J0693, J0699	N/A	Excluded
filgrastim injection J1442, J1447, Q5110 filgrastim-sndz Q5101, (ZARXIO) filgrastim-aafi Q5110, tbo-filgrastim J1447	J1442, J1447, Q5110 Not on Part D Formulary Q5101 (ZARXIO)-Yes	No—see policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
FINTEPLA (fenfluramine) oral solution see Medicare Advantage Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
FYCOMPA (perampanel) tablets susp see Medicare Advantage Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
GAMIFANT (emapalumab) Injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9210	N/A	Yes
GATTEX (teduglutide) Injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
GAVRETO (pralsetinib) caps, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
GAZYVA (obinutuzumab) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000283, J9301	Not on Part D formulary	Yes
GILOTRIF (afatinib) tablets see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
GIVLAARI (givosiran) subcutaneous injection 1350/20.000385, J0223	N/A	Yes
Growth Hormone Injection 1350/20.000134 • Norditropin	Yes	N/A

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HAEGARDA (c1-esterase inhibitor, human) injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, also Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J0599	Yes	Yes
HARVONI (ledipasvir-sofosbuvir) 1350/20.000313	Yes	N/A
HEMLIBRA (emicizumab) Solution for Injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J7170	N/A	Yes
HERCEPTIN (trastuzumab) injection, 1350/20.000404, J9355. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	Yes
HERCEPTIN HYLECTA (trastuzumab-hyaluronidase-oysk), 1350/20.000404, J9356. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	Yes
HERZUMA (trastuzumab-pkrb) injection, 1350/20.000404, Q5113. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
HETLIOZ (tasimelteon) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
HRM (High Risk Medications in the Elderly) 1350/20.000242 <ul style="list-style-type: none"> • benzotropine tabs • carisoprodol tabs • clomipramine • cyclobenzaprine tabs • cyproheptadine tab/syrup • hydroxyzine hcl injection, syrup, tabs • hydroxyzine pamoate caps • megestrol suspension 625mg/5ml • phenobarbital tab, elixir, injection • promethazine injection, tabs, syrup, suppositories • trihexyphenidyl tabs, elixir 	Yes—new starts only	N/A
HRM HYPNOTICS 1350/20.000363 <ul style="list-style-type: none"> • eszopiclone • zaleplon • zolpidem 	Yes	N/A
HUMIRA (adalimumab) injection 1350/20.000164	Yes	N/A
Hyaluronans for intra-arterial injections, see Medicare policy Coverage of Drugs and Biologicals for Label and Off Label Use 1350/20.000334, J7320-J7328, J7333	Not on Part D Formulary	No—reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
HYQVIA (Ig w/recombinant human hyaluronidase), J1575	Not on Part D formulary	Excluded
IBRANCE (palbociclib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
icatibant injection see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
ICLUSIG (ponatinib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
IDHIFA (enasidenib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ILARIS (canakinumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0638	Not on Part D formulary	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
ILUMYA (tildrakizumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350.20.000283, J3245	Not on Part D formulary	Yes
Imatinib tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
IMBRUVICA (ibrutinib) capsules, see Medicare Advantage Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
IMFINZI (durvalumab) intravenous injection, J9173	Not on Part D formulary	Excluded
IMLYGIC (telimogene laherpatapvec) intralesional injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, J9325, 1350/20.000283	N/A	Yes
Immediate Release Fentanyl 1350/20.000281 • fentanyl lozenges • Fentora tablets	Yes	N/A
INBRIJA (levodopa) caps, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
INCRELEX (mecasermin) injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, J2170	Yes	No
INGREZZA (valbenazine) caps, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
infliximab-dyyb Q5103 (Inflectra) infliximab-qbtx Q5109 (Ixifi) infliximab-axxq Q5121 (Avsola)	Not on Part D formulary	No-reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
INLYTA (axitinib) tablets see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
INQOVI (decitabine-cedazuridine) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20/000278	Yes—new starts only	N/A
INREBIC (fedratinib) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
IRESSA (gefitinib) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ISTODAX (romidepsin) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9318, J9319	Not on Part D Formulary	Yes
IVIG (intravenous immune globulin), see policy Part B versus D Determinations 1350/20.000285	Yes, B/D determination	Yes
JAKAFI (ruxolitinib) tablets see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
JELMYTO (mitomycin pyelocalyceal instillation) powder for solution, J9281, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
JEMPERLI (dostarlimab-gxly) injection, C9082, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
J EVTANA (cabazitaxel) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9043	Not on Part D formulary	Yes
JIVI (antihemophilic factor [recombinant] pegylated-aucl) see Medicare Prior Authorization policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J7208	N/A	Yes
JUXTAPID (lomitapide) capsules see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
KADCYLA (ado-trastuzumab emastine) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9354 also policy Part B versus D Determinations 1350/20.000285	Yes, B/D determination	Yes
KALBITOR (ecallantide) injection, 1350/20.000283, J1290	Not on Part D formulary	No
KALYDECO (ivacaftor) tablets/ granules see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
KANJINTI (trastuzumab-anns) injection, 1350/20.000404, Q5117. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
KANUMA (sebelipase alfa) infusion, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J2840.	N/A	Yes
KEYTRUDA (pembrolizumab) injection, see Medicare policies Drugs Requiring Prior Authorization 1350/20.000278 and Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9271	Yes—new starts only	Yes
KHAPZORY (levoleucovorin) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0642	Not on Part D Formulary	Yes
KISQALI (ribociclib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
KISQALI 200/400/600 PAK FEMARA (ribociclib-letrozole), see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
KORLYM (mifepristone, RU486) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
KRYSTEXXA (pegloticase) infusion, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J2507, Medical benefit, prescription drug benefit not required	N/A	Yes
KUVAN (sapropterin) tablets/powder for solution, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
KYMRIAH (tisagenlecleucel) 1350/20.000318, Q2042	N/A	Yes - see National Coverage Determination for CAR T-cell Therapy https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=374&ncdver=1&bc=AAAAIAAAAA&
KYNMOBI (apomorphine) films, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
KYPROLIS (carfilzomib) injection/infusion, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9047 <i>Medical benefit, prescription drug benefit not required</i>	N/A	Yes
LARTRUVO (olaratumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9285	Not on Part D Formulary	Yes
LEMTRADA (alemtuzumab) injection, J0202	Not on Part D Formulary	Excluded
LENVIMA (lenvatinib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
LEUKINE (sargramostim, GM-CSF) J2820	Not on Part D Formulary	No
LIBTAYO (cemiplimab-rwlc) injection, see policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9119	Not on Part D Formulary	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
Lidocaine patches, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
long acting opiates 1350/20.000328 • methadone • morphine ER	Yes—new starts only	N/A
LONSURF (trifluridine/tipiracil) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
LORBRENA (lorlatinib) tablets, see Medicare policy Drug Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
Lucentis (ranibizumab) see Medicare policy Coverage of Drugs and Biologicals for Label and Off Label Use 1350/20.000334, J2778	Not on Part D Formulary	No
LUMAKRAS (sotorasib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
LUMIZYME (alglucosidase alfa) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278, J0220, J0221	Yes	No
LUMOXITI (moxetumomab pasudotox-tdfk) injection, see policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9313	Not on Part D Formulary	Yes
Luteinizing hormone-releasing hormone (LHRH) analogs, see Medicare policy Coverage of Drugs and Biologicals for Label and Off Label Use 1350/20.000334, J1950, J9217, J9219, J9202, J3315, J9225)	No	No—reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
LYNPARZA (olaparib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
MAKENA (hydroxyprogesterone caporate) injection, J1726	Not on Part D Formulary	No
MARGENZA (margetuximab-cmkb) IV infusion	Not on Part D Formulary	Excluded

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
MAVENCLAD (cladribine) PAK, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
MAVYRET (glecaprevir/pibrentasvir) tabs 1350/20.000314	Yes	N/A
MEKINIST (trametinib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
MEKTOVI (binimetinib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
memantine tabs/er caps/solution 1350/20.000274	Yes	N/A
MEPSEVI (vestronidase alfa-vjvk) J3397	Not on Part D Formulary	Excluded
miglustat capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
MONJUVI (tafasitamab-cxix) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278, J9349	Yes	Excluded
MOZOBIL (plerixafor) soln for injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278, J2562	Not on Part D Formulary	No
MVASI (bevacizumab-awwb) injection, 1350/20.000403, Q5107. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
MYLOTARG (gemtuzumab ozogamicin) injection, J9203	Not on Part D Formulary	Excluded
NAGLAZYME (galsulfase) soln for injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	No

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
NATPARA (parathyroid hormone) injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
NERLYNX (neratinib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
Neulasta On Body Injector, J2505	N/A	No
NEXAVAR (sorafenib) tablets see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
NINLARO (ixazomib) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
nitisinone caps, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
NORTHERA (droxidopa), see Medicare Policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
NUBEQA (darolutamide) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
NUCALA (mepolizumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, J2182, 1350/20.000283. also see policy 1350/20.000364	Yes	Yes
NUEDEXTA (dextromethorphan; quinidine) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
NUPLAZID (pimavanserin) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
NULOJIX (belatacept) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0485, also policy Part B versus D Determinations 1350/20.000285	Yes, B/D determination	Yes
NUZYRA (omadacycline) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0121	N/A	Yes
OCREVUS (ocrelizumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J2350	Not on Part D Formulary	Yes
ODOMZO (sonidegib) capsules see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
OFEV (nintedanib) capsules see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
Off Label Uses of FDA Approved Drugs 1350/20.000048	N/A	Yes
OGIVRI (trastuzumab-dkst) injection, 1350/20.000404, Q5114. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
ONIVYDE (irinotecan liposome) infusion, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, J9205, 1350/20.000283	N/A	Yes
ONPATTRO (patisiran) injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, C9036	N/A	Excluded
ONTRUZANT (trastuzumab-dttb) injection 1350/20.000404, Q5112. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
ONUREG (azacitidine) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
OPDIVO (nivolumab) injection, J9299, see Medicare policy Coverage of Drugs and Biologicals for Label and Off Label Use 1350/20.000334	Not on Part D Formulary	Yes
OPSUMIT (macitentan) tablets see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ORENCIA (abatecept) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0129	Not on Part D formulary	Yes
ORGOVYX (relugolix) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
ORKAMBI (lumacaftor/ivacaftor) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
OXERVATE (cenegermin bkbj) injection, 1350/20.000369	Yes	N/A
OXLUMO (lumasiran) subcutaneous injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000407, C9074	N/A	Yes
paclitaxel injection, see Medicare policy Coverage of Drugs and Biologicals for Label and Off Label Use 1350/20.000334	Yes, B/D determination	No—reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
PADCEV (enfortumab vedotin-ejfv) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
PEGASYS (peginterferon alfa 2a) Injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
Pegfilgrastim J2505, pegfilgrastim jmdb Q5108, pegfilgrastim-bmez Q5120, pegfilgrastim-cbqv Q5111, pegfilgrastim-apgf Q5122	Not on Part D formulary	No—reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
PEMAZYRE (pemigatinib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
PERJETA (pertuzumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9306	Not on Part D formulary	No
Phenylbutyrate soln, sodium phenylbutyrate tabs, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
PHESGO (hyaluronidase-zzxf-pertuzumab-trastuzumab) SQ solution, see Medicare Advantage policy Drugs Requiring Prior Authorization 1350/20.000278, also see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9316	Yes—new starts only	No
PIQRAY (alpelisib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
POLIVY (polatuzumab vedotin-piiq), see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	Not on Part D formulary	Yes
POMALYST (pomalidomide) capsules see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
PORTRAZZA (necitumumab) injection J9295	N/A	Excluded
POTELIGEO (mogamulizumab-kpkc) injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9204	N/A	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
PRALUENT (alirocumab) 1350/20.000326	Yes	N/A
PROBUPHINE (buprenorphine) Intradermal Implant J0570, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
PROLIA (denosumab) injection 1350/20.000333, J0897	Yes	Yes
PROMACTA (eltrombopag) tabs, powder, packets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
PROVENGE (sipuleucel-T Immunotherapy) 1350/20.000272, Q2043	N/A	Yes
Pulmonary Arterial Hypertension 1350/20.000123 • sildenafil tablets, suspension	Yes	N/A
QINLOCK (ripretinib) tabs, see Medicare policy Drugs Requiring Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
QUININE sulfate capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
QUTENZA (capsaicin 8%) patches 1350/20.000251, J7335, J7336	Not on Part D Formulary	Yes
RADICAVA (edaravone) intravenous injection, J1301, 1350/20.000309	Not on Part D Formulary	Excluded
RAPIVAB (peramivir) Inj., J2547	Not on Part D Formulary	Excluded
REBLOZYL (luspatercept-aamt) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283	N/A	Yes
RECARBRIO (imipenem/cilistatin/relbactam) injection, J0742	Not on Part D Formulary	Excluded

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
REMICADE (infliximab) injection see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, J1745	Yes	No—reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
RENFLIXIS (infliximab-abda) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	No—reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
REPATHA (evolucumab) injection, 1350/20.000340	Yes	N/A
RETACRIT (epoetin alfa-epbx) injection, 1350/20.000365	Yes	No
RETEVMO (selpercatinib) caps, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
REVLIMID (lenalidomide) capsules see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
REZUROCK (belumosudil) tabs see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
RIABNI (rituximab-arrx) injection, 1350/20.000405. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
RINVOQ (upadacitinib) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
RITUXAN (rituximab) injection, 1350/20.000405, J9312. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	Yes
RITUXAN HYCELA (rituximab/hyaluronidase) injection 1350/20.000405, J9311. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
ROZLYTREK (entrectinib) see Medicare Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
RUBRACA (rucaparib) tablets see Medicare Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
RUCONEST (c-1 esterase inhibitor, recombinant) injection, J0596	N/A	Excluded
RUXIENCE (rituximab pvvr) injection, 1350/20.000405. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
RYBREVANT (amivantamab-vmjw) injection, C9083, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
RYDAPT (midostaurin) capsules see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
SAJAZIR (icatibant) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
SARCLISA (isatuximab-irfc) injection, J9227, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
Scenesse (afamelanotide) implant J7352	Not on Part D Formulary	Yes
SIGNIFOR (pasireotide)SQ injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
SIGNAFOR LAR (pasireotide) Inj. J2502	Not on Part D Formulary	Excluded
SIMPONI ARIA (golimumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J1602	Not on Part D Formulary	Yes
SIRTURO (bedaquiline) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
SKYRIZI (risankizumab rzaa) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
SOLIRIS (eculizumab) injection, see Medicare policy Coverage of Drugs and Biologicals for Label and Off Label Use 1350/20.000334, J1300	Not on Part D Formulary	Yes
sotrovimab injection 1350/20.000428	N/A	Covered by Medicare FFS during the Public Health Emergency https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf
SPINRAZA (nusinersen) injection 1350/20.000303, J2326	Not on Part D Formulary	Yes
SPRYCEL (dasatinib) tablets 1350/20.000115	Yes—new starts only	N/A
STELARA (ustekinumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J3358, also see policy 1350/20.000366	Yes	As of 10/15/2021 only code J3358 will be available as a medical benefit- buy and bill. Code J3357 (SQ injection) will no longer be reimbursed as a buy and bill. The SQ formulation will need to be obtained under the pharmacy benefit.
Step Therapy Policy 1350/20.000268	Yes	N/A
STIVARGA (regorafenib) tablets see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
SUBLOCADE (buprenorphine) injection. See Medicare Policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	Not on Part D formulary	Yes
SUTENT (sunitinib maleate) capsules see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
SYLVANT (siltuximab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J2860	Not on Part D formulary	Yes
SYMDEKO (tezacaftor-ivacaftor) tabs, see Medicare Policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
SYMPAZAN (clobazam) see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
SYNRIBO (omacetaxine mepesuccinate) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9262, see also Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	Yes
TABRECTA (capmatinib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TAFINLAR (dabrafenib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TAGRISO (osimertinib) tablets see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TAKHZYRO (lanadelumab-flyo) injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283 J0593	Not on Part D Formulary	Yes
TALTZ (ixekizumab) 1350/20.000374	Yes	N/A
TALZENNA (talazoparib) caps, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, J0593	Yes—new starts only	N/A
TASIGNA (nilotinib) capsules 1350/20.000181	Yes—new starts only	N/A
TAZVERIK (tazemetostat) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TECARTUS (brexucabtagene autoleucl) injection, 1350/20.000402	Not on Part D Formulary	Yes - see National Coverage Determination for CAR T-cell Therapy https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=374&ncdver=1&bc=AAAAIAAAAA&

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
TECENTRIQ (atezolizumab) injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, also see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9022	Yes—new starts only	Yes
TEPEZZA (teprotumumab-trbw) injection, 1350/20.000383	N/A	Yes
TEPMETKO (tepotinib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
TESTOPEL (testosterone pellets), see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, S0189	Not on Part D Formulary	Yes
Tetrabenazine tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
THALOMID (thalidomide) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TIBSOVO (ivosidenib) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
TRAZIMERA (trastuzumab-qyyp) injection 1350/20.000404, Q5116. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes	N/A
TRIPTODUR (triptorelin extended release) injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J3316	Not on Part D Formulary	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
TRODELVY (sacituzumab govitecan-hziv) injection, J9317 see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
TROGARZO (ibalizumab-uiyk) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J1746	No	Yes
TRUSELTIQ (infigratinib) capsules, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TRUXIMA (rituximab-abbs) injection, 1350/20.000405, Q115. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
TUKYSA (tucatinib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TURALIO (pexidartinib) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
TYKERB (lapatinib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
TYSABRI (natalizumab) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278, J2323	Yes—new starts only	No
UBRELVY (ubrogepant) tabs 1350/20.000346	Yes	N/A
UKONIQ (umbralisib) tabs see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ULTOMIRIS (ravulizumab) Injection, see Medicare Policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J1308	N/A	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
UPLINZA (inebilizumab-cdon) intravenous injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J1823	N/A	Yes
VALCHLOR (meclorothamine) topical gel, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
VELCADE/bortezomib injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, J9041	Yes—new starts only	No—reference policy 1350/20.000334 for Medicare Local Coverage Determination guidelines
VELTASSA (patiromer sorbitex calcium) powder for suspension, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000392	Yes	N/A
VENCLEXTA (venetoclax) tabs, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
VENTAVIS (iloprost) soln for inhalation, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
VERZENIO (abemaciclib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
vigabatrin, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
VILTEPSO (viltolarsen) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000300, J1427	Not on Part D Formulary	Yes
VIMIZIM (elosulfase) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J1322	Not on Part D Formulary	Yes

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VINCRIStINE (vincristine sulf liposome) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9371, see also policy Part B versus D Determinations 1350/20.000285	Yes, B/D determination	Yes
VITRAKVI (larotrectinib) capsules, see Medicare policy Drug Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
VIZIMPRO (dacomitinib) tabs, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) tablets 1350/20.000315	Yes	N/A
VOTRIENT (pazopanib) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
VPRIV (velaglucerase alfa) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J3385	Not on Part D formulary	Yes
VYEPTI (eptinezumab-jjmr) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, C9063	Not on Part D formulary	Yes
VYONDYS 53 (gololirsen) injection, 1350/20.000300	Not on Part D formulary	Yes
WELIREG (belzutifan) tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
XALKORI (crizotinib) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
XELJANZ (tofacitinib) tablets, see Medicare Policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
XGEVA (denosumab) injection, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278, J0897	Yes	Yes
XIAFLEX (collagenase clostridium histoyticom) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J0775	Not on Part D formulary	Yes
XOLAIR (omalizumab) injection 1350/20.000125, J2357	Yes	Yes
XOSPATA (gilteritinib) tab, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
XPOVIO PAK (selinexor) see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A
XTANDI (enzalutamide) capsules 1350/20.000265	Yes—new starts only	N/A
XYREM (sodium oxybate) solution, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes	N/A
YERVOY (ipilimumab) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9228	Not on Part D formulary	Yes
YESCARTA (axicabtagene ciloleucel) 1350/20.000319, Q2041	N/A	Yes - see National Coverage Determination for CAR T-cell Therapy https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=374&ncdver=1&bc=AAAAIAAAAA&
YONDELIS (trabectedin) infusion, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9352	N/A	Yes
ZALTRAP (ziv-aflibercept) injection, see Medicare policy Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283, J9400	Not on Part D formulary	Yes

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
ZEJULA (niraparib) capsules, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ZELBORAF (vemurafenib) tablets see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ZEMDRI (plazomicin) injection J0291	Not on Part D formulary	Excluded
ZEPZELCA (lurbinectedin) intravenous injection, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J9223	N/A	Yes
ZILRETTA (triamcinolone acetonide PF, ER, microsphere), see Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283, J3304	N/A	Yes
ZINPLAVA (bezlotoxumab) injection J0565	N/A	Excluded
ZIRABEV (bevacizumab-bvzr) injection 1350/20.000403, Q5118. Also see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278 for pharmacy setting.	Yes—new starts only	No
ZOLGENSMA (onasemnogene abeparvovec-xioi) 1350/20.000360	N/A	Yes
ZOLINZA (vorinostat) capsules see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ZYDELIG (idelalisib) tablets, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	N/A
ZYKADIA (ceritinib) capsules/tablets, see Medicare policy Drugs Requiring Prior Authorization 1350/20.000278	Yes—new starts only	N/A

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Policy Reference/Type of Service Requiring Prior Authorization	PA required when obtained at the pharmacy setting	PA required when given in medical setting (MD office, etc.)
ZYNLONTA (loncasttuximab tesirine-lpyl) injection, C9084, See Medicare policy Medical Injectable Drugs Requiring Prior Authorization 1350/20.000283	N/A	Yes
ZYPREXA RELPREVV (olanzapine) injection, see Medicare policy Drugs Requiring Prior Authorization, 1350/20.000278	Yes—new starts only	No

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