

## Medical Benefit Formulary/Prior Authorization Medication List

Control #: 1350/20.000382

**The following guideline includes most, but not all, provider administered injectable medications and pharmaceutical agents (i.e., Chimeric Antigen Receptor T-cell therapy, gene therapy). This is not an all-inclusive list, if a medication is not on this list, please call CDPHP at 518-641-3000 to determine if the medication requires medical exception/prior authorization.** This document pertains strictly to the therapy being administered, please contact CDPHP to determine if a site of service requires prior authorization. This list does not include self-injectable pharmacy benefit products. All provider administered injectable medications outlined in this guideline are subject to medical necessity and benefit availability as defined in the enrollee's contract and/or employer-sponsored Summary Plan Description (SPD) and Benefit Design Document (BDD). Coverage of a provider administered injectable medication is subject to the member's eligibility, specific contract benefits, and CDPHP policies. Requests for a provider administered injectable medication that does not meet criteria outlined in CDPHP policies or requests for an extension beyond what has been approved by CDPHP, should be faxed to the pharmacy department at (518) 641-3208 using the standard medical exception/prior authorization form found at [CDPHP.com](http://CDPHP.com). Questions can be directed to the pharmacy department via telephone at (518) 641-3784.

### General Prior Authorization Requirements:

- **Any medication without a specifically assigned and published J code requires a Prior Authorization (including but not limited to newly approved medications)**
- Billing requires both the HCPCS code (Ie J-code) and the drug specific NDC code for payment
- Applicable Medicare Part B policies include: Medical Injectable Drugs Requiring Prior Authorization, 1350/20.000283 and Part B Step Therapy 1350/20.000408.

### Prior Authorization Grid Reference Guide:

- For medications with an \* in the following grid, a Prior Authorization may be required to obtain medication as a pharmacy benefit for Commercial lines of business per the Drugs Requiring Prior Authorization Policy, 1350/20.000219.
- The \*\* symbol means that CDPHP does not require prior authorization for claims payment; however, for Medicare only there is a Medicare National/Local Coverage Determination that exists and providers are expected to follow criteria guidelines
- The # means that this drug is considered "Non-Formulary", refer to Medical Exception/Prior Authorization Review Process policy, 1350/20.000021 for Commercial and Medicaid lines of business. For Medicare, please reference policy 1350/20.000283.
- Under the grid, "Commercial" includes: Formulary 1 (Large Groups) CDPHP HMO CHIP, CDPHP UBI PPI/HDPPPO, CDPHP UBI EPO/HDEPO; Formulary 2 (Small Groups, Essential Plan, and Individual); Formulary 5 (select Administrative Services Only [ASO] Groups)
- A "Yes" in the following grid indicates that Prior Authorization is required. When there is a specific policy with PA criteria the policy is referenced below the drug name; otherwise the PA criteria are for FDA labeled indications of use pursuant to the Drugs Requiring Prior Authorization Policy. A "No" indicates that a Prior Authorization is not required for FDA labeled indications of use/policy criteria. All non-FDA-labeled indicated uses of provider administered injectable medications, and other pharmacy/medical products, require a Prior Authorization.
- A "N/a" in the following grid indicates that no HCPCS Code is assigned or available
- Therapies noted as "Pharmacy Benefit Only" means that the coverage of the drug is dependent on the pharmacy formulary. Please refer to member specific pharmacy formulary for coverage details. Please note the Medicaid Pharmacy Benefit is managed by NYRx.

The **member** is responsible for seeking prior authorization for OON services for the following CDPHP UBI products: PPO and HDPPPO. The **provider** is responsible for seeking all other prior authorizations outlined on this guideline.

<b>Medication, Policy Reference (if applicable)</b>	<b>HCPCS Code</b>	<b>Commercial</b>	<b>Medicaid Select/HARP</b>	<b>Medicare</b>
<b>Revision Date: 5/14/26</b>				
Abecma (Idecabtagene Vicleucel) Policy 1350/20.000503	Q2055	Yes	Yes	Yes
Abilify Asimtufii (aripiprazole) injection	J0402	No	No	No
Abilify Maintena (aripiprazole) injection	J0401	No	No	No
Abraxane (Paclitaxel Protein Bound Particles) injection Medicare Only: Reference Policy 1350/20.000334	J9264	No	No	No**
Acetazolamide injection	J1120	No	No	No
Actemra (tocilizumab) injection Commercial and Medicaid Policy: 1350/20.000569 Medicare Policy: 1350/20.000283	J3262	Yes	Yes	Yes
Adakveo (crizanlizumab-tmca) injection Policy 1350/20.000377 Medicare policy: 1350/20.000283	J0791	Yes	Yes	Yes
Adcetris (brentuximab) Intravenous Solution	J9042	Yes	Yes	Yes
Adstiladrin (nadofaragene firadenovec-vncg) injection	J9029	Yes	Yes	Yes
Aduhelm (aducanumab) Policy 1350/20.000416	J0172	Not Medically Necessary, refer to CDPHP Policy, Pharmaceutical Treatment of Alzheimer's Disease	Not Medically Necessary, refer to CDPHP Policy, Pharmaceutical Treatment of Alzheimer's Disease	Not Medically Necessary, refer to CDPHP Policy, Pharmaceutical Treatment of Alzheimer's Disease
Adzynma (apadamtase alfa) injection Policy 1350/20.000514	J7171	Yes	Yes	Yes
Afibercept Biosimilars (Pavblu, Opuviz, Yesafili) injection	Q5147, Q5153, Q5155	No	No	No
Alhemo (concizumab-mtci) subcutaneous injection Commercial and Medicaid Policy: 1350/20.000331 Medicare policy: 1350/20.000283	J7173	Yes	Pharmacy Benefit Only	Yes
Alimta (Pemetrexed) injection (liquid/powder)	J9304/J9305, J9314, J9294, J9296, J9297, J9322, J9323, J9324, J9292	No	No	No

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<b>Revision Date: 5/14/26</b>				
Aliqopa (copanlisib) injection Medicare policy: 1350/20.000283	J9057	Yes#	Yes	Yes#
Allopurinol injection Medicare policy: 1350/20.000283	J0206	Yes	Yes	Yes
Aloxi (palonosetron) injection	J2469	No	No	No
Amondys 45 (Casimersen) Policy 1350/20.000300	J1426	Yes	Yes	Yes
Amphotec (amphotericin) injection*	J0285 J0287 J0288 J0289	No	No	No
Amtagvi (lifileucel) Intravenous Infusion Medicare policy: 1350/20.000283	N/A	Yes	Yes	Yes
Amvuttra (vutrisiran) injection Policy 1350/20.000341	J0225	Yes	Yes	Yes
Anktiva (nogapendekin alfa inbakicept) Intravesical Medicare policy: 1350/20.000283	J9028	Yes	Yes	Yes
Aphexda (motixafortide) Subcutaneous Injection Medicare policy: 1350/20.000283	J2277	Yes	Yes	Yes
Apretude (cabotegravir) intramuscular injection	J0739	No	No	No
Aralast NP (Alpha 1-Proetinase Inhibitor) injection* Policy 1350/20.000310	J0256	Yes	Yes	Yes
Aranesp (darbepoetin alfa) injection*	J0881 J0882	No	No	No
Aristada (aripiprazole lauroxil) Susp for Injection	J1944	No	No	No
Aristada Initio (aripiprazole lauroxil extended release) Susp for Injection	J1943	No	No	No
Artesunate (artesanate) injection	J0391	Yes	Yes	Yes
Arzerra (ofatumumab) injection	J9302	Yes	Yes	Yes
Asparlas (calaspargase pegol-mknl) injection	J9118	Yes	Yes	Yes
Aucatzyl (obecabtagene autoleucel) injection Policy: 1350/20.000503	Q2058	Yes	Yes	Yes
Aurlumyn (iloprost) injection	J1749	No	No	No

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<b>Revision Date: 5/14/26</b>				
Avastin (bevacizumab) solution for injection Commercial & Medicaid Policy: 1350/20.000396 Medicare Policy: 1350/20.0000408 NO Prior Authorization required for Ophthalmic Use	J9035	Yes	Yes	Yes
Avlayah (tividenofusp alfa-eknm) injection	N/A	Yes	Yes	Yes
Aztreonam injection*	S0073, J0457	No	No	No
Bacillus Calmette-Guerin Live (BCG) Powder for Intravesical Use	J9030	No	No	No
Bavencio (avelumab) intravenous injection Medicare policy: 1350/20.000283	J9023	Yes#	Yes	Yes#
Beleodaq (belinostat) injection	J9032	Yes	Yes	Yes
Bendamustine injection (Belrapzo, Bendeka, Vivimusta)	J9036, J9034, J9056, J9058, J9059	Yes	Yes	Yes
Benlysta (belimumab) injection* Policy 1350/20.000238 Medicare policy: 1350/20.000283	J0490	Yes	Yes	Yes
Berinert (C1 esterase inhibitor [human]) for Intravenous Infusion)* Policy: 1350/20.000559	J0597	Yes	Yes	Yes
Besponsa (inotuzumab ozogamicin) injection Medicare policy: 1350/20.000283	J9229	Yes#	Yes	Yes#
Bevacizumab Biosimilar Products (preferred): Mvasi, Zirabev	Q5107, Q5118,	No	No	No**
Bevacizumab Biosimilar Products (non-preferred): Alymsys, Vegzelma, Jobevne Commercial & Medicaid Policy: 1350/20.000396 Medicare Policy: 1350/20.0000408	Q5126, Q5129, Q5160	Yes	Yes	Yes
Beyfortus (nirsevimab-alip) injection	90380	No	No	No
Beqvez (fidanacogene elaparovec-dzkt) Infusion Policy: 1350/20.000466	J1414	Yes	Yes	Yes
Bizengri (zenocutuzunab-zbco) Infusion Medicare policy: 1350/20.000283	J9382	Yes	Yes	Yes
Blenrep (belantamab mafodotin) injection	J9037	Yes#	Yes	Yes#

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Blincyto (blinatumomab) injection Policy: 1350/20.000502	J9039	Yes	Yes	Yes
Boniva (ibandronate) injection Medicare only: Reference policy 1350/20.000334	J1740	Yes#	Yes	No
Boruzu (bortezomib) injection	J9054	Yes#	Yes#	Yes#
Botulinum Toxins (Botox, Dysport, Myobloc, Xeomin)	J0585-J0588	No	No	No
Breyanzi (Lisocabtagene maraleucel) Policy 1350/20.000503	Q2054	Yes	Yes	Yes
Brineura (cerliponase alfa injection)	J0567	Yes	Yes	Yes
Briumvi (ublituximab-xiiv) injection	J2329	Yes	Yes	Yes
Brixadi (buprenorphine extended-release) injection	J0576, J0577, J0578	No	No	No
Cabenuva (cabotegravir/rilpivirine ER) injection	J0741	No	No	No
Cablivi (caplacizumab-yhdp) injection Policy: 1350/20.000584	C9047	Yes	Yes	Yes
Camcevi (leuprolide) subcutaneous injection	J1952	No	Yes, No PA required if Prostate Cancer diagnosis	No
Camcevi ETM (leuprolide) injection	J9003	Yes	Yes	Yes
Camptosar (Irinotecan) injection	J9206	No	No	No
Cancidas (caspofungin acetate) injection*	J0637	No	No	No
Carboplatin injection	J9045	No	No	No
Carvykti (ciltacabtagene autoleucel) Policy: 1350/20.000503	Q2056	Yes	Yes	Yes
Casgevvy (exagamglogene autotemcel) injection Policy 1350/20.000498	J3392	Yes	Yes	Yes
Cefepime injection*	J0692, J0701, J0703	No	No	No
Ceftazidime injection	J0713	No	No	No
Ceftriaxone injection*	J0696	No	No	No
Cerezyme (Imiglucerase) injection* Commercial and Medicaid Policy: 1350/20.000560	J1786	Yes	Yes	No

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Cimzia (certolizumab pegol) Lyophilized Powder injection Commercial and Medicaid Policy: 1350/20.000569 Medicare policy: 1350/20.000283	J0717	Yes	Yes	Yes
Cinqair (reslizumab) injection Commercial & Medicaid Policy 1350/20.000543 Medicare policy: 1350/20.000408	J2786	Yes#	Yes	Yes#
Cinryze (C1 inhibitor[human]) injection Policy: 1350/20.000559	J0598	Yes	Yes	Yes
Columvi (glofitamab-gxbm) injection Policy: 1350/20.000502	J9286	Yes	Yes	Yes
Cosentyx (secukinumab) intravenous injection Commercial and Medicaid Policy: 1350/20.000569 Medicare Policy: 1350/20.000283	J3247	Yes	Yes	Yes
Cisplatin, Injection	J9060	No	No	No
Cosela (trilaciclib) intravenous infusion Medicare policy: 1350/20.000283 Commercial: 1350/20.000588	J1448	Yes#	Yes	Yes#
Cresamba (Isavuconazonium Sulfate) injection Medicare policy: 1350/20.000283	J1833	Yes#	Yes	Yes#
Crysvita (burosumab) solution for injection Policy: 1350/20.000332 Medicare policy: 1350/20.000283	J0584	Yes	Yes	Yes
Cubicin (Daptomycin) injection*	J0687, J0878, J0877, J0874, J0873	No	No	No
Cyramza (ramucirumab) injection	J9308	Yes	Yes	Yes
Cytarabine injection	J9100, J9098	No	No	No
Danyelza (naxitamab) intravenous solution Medicare policy: 1350/20.000283	J9348	Yes#	Yes	Yes#
Darzalex (daratumumab) injection Medicare policy: 1350/20.000283	J9145	Yes	Yes	Yes
Darzalex Faspro (daratumumab and hyaluronidase human-fihj) subcutaneous injection Medicare policy: 1350/20.000283	J9144	Yes	Yes	Yes

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Datroway (datopotamab deruxtecan-dlnk) Infusion Medicare policy: 1350/20.000283	J9011	Yes	Yes	Yes
Daunorubicin injection	J9150	No	No	No
Daunoxome (Daunorubicin Liposomal) injection	J9151	No	No	No
Daxxify (daxibotulinumtoxinA-Ianm) injection	J0589	Covered for Cervical Dystonia Only	Covered for Cervical Dystonia Only	Covered for Cervical Dystonia Only
Denosumab (Prolia) Biosimilars (Bildyos, Conexence, Jubbonti, Ospomyv, Stoboclo, Bosaya) Commercial and Medicaid Policy: 1350/20.000235 Medicare policy: 1350/20.000408	Q5136, Q5157, Q5158, Q5159, Q5161, Q5162	Yes	Yes	Yes
Denosumab (Xgeva) Biosimilars (Biprevda, Bomynta, Osenvelt, Wyost, Xbryk, Bilprevda, Aukelso) Medicaid Policy: 1350/20.000235 Medicare policy: 1350/20.000283	Q5136, Q5157, Q5158, Q5159, Q5161, Q5162	Yes	Yes	Yes
Depocyt (Cytarabine Liposomal) Susp for Injection	J9098	No	No	No
Doxorubicin Injection	J9000	No	No	No
Doxorubicin Liposomal Solution for Injection	Q2050	No	No	No
Durysta (bimatoprost) intracameral implant Medicare policy: 1350/20.000283	J7351	Yes#	Yes	Yes#
Ecuzumab Biosimilars (Epysqli, Bkemy) Injection Commercial and Medicaid Policy: 1350/20.000141 Medicare policy: 1350/20.000283	Q5151, Q5152	Yes	Yes	Yes
Elahere (mirvetuximab soravtansine-gynx) Injection Policy 1350/20.000470	J9063	Yes	Yes	Yes
Elaprase (idursulfase) inection Commercial and Medicaid Policy: 1350/20.000560	J1743	Yes	Yes	No
Elelyso (taliglucerase alfa) injection Commercial and Medicaid Policy: 1350/20.000560 Medicare policy: 1350/20.000283	J3060	Yes	Yes	Yes
Elevidys (delandistrogene moxeparvovec-rokl) injection Policy: 1350/20.000485	J1413	Yes	Yes	Yes
Elfabrio (peguingalsidase alfa-iwxi) injection Policy: 1350/20.000490	J2508	Yes	Yes	Yes
Elitek (rasburicase) Solution for Injection	J2783	No	No	No

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Elrexio (elranatamab-bcmm) injection Policy: 1350/20.000502	J1323	Yes	Yes	Yes
Elzonris (tagraxofusp-erzs) injection	J9269	Yes	Yes	Yes
Emblaveo (aztreonam/avibactam) injection	J0458	No	No	No
Emend (fosaprepitant) injection	J1453, J1456	No	No	No
Empliciti (elotuzumab) injection	J9176	Yes	Yes	Yes
Emrelis (telisotuzumab vedotin) injection Medicare policy: 1350/20.000283	J9326	Yes	Yes	Yes
Encelto (revakinagene taroretcel-lwey) implant Policy: 1350/20.000576	J3403	Yes#	Yes	Yes
Enflonsia (clesrovimab-cfor) injection	90382	No	No	No
Enhertu (fam-trastuzumab deruxtecan-nxki) injection	J9358	Yes	Yes	Yes
Enjaymo (sutimlimab-jome) Policy 1350/20.000452	J1302	Yes	Yes	Yes
Entyvio (vedolizumab) injection Commercial and Medicaid Policy: 1350/20.000569 Medicare policy: 1350/20.000283	J3380	Yes	Yes	Yes
Epkinly (epcoritamab-bysp) Injection Policy: 1350/20.000502	J9321	Yes	Yes	Yes
Epoetin Biosimilar Products* (Retacrit)	Q5105 Q5106	No	No	No
Epogen/Procrit (epoetin alfa)*	J0885 J0887 J0888 Q4081	No	No	No
Epoprostenol Sodium injection	J1325	No	No	No
Eraxis (anidulafungin) injection	J0348	No	No	No
Erwinaze (asparaginase erwinia chrysthemii) injection	J9019	Yes	Yes	Yes
Etoposide injection	J9181	No	No	No
Evenity (romosozumab-aqqg) Policy 1350/20.000235	J3111	Yes	Yes	Yes
Evkeeza (evinacumab) Policy 1350/20.000409	J1305	Yes	Yes	Yes

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Exondys 51 (eteplirsen) solution for injection Policy 1350/20.000300	J1428	Yes	Yes	Yes
Exdensur (depemokimab-ulaa) injection Policy: 1350/20.000593	N/A	Yes	Yes	Yes
Eylea (aflibercept) injection	J0178	No	No	No
Eylea HD (aflibercept hd) injection	J0177	No	No	No
Fabrazyme (agalsidase beta) injection* Policy: 1350/20.000490	J0180	Yes	Yes	Yes
Factor VIIa Products (Novoseven RT, SevenFact) Policy 1350/20.000406	J7189, J7212	Yes	Yes	Yes
Factor VIII Standard Half Life Products (Advate, Afstyla, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate, Wilate, Xyntha, Xyntha Solofuse)	J7192, J7210, J7211, J7182, J7209, J7183, J7185	No	No	No
Factor VIII Extended Half Life Products (Adynovate, Elocate, Esperoct, Jivi, Altuviio) Policy 1350/20.000406	J7207, J7205, J7204, J7208, J7214	Yes	Yes	Yes
Factor IX Standard Half Life Products (AlphaNine, Mononine, BeneFIX, Ixinity, Rixubis)	J7194, J7193, J7195, J7200, J7213	No	No	No
Factor IX Extended Half Life Products (Alprolix, Idelvion, Rebinyn) Policy 1350/20.000406	J7201, J7202, J7203	Yes	Yes	Yes
Fasenra (benralizumab) injection Policy: 1350/20.000317	J0517	Yes	Yes	Yes
Fensolvi (leuprolide acetate) injection	J1951	No	Yes	No
Filgrastim Biosimilar Products* (preferred): Zarxio and Nivestym ONLY Medicare only: Reference policy 1350/20.000334	Q5101, Q5110	No	No	No
Filgrastim Biosimilar Products* (non-preferred): Releuko, Nypozi Commercial & Medicaid Policy: 1350/20.000544 Medicare only: Reference policy 1350/20.000334 and 1350/20.0000408	Q5125, C9173, Q5148	Yes	Yes	Yes

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Firmagon (degarelix acetate) subcutaneous injection*	J9155	No	No	No
Foscarnet injection*	J1455	No	No	No
Focinvez (fosaprepitant) injection Medicare policy: 1350/20.000283	J1434	Yes#	Yes	Yes#
Furoscix (furosemide) injection* Policy: 1350/20.000471	J1941	Pharmacy Benefit Only	Pharmacy Benefit Only	Pharmacy Benefit Only
Fyarro (sirolimus protein-bound particles, albumin bound) intravenous injection	J9331	Yes	Yes	Yes
Gamifant (emapalumab-lzsg) intravenous injection Policy 1350/20.000342	J9210	Yes	Yes	Yes
Gazyva (Obinutuzumab) injection	J9301	Yes	Yes	Yes
Gemzar (Gemcitabine) Powder for Injection	J9196	No	No	No
Gemcitabine Injection Medicare Policy: 1350/20.000283	J9184	Yes	Yes	Yes
Givlaari (Givosiran) subcutaneous injection Policy 1350/20.000385	J0223	Yes	Yes	Yes
Glassia (Alpha 1-Proteinase Inhibitor) injection* Policy 1350/20.000310	J0257	Yes	Yes	Yes
Grafapex (treosulfan) injection	J0614	No	No	No
Granix (tbo-filgrastim) Commercial & Medicaid Policy: 1350/20.000544 Medicare Policy: 1350/20.000408	J1447	Yes	Yes	Yes
Haegarda (C1 esterase inhibitor [human]) injection	J0599	Yes	Yes	Yes
Hemgenix (etranacogene dezaparvovec-drlb) Injection Policy 1305/20.000466	J1411	Yes	Yes	Yes
Hemlibra (Emicizumab) Solution for Injection Policy 1350/20.000331 Medicare policy: 1350/20.000283	J7170	Yes	Pharmacy Benefit Only	Yes
Herceptin (trastuzumab) injection Commercial & Medicaid Policy 1350/20.000395 Medicare Policy 1350/20.000408	J9355	Yes	Yes	Yes

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Herceptin Hylecta (trastuzumab/hyaluronidase-oysk) subcutaneous injection Commercial & Medicaid policy 1350/20.000395 Medicare Policy 1350/20.000408	J9356	Yes	Yes	Yes
Hyaluronic Acid Products (preferred): Gel-One, Monovisc, OrthoVisc ONLY)	J7324, J7326, J7327,	No	Excluded by statute	No
Hyaluronic Acid Products (non-preferred): Durolane, Euflexxa, Gelsyn-3, Hyalgan, Hymovis, Supartz FX, Synvisc, Synvisc One, Triluron, GenVisc 850, SynoJoynt, TrivVisc, Visco-3) Commercial & Medicaid Policy: 1350/20.000546 Medicare Policy: 1350/20.0000408	J7318, J7320, J7321, J7322, J7323, J7325, J7328, J7329, J7331, J7332	Yes	Excluded by statute	Yes
Hympavzi (marstacimab-hncq) injection Commercial Policy: 1350/20.000331 Medicare Policy: 1350/20.000283	J7172	Yes#	Pharmacy Benefit Only	Yes#
Idamycin (Idarubicin) injection	J9211	No	No	No
iDose (travoprost) intracameral implant Medicare policy: 1350/20.000283	J7355	Yes#	Yes	Yes#
Ifex (Ifosfamide) Powder for Injection	J9208	No	No	No
Igalmi (dexmedetomidine) sublingual film Medicare policy: 1350/20.000283	J1105	Yes#	Yes	Yes#
Ilaris (canakinumab) subcutaneous injection Commercial and Medicaid Policy: 1350/20.000566	J0638	Yes	Yes	Yes
Ilumya (tildrakizumab) injection Commercial and Medicaid Policy: 1350/20.000569 Medicare policy: 1350/20.000283	J3245	Yes	Yes	Yes
Iluvien (fluocinolone acetonide intravitreal implant)	J7313	No	No	No
Imaavy (nipocalimab-aahu) injection Policy: 1350/20.000493	J9256	Yes	Yes	Yes
Imdeltra (tarlatamab) injection Policy: 1350/20.000502	J9026	Yes	Yes	Yes
Imfinzi (durvalumab) intravenous injection Medicare policy: 1350/20.000283	J9173	Yes	Yes	Yes#
Imjudo (tremelimumab-actl) Injection	J9347	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Imlygic (talimogene laherparapvec) injection infi	J9325	Yes	Yes	Yes
Immune Globulin (IVIG, SCIG)* (Privigen, Cuvitru, Bivigam, Gammaplex, Hizentra, Gamunex-C, Gammaked, Vivaglobin, Octagam, Gammagard, Flebogamma)  Commercial and Medicaid Policy : 1350/20.000143 Medicare Only Policy : 1350/20.000285	J1459, J1551, J1555, J1556, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1599	Yes	Yes	Yes
Immune Globulin (IVIG, SCIG)* (Asceniv, Alyglo, Xembify, Hyqvia, Yimmugo, Qivigy)  Commercial and Medicaid Policy : 1350/20.000143 Medicare Only Policy : 1350/20.000285	J1554, J1558, J1575, J1553	Yes#	Yes	Yes
Infliximab Biosimilar Product (Inflectra)	Q5103	No	No	No
Infliximab Biosimilar Products (Ixifi/Renflexis/Avsola) Medicare only: Reference policy 1350/20.000334	Q5104, Q5109, Q5121	Yes#	No	No**
Inlexzo (gemcitabine) intravesical	J9183	Yes	Yes	Yes
Intrauterine Device (IUD) Contraceptives (Kyleena, Mirena, Skyla)	J7296, J7298, J7301	No	No	No
Invega Sustenna (paliperidone palmitate) intramuscular suspension*	J2426	No	No	No
Invega Trinza, Invega Hafyera, Erzofri (paliperidone palmitate) intramuscular suspension*	J2426, J2427, J2428	No	No	No
Itvisma (onasemnogene abeparvovec-brve) injection Policy: 1350/20.000360	C9309	Yes	Yes	Yes
Izervay (avacincapted pegol) injection Commercial and Medicaid Policy: 1350/20.000579	J2782	Yes	Yes	Yes
Jelmyto (Mitomycin pyelocalyceal instillation) powder for solution	J9281	Yes	Yes	Yes
Jemperli (dostarlimab-gxly) intravenous injection	J9272	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Jevtana (Cabazitaxel) injection	J9043, J9064	Yes	Yes	Yes
Kadcyla (ado-trastuzumab emtansine) Intravenous Injection	J9354	Yes	Yes	Yes
Kalbitor (escallantide) injection*	J1290	No	No	No
Kanuma (sebelipase alfa) injection Commercial and Medicaid Policy: 1350/20.000560	J2840	Yes	Yes	Yes
Kebilidi (eladocagene exuparvovec-tneq) Injection Commercial and Medicaid Policy 1350/20.000547 Medicare policy: 1350/20.000283	N/A	Yes	Yes	Yes
Kepivance (palifermin) injection*	J2425	No	No	No
Ketamine Injection Policy: 1350/20.000430	N/A	Yes	Yes	Yes
Keytruda (pembrolizumab) injection	J9271	Yes	Yes	Yes
Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) injection	J9277	Yes	Yes	Yes
Khapzory (levoleucovorin) injection	J0642	Yes	Yes	Yes
Kimmtrak (tebentafusp-tebn) intravenous injection	J9274	Yes	Yes	Yes
Kisunla (donanemab-azbt) injection Policy: 1350/20.000416 Medicare Policy: 1350/20.000496	J0175	Yes	Yes	Yes
Korsuva (difelikefalin) injection	J0879	No	No	No
Kresladi (marnetegrane autotemcel) injection Policy: 1350/20.000526	N/A	Yes	Yes	Yes
Krystexxa (pegloticase) Injection for Intravenous Infusion	J2507	Yes	Yes	Yes
Kymriah (tisagenlecleucel) Suspension for Injection Policy 1350/20.000503	Q2042	Yes	Yes	Yes
Kyprolis (carfilzomib) Intravenous Injection	J9047	Yes	Yes	Yes
Kyxata (carboplatin) Injection Medicare Policy: 1350/20.000283	J9278	Yes	Yes	Yes
Lamzede (velmanase alfa-tcyv) injection Policy: 1350/20.000476	J0217	Yes	Yes	Yes
Lartruvo (olaratumab) injection	J9285	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Leqvio (inclisiran) subcutaneous injection Policy 1350/20.000414	J1306	Yes	Yes	Yes
Lemtrada (alemtuzumab) injection Medicare Policy: 1350/20.000408	J0202	Yes#	Yes	Yes#
Lenmeldy (atidarsagene autotemcel) Policy 1350/20.000523	J3391	Yes	Yes	Yes
Leqembi (lecanemab-irmb) injection Commercial and Medicaid Policy: 1350/20.000416 Medicare Policy: 1350/20.000496	J0174	Yes	Yes	Yes
Leukine (Sargramostim) injection*	J2820	No	No	No
Libtayo (cemiplimab-rwlc) injection	J9119	Yes	Yes	Yes
Loargys (pegzilarginase-nbln) injection	N/A	Yes	Yes	Yes
Loqtorzi (toripalimab-tpzi) injection	J3263	Yes	Yes	Yes
Lucentis (ranibizumab) and ranibizumab biosimilar products (Byooviz, Cimerli)	J2778 Q5124 Q5128	No	No	No
Lumizyme (alglucosidase alpha) injection* Policy 1350/20.000433	J0220, J0221	Yes	Yes	Yes
Lumoxiti (moxetumomab pasudotox-tdfk) injection	J9313	Yes	Yes	Yes
Lunsumio and Lunsumio Velo (mosunetuzumab-axgb) injection Policy: 1350/20.000502	J9350	Yes	Yes	Yes
Lupron (leuprolide acetate) injection and depot injection Medicare only: Reference policy 1350/20.000334	J9217, J9218, J9219, J1950	No	Yes (No PA required if Prostate Cancer diagnosis)	No**
Lutathera (lutetium lu 177 dotatate)	A9513	Yes	Yes	Yes
Lutrate (leuprolide acetate) injection	J1954	No	Yes, No PA required if Prostate Cancer diagnosis	No
Luxturna (voretigene neparvovec-rzyl) injection Policy: 1350/20.000587	J3398	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Lyfgenia (lovotibeglogene autotemcel) injection Policy 1350/20.000497	J3394	Yes	Yes	Yes
Lymphir (denileukin diftitox-cxdl) injection	J9161	Yes	Yes	Yes
Lynozytic (linvoseltamab-gcpt) injection Policy: 1350/20.000502	J9601	Yes	Yes	Yes
Margenza (margetuximab-cmkb) intravenous infusion Medicare Policy: 1350/20.000283	J9353	Yes#	Yes	Yes#
Mepsevii (vestronidase alfa) solution for injection Medicare Policy: 1350/20.000283 Commercial and Medicaid Policy: 1350/20.000560	J3397	Yes#	Yes	Yes#
MESNA injection	J9209	No	No	No
Methotrexate injection	J9250, J9260, J9255	No	No	No
Mitomycin injection	J9280	No	No	No
Mitoxantrone injection*	J9293	No	No	No
Monjuvi (tafasitamab) injection Medicare Policy: 1350/20.000283	J9349	Yes#	Yes	Yes#
Mozobil (Plerixafor) injection*	J2562	No	No	No
Mylotarg (Gemtuzumab Ozogamicin) injection Medicare Policy: 1350/20.000283	J9203	Yes#	Yes	Yes#
Naglazyme (galsulfase) injection Commercial and Medicaid Policy: 1350/20.000560	J1458	Yes	Yes	No
Nalbuphine injection*	J2300	No	No	No
Navelbine (vinorelbine) injection	J9390	No	No	No
Neulasta (pegfilgrastim) Commercial & Medicaid Policy: 1350/20.000545 Medicare only: Reference policy 1350/20.000334	J2506	No	No	No**
Neupogen (filgrastim) Commercial & Medicaid Policy: 1350/20.000396 Medicare only: Reference policy 1350/20.000334 and 1350/20.0000408	J1442	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Nexviazyme (Avalglucosidase Alfa) Solution for Injection Policy 1350/20.000433	J0219	Yes	Yes	Yes
Niktimvo (axatilimab-csf) Injection Medicare policy: 1350/20.000283	J9038	Yes	Yes	Yes
Nplate (romiplostim) Injection Commercial and Medicaid Policy: 1350/20.000329	J2802	Yes	Yes	No
Nucala (mepolizumab) injection Commercial and Medicaid Policy 1350/20.000298	J2182	Yes	Yes	No
Nulibry (fosdenopterin) intravenous injection Medicare Policy: 1350/20.000283 Commercial and Medicaid Policy: 1350/20.000560	J1809	Yes#	Yes	Yes#
Nulojix (belatacept) Intravenous Solution	J0485	Yes	Yes	Yes
Nuzyra (omadacycline) injection Medicare Policy: 1350/20.000283	J0121	Yes	Yes	Yes
Ocrevus (ocrelizumab) Intravenous Infusion Medicare Policy: 1350/20.000283	J2350	Yes	Yes	Yes
Ocrevus Zunovo (ocrelizumab hyaluronidase) Subcutaneous injection Medicare Policy: 1350/20.000283	J2351	Yes	Yes	Yes
Octreotide injection	J2353, J2354	No	No	No
Omvoh (mirikizumab-mrkz) injection Medicare Policy: 1350/20.000283	J2267	Yes#	Yes	Yes#
Onapgo (apomorphine hydrochloride) infusion Commercial and Medicaid Policy: 1350/20.000568	N/A	Yes	Yes	Yes
Onivyde (irinotecan liposome) injection	J9205	Yes	Yes	Yes
Onpattro (patisiran) injection Policy 1350/20.000341	J0222	Yes	Yes	Yes
Opdivo (nivolumab) injection Medicare only: Reference policy 1350/20.000283	J9299	Yes	Yes	Yes
Opdivo Qvantig (nivolumab and hyaluronidase) injection	J9289	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Opdualag (nivolumab and relatlimab-rmbw) injection	J9298	Yes	Yes	Yes
Opfolda (miglustat) oral capsules	J1202	Yes	Pharmacy Benefit Only	Pharmacy Benefit Only
Oral Prescription Drug: Chemo	J8999	Yes	Yes	Yes
Orencia (abatacept) IV Infusion Commercial Policy 1350/20.000509 Medicare Policy: 1350/20.000283	J0129	Yes	Yes	Yes
Oxaliplatin injection	J9263	No	No	No
Oxlumo (lumasiran) subcutaneous injection Policy 1350/20.000407	J0224	Yes	Yes	Yes
Padcev (enfortumab vedotin-ejfv) injection	J9177	Yes	Yes	Yes
Pamidronate injection*	J2430	No	No	No
Papzimeos (zopapogene imadenovec-drba) subcutaneous injection Commercial and Medicaid Policy: 1350/20.000582	J3404	Yes	Yes	Yes
Pedmark (sodium thiosulfate) injection	J0208, J0209	No	No	No
Pegfilgrastim Biosimilar Products* (preferred): Fulphila and Nyvepria ONLY Medicare only: Reference policy 1350/20.000334	Q5108, Q5122	No	No	No**
Pegfilgrastim Biosimilar Products* (non-preferred): Udenyca, Ziextenzo, Stimufend, Fylnetra Commercial & Medicaid Policy: 1350/20.000545 Medicare only: Reference policy 1350/20.000334 and 1350/20.0000408	Q5111, Q5120, Q5127, Q5130	Yes	Yes	Yes
Pemgarda (pemivibart) Intravenous Infusion	Q0224	Yes	Yes	Yes
Pepaxto (melphalan flufenamide) intravenous injection Medicare Policy: 1350/20.000283	J9247, J9248, J9249	Yes#	Yes	Yes#
Perjeta (pertuzumab) injection	J9306	No	No	No
Perseris (risperidone extended release) injection	J2798	No	No	No
Phesgo (pertuzumab/trastuzumab/hyaluronidase) injection	J9316	No	Yes	No
PiaSky (crovalimab) injection Commercial Policy: 1350/20.000550	J1307	Yes	Yes	Yes
Pluvicto (lutetium Lu 177 vipivotide tetraxetan)	A9607	Yes	Yes	Yes
Polivy (polatuzumab vedotin-piiq) intravenous injection	J9309	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Pombiliti (cipaglucosidase-alfa-atga) injection	J1203	Yes	Yes	Yes
Portrazza (necitumumab) injection Medicare Policy: 1350/20.000283	J9295	Yes#	Yes	Yes#
Poteligeo (mogamulizumab-kpkc) Solution for Injection	J9204	Yes	Yes	Yes
Prialt (Ziconotide Injection)	J2278	No	Excluded by Statute	No
Probuphine (buprenorphine) Intradermal Implant	J0570	Yes	Yes	Yes
Procainamide injection*	J2690	No	No	No
Prolastin, Prolastin- C injection (Alpha-1 Proteinase Inhibitor Human)* Policy 1350/20.000310	J0256	Yes	Yes	Yes
Prolia (denosumab) injection, Commercial and Medicaid Policy 1350/20.000235 Medicare only Policy 1350/20.000408	J0897	Yes	Yes	Yes
Provenge (sipuleucel-T immunotherapy), Policy 1350/20.0000272	Q2043	Yes	Yes	Yes
Qalsody (tofersen) Injection Policy: 1350/20.000475	J1304	Yes	Yes	Yes
Qfitlia (fitusiran) injection	J7174	Yes	Yes	Yes
Qutenza (capsaicin 8%), Policy 1350/20.000251	J7336	Yes	Yes	Yes
Radicava (edaravone) intravenous injection Policy 1350/20.000475	J1301	Yes#	Yes	Yes
Rapivab (peramivir) injection Medicare Policy: 1350/20.000283	J2547	Yes#	Yes	Yes#
Reblozyl (luspatercept-aamt) subcutaneous injection Policy: 1350/20.000585	J0896	Yes	Yes	Yes
Rebyota (fecal microbiota, live-jslm) Policy: 1350/20.000591	J1440	Yes	Yes	Yes
Recarbrio (Imipenem, Cilastatin, Relebactam) Medicare Policy: 1350/20.000283	J0742	Yes#	Yes	Yes#
Remicade (infliximab) injection Policy 1350/20.000145 Medicare only: Reference policy 1350/20.000334	J1745	No	No	No**
Remodulin (treprostinil sodium) injection*	J3285	No	No	No

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<b>Revision Date: 5/14/26</b>				
Reopro (abciximab) injection	J0130	No	No	No
Rezzayo (rezafungin) Injection	J0349	No	No	No
R-Geno 10 (arginine) injection	J3490	No	No	No
Risperdal Consta (risperidone microspheres) intramuscular suspension*	J2794	No	No	No
Rituxan (rituximab) injection*, Commercial & Medicaid policy 1350/20.000393 and 1350/20.000394 Medicare Policy 1350/20.000408	J9312	Yes	Yes	Yes
Rituxan Hycela (rituximab/hyaluronidase [human]) SC injection Commercial & Medicaid policy 1350/20.000393 and 1350/20.000394 Medicare Policy 1350/20.000408	J9311	Yes	Yes	Yes
Rituximab Biosimilar Products (preferred): Truxima, and Ruxience ONLY	Q5115, Q5119,	No	No	No
Rituximab Non-preferred Biosimilar Products (non-preferred): Riabni Commercial & Medicaid Policy: 1350/20.000394 Medicare Policy: 1350/20.000408	Q5123	Yes	Yes	Yes
Roctavian (valoctocogene roxaparvovec-rvox) injection Policy: 1350/20.000386	J1412	Yes	Yes	Yes
Rolvedon (eflapegrastim-xnst) subcutaneous injection Commercial & Medicaid Policy: 1350/20.000545 Medicare Policy: 1350/20.000408	J1449	Yes#	Yes	Yes#
Romidepsin non-lyophilized liquid	J9318	Yes	Yes	Yes
Romidepsin lyophilized powder for injection	J9319	Yes	Yes	Yes
Ruconest (C-1 esterase inhibitor (recombinant)) injection Policy: 1350/20.000559 Medicare Policy: 1350/20.000283	J0596	Yes	Yes	Yes
Rybrevent (amivantamab-vmjw) intravenous injection Policy: 1350/20.000502	J9061	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Rybrevant Faspro (amivantamab and hyaluronidase-lpuj) injection Policy: 1350/20.000502	N/A	Yes	Yes	Yes
Rykindo (risperidone) injection	J2801	No	No	No
Rylaze (asparaginase recombinant) solution for injection	J9021	Yes	Yes	Yes
Ryoncil (remestemcel-rknd) injection Policy: 1350/20.000570	J3402	Yes	Yes	Yes
Ryplazim (plasminogen, human-tvmh) intravenous injection Policy: 1350/20.000439	J2998	Yes	Yes	Yes
Rystiggo (rozanolixizumab-noli) injection Policy: 1350/20.000493	J9333	Yes	Yes	Yes
Rytelo (Imetelstat) Injection Commercial Policy: 1350/20.000540 Medicare Policy: 1350/20.000283	J0870	Yes	Yes	Yes
Ryzneuta (efbemalenograstim alfa-vuxw) subcutaneous injection Commercial & Medicaid Policy: 1350/20.000545 Medicare Policy: 1350/20.000408	J9361	Yes	Yes	Yes
Saphnelo (anifrolumab) injection Policy 1350/20.000591	J0491	Yes	Yes	Yes
Sarclisa (isatuximab-irfc)	J9227	Yes	Yes	Yes
Scenesse (Afamelanotide) implant Policy: 1350/20.000491	J7352	Yes	Yes	Yes
Signifor LAR (pasireotide long acting) injection* Medicare Policy: 1350/20.000283	J2502	Yes#	Yes	Yes#
Simponi Aria (golimumab) injection Medicare Policy: 1350/20.000283	J1602	No	Yes	Yes
Simulect (Basiliximab) injection	J0480	No	No	No
Skyrizi (Risankizumab-rzaa) injection Commercial and Medicaid Policy: 1350/20.000569 Medicare Policy: 1350/20.000283	J2327	Yes	Yes	Yes
Skysona (elivaldogene autotemcel) injection Policy: 1350/20.000458	J3387	Yes	Yes	Yes

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Soliris (eculizumab), Commercial & Medicaid Policy 1350/20.000141 and 1350/20.0000393 Medicare Only Policy:1350/20.000283	J1299	Yes	Yes	Yes
Somatuline (lanreotide) injection*	J1930	No	No	No
Spevigo (spesolimab-sbzo) injection Policy: 1350/20.000569 Medicare Only Policy:1350/20.000283	J1747	Yes	Yes	Yes
Spinraza (nusinersen) injection* Policy 1350/20.000303	J2326	Yes	Yes	Yes
Spravato (esketamine) nasal spray* Policy: 1350/20.000370 Medicare Policy: 1350/20.000283	J0013	Pharmacy Benefit Only	Yes	Pharmacy Benefit Only
Spravato (esketamine) nasal spray* Policy: 1350/20.000370 Medicare Policy: 1350/20.000283	G2082 G2083	Pharmacy Benefit Only	Yes	Yes
Streptomycin injection*	J3000	No	No	No
Sublocade (buprenorphine extended release) injection for subcutaneous use	Q9991, Q9992	No	No	No
Sunlenca (lenacapavir sodium) injection	J1961	No	No	No
Supprelin (Histrelin Acetate) injection	J9226	No	No	No
Sustol (granisetron extended release) solution for injection	J1627	No	No	No
Syfovre (pegcetacoplan) intravitreal injection Commercial and Medicaid Policy: 1350/20.000579 Medicare Policy: 1350/20.000283	J2781	Yes	Yes	Yes
Sylvant (Siltuximab) injection Policy: 1350/20.000586	J2860	Yes	Yes	Yes
Synribo (omacetaxine mepesuccinate) injection	J9262	Yes	Yes	Yes
Takhzyro (lanadelumab-flyo) injection* Policy: 1350/20.000559	J0593	Yes	Yes	Yes
Talvey (talquetamab-tgvs) injection Policy: 1350/20.000502	J3055	Yes	Yes	Yes

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Taxol (Paclitaxel) injection Medicare only: Reference policy 1350/20.000334	J9264, J9267, J9258	No	No	No**
Tazicef (ceftazidime) injection	J0713	No	No	No
Tecartus (Brexucabtagene autoleucel) Policy 1350/20.000503	Q2053	Yes	Yes	Yes
Tecentriq (atezolizumab) injection Medicare Policy: 1350/20.000283	J9022	Yes	Yes	Yes
Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) injection Medicare Policy: 1350/20.000283	J9024	Yes	Yes	Yes
Tecelra (afamitresgene autoleucel) injection Medicare Policy: 1350/20.000283	Q2057	Yes	Yes	Yes
Tecvayli (teclistamab-cqyv) subcutaneous injection Policy: 1350/20.000502	J9380	Yes#	Yes	Yes
Temodar (temozolomide) injection	J9328	No	No	No
Tepezza (teprotumumab-trbw) injection Policy 1350/20.000383	J3241	Yes	Yes	Yes
Testosterone Non-Preferred Products (Testopel, Aveed, Azmiro) Medicaid and Commercial Policy: 1350/20.000573 Medicare Policy: 1350/20.000283	J1073, J3145, J1072	Yes	Yes	Yes
Testosterone Preferred Products (testosterone cypionate, Depo-testosterone, testosterone enanthate)	J1071, J3121	No	No	No
Tetracycline injection	J0120	No	No	No
Tevimbra (tislelizumab- jsgr) injection	J9329	Yes	Yes	Yes
Tezspire (Tezepelumab-ekko) Policy: 1350/20.000444	J2356	Yes	Yes	Yes
Thyrogen (thyrotropin alfa) injection	J3240	No	No	No
Tivdak (tisotumab vedotin) injection Medicare Policy: 1350/20.000283	J9273	Yes#	Yes	Yes#
Tobi (tobramycin) inhalation solution	J7682	Pharmacy Benefit only	Pharmacy Benefit only	No
Tocilizumab Biosimilars (tofidence, tyenne, avtozma) injection Medicare Policy: 1350/20.000283	Q5133, Q5135, Q5156	Yes	Yes	Yes

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<b>Revision Date:</b> 5/14/26				
Topotecan injection	J9351	No	No	No
Torisel (temsirolimus) injection*	J9330	No	No	No
Trastuzumab Preferred Biosimilar Products (Trazimera and Kanjinti ONLY)	Q5116, Q5117	No	No	No
Trastuzumab Non-preferred Biosimilar Products (e.g. Herxuma, Ogivri, Ontruzant, Hercessi) <i>Commercial &amp; Medicaid Policy: 1350/20.000395</i> <i>Medicare Policy: 1350/20.0000408</i>	Q5112, Q5113, Q5114, Q5146	Yes	Yes	Yes
Treanda (bendamustine) powder for injection	J9033	No	No	No
Trelstar (triptorelin pamoate) intramuscular suspension* <i>Medicare only: Reference policy 1350/20.000334</i>	J3315	No	No	No**
Tremfya (guselkumab) intravenous injection <i>Policy: 1350/20.000569</i> <i>Medicare Policy: 1350/20.000283</i>	J1628	Yes	Yes	Yes
Tremfya (guselkumab) subcutaneous injection <i>Policy: 1350/20.000569</i> <i>Medicare Policy: 1350/20.000283</i>	J1628	Yes	Yes	Pharmacy Benefit Only
Triptodur (triptorelin extended release) injection	J3316	Yes	Yes	Yes
Trodelvy (sacituzumab govitecan-hziy)	J9317	Yes	Yes	Yes
Trogarzo (ibalizumab-uiyk) intravenous solution	J1746	No	No	No
Tyruko (natalizumab-sztn) injection	Q5134	Yes	Yes	Yes
Tysabri (natalizumab) injection*	J2323	Yes	Yes	Yes
Tyvaso (Treprostinil) inhalation solution*	J7686	Pharmacy Benefit Only	Pharmacy Benefit Only	No
Tzield (teplizumab-cqyv) Infusion <i>Policy 1350/20.000464</i>	J9381	Yes	Yes	Yes
Ultomiris (ravulizumab-cwvz) intravenous injection <i>Commercial and Medicaid Policy 1350/20.000393</i> <i>Medicare Policy: 1350/20.000283</i>	J1303	Yes	Yes	Yes
Unituxin (dinutuximab) injection	C9399	Yes	Yes	Yes

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<b>Medication, Policy Reference (if applicable)</b>	<b>HCPCS Code</b>	<b>Commercial</b>	<b>Medicaid Select/HARP</b>	<b>Medicare</b>
<b>Revision Date: 5/14/26</b>				
Unloxcyt (cosibelimab-ipdl) injection	J9275	Yes	Yes	Yes
Uplizna (inebilizumab-cdon) intravenous Injection Commercial & Medicaid policy 1350/20.000393 Medicare Policy: 1350/20.000283	J1823	Yes	Yes	Yes
Ustekinumab Products; <b>Preferred</b> (Selarsdi, Yesintek, Stelara) subcutaneous injection Commercial and Medicaid Policy: 1350/20.000569 Medicare policy: 1350/20.000529	Q9998, Q5100, J3357	Yes	Yes	Pharmacy Benefit Only
Ustekinumab Products; <b>Preferred</b> (Selarsdi, Yesintek, Stelara) intravenous injection Medicare policy: 1350/20.000283 Commercial and Medicaid Policy: 1350/20.000569	Q9998, Q5100, J3358	Yes	Yes	Yes
Ustekinumab Products; <b>Non-preferred</b> (Wezlana, Pyzchiva, Otulfi, Imuldosa, Steqeyma) subcutaneous injection Commercial and Medicaid Policy: 1350/20.000569	Q5137, Q9996, Q9999, Q5098, Q5099	Yes#	Yes	Pharmacy Benefit Only
Ustekinumab Products; <b>Non-preferred</b> (Wezlana, Pyzchiva, Otulfi, Imuldosa, Steqeyma,) intravenous injection Medicare policy: 1350/20.000283 Commercial and Medicaid Policy: 1350/20.000569	Q5138, Q9997, Q9999, Q5098, Q5099	Yes#	Yes	Yes
Uzedy (risperidone) injection	J2799	No	No	No
Vabomere (Meropenem, Vaborbactam)	J2186	Yes	Yes	Yes
Vabysmo (faricimab-svoa) intravitreal injection)	J2777	No	No	No
Vectibix (panitumumab) injection	J9303	No	No	No
Velcade (Bortezomib) injection Medicare only: Reference policy 1350/20.000334	J9041, J9046, J9048, J9049, J9051	No	No	No**
Veopoz (pozelimab-bbfg) injection Policy: 1350/20.000495	J9376	Yes	Yes	Yes
Vibativ (Telavancin hydrochloride) injection	J3095	No	No	No
Viltepso (Viltolarsen) injection Policy 1350/20.000300	J1427	Yes	Yes	Yes

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<b>Revision Date: 5/14/26</b>				
Vimizim (elosulfase alfa) injection Commercial and Medicaid Policy: 1350/20.000560	J1322	Yes	Yes	Yes
Vinblastine injection	J9360	No	No	No
Vincristine injection	J9370	No	No	No
Vincristine (liposome) injection	J9371	Yes	Yes	Yes
Vivitrol (naltrexone) injection	J2315	No	No	No
Vpriv (velaglucerase) injection Commercial and Medicaid Policy: 1350/20.000560	J3385	Yes	Yes	Yes
Vyalev (foscaribdopa/foslevodopa) infusion Commercial and Medicaid Policy: 1350/20.000568	J7356	Yes	Yes	Yes
Vyepti (eptinezumab) Commerical & Medicaid Policy 1350/20.000561	J3032	Yes	Yes	Yes
Vyjuvek (beremagene geperpavec-svdt) injection Policy: 1350/20.000484	J3401	Yes	Yes	Yes
Vykoura (leucovorin calcium) injection	N/A	No	No	No
Vyloy (zolbetuximab-clzb) injection	J1326	Yes	Yes	Yes
Vyondys 53 (golodirsen) Policy 1350/20.000300	J1429	Yes	Yes	Yes
Vyvgart (efgartigimod alfa-fcab) intravenous injection Policy: 1350/000431	J9332	Yes	Yes	Yes
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) subcutaneous infusion Policy: 1350/000431	J9334	Yes#	Yes	Yes
Xenpozyme (olipudase alfa-rpcp) injection Policy 1350.20.000465	J0218	Yes	Yes	Yes
Xgeva (denosumab) injection Medicare Only: Policy 1350/20.000283	J0897	Yes	Yes	Yes
Xiaflex (collagenase clostridium histolyticum) injection Policy: 1350/20.000574	J0775	Yes	Yes	Yes
Xolair (omalizumab)*, Policy 1350/20.000103 Medicare Policy 1350/20.000283	J2357	Yes	Yes	Yes
Yartemlea (narsoplimab-wuug) injection	N/A	Yes	Yes	Yes
Ycanth (cantharidin) Solution	J7354	No	No	No
Yervoy (ipilimumab) Injection for Intravenous Infusion	J9228	Yes	Yes	Yes

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<b>Revision Date:</b> 5/14/26				
Yescarta (axicabtagene ciloleucel) Policy 1350/20.000503	Q2041	Yes	Yes	Yes
Yeztugo (lenacapavir) injection	J0738	No	No	No
Yeztugo (lenacapavir) oral tablets	J0752	Pharmacy Benefit Only	Pharmacy Benefit Only	Pharmacy Benefit Only
Yondelis (trabectedin) Intravenous Injection	J9352	Yes	Yes	Yes
Yutiq (fluocinolone acetonide, intravitreal implant)	J7314	No	No	No
Zaltrap (ziv-aflibercept) injection	J9400	Yes	Yes	Yes
Zanosar (streptozocin) injection*	J9320	No	No	No
Zemaira (alpha-1 proteinase inhibitor human) injection* Policy 1350/20.000310	J0256	Yes	Yes	Yes
Zemdri (plazomicin) intravenous injection Medicare Policy: 1350/20.000283	J0291	Yes#	Yes	Yes#
Zepzelca (lurbinectedin) injection	J9223	Yes	Yes	Yes
Zerbaxa (ceftolozane/tazobactam)	J0695	Yes	Yes	No
Zevaskyn (prademagene zamikeracel) sheets Policy: 1350/20.000484	J3389	Yes	Yes	Yes
Zevtera (ceftobiprole medocaril) injection	J0681	No	No	No
Ziihera (zanidatamab-hrii) injection Medicare Policy: 1350/20.000283	J9276	Yes	Yes	Yes
Zilretta (Triamcinolone Acetonide, preservative-free, extended-release, microsphere formulation) injection	J3304	Yes	Yes	Yes
Zinplava (bezlotoxumab) injection Policy 1350/20.000324	J0565	Yes#	Yes	Yes
Zoladex (goserelin acetate) subcutaneous implant* Medicare only: Reference policy 1350/20.000334 Medicaid Only: 1350/20.000443	J9202	No	Yes	No**
Zolgensma (onasemnogene abeparvovec-xioi) intravenous infusion Policy 1350/20.000360	J3399	Yes	Yes	Yes
Zusduri (mitomycin) injection Medicare Policy: 1350/20.000283	J9282	Yes	Yes	Yes
Zymfentra (infliximab-dyyb) subcutaneous injection	J1748	Yes#	Yes	Yes

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<b>Revision Date:</b> 5/14/26				
Zynlonta (loncastuximab tesirine-lpyl) intravenous injection	J9359	Yes	Yes	Yes
Zynteglo (betibeglogene autotemcel) Policy: 1350/20.000451 Medicaid Policy: 1350/20.000489	J3393	Yes	Yes	Yes
Zynyz (retifanlimab-dlwr) intravenous injection	J9345	Yes	Yes	Yes
Zyprexa Relprevv (olanzapine) injection	J2358	No	No	No

**History of Updates:**

<b>Date</b>	<b>Updates</b>
7/1/23	New document, derived largely from former “Medical Benefit Product Prior Authorization Medication List”
9/14/23	Updates reflect decisions made at September 2023 P&T Committee Meeting. These updates include formulary placement of new drugs to market and notation of newly developed policies.
10/1/23	Updated HCPCS codes in line with 10/1/23 CMS code updates
12/6/23	Updates reflect decisions made at December 2023 P&T Committee Meeting. These updates include formulary placement of new drugs to market and notation of newly developed policies.
1/2/24	Updated HCPCS codes in line with 1/1/24 CMS code updates
2/7/2024	Updates reflect decisions made at February 2024 P&T Committee Meeting. These updates include formulary placement of new drugs to market and notation of newly developed policies.
4/10/2024	Updates reflect decisions made at April 2024 P&T Committee Meeting. These updates include formulary placement of new drugs to market and notation of newly developed policies. Updated HCPCS codes in line with 4/1/24 CMS code updates.
6/5/24	Updates reflect decisions made at June 2024 P&T Committee Meeting. New additions include Amtagvi, Aphexda, Lenmeldy, and Pemgarda.
7/1/24	
9/11/24	Updates reflect decisions made at September 2024 P&T Committee Meeting. New additions include Anktiva, Beqvez, Imdeltra, Focinvez, Kisuula, and Rytelo. PA removed from Brixadi, Sublocade and Apretude all lines of business. PA added to Tysabri and Tyruko all lines of business.
9/30/24	Updated HCPCS codes in line with 10/1/24 CMS code updates. Additional therapies added to grid that were not previously noted: Tremfya, Fenslovi, Filgrastim biosimilars, IUDs, Hyaluronic acid derivatives, and Lucentis.
12/4/2024	Updates reflect decisions made at December 2024 P&T Committee Meeting. New additions include Tecelra, Tecentriq Hybreza, and Tevimbra. Merged information from Medicare Advantage Pharmacy Prior Authorization Guidelines Grid: 1350/20.000352 Preferred/non-preferred products identified for the following categories: bevacizumab biosimilar products, filgrastim biosimilar products, hyaluronic acid products, pegfilgrastim biosimilar products, rituximab biosimilar products, and trastuzumab biosimilar products. Prior authorization added to non-preferred products.
1/1/2025	Updated HCPCS codes in line with 1/1/25 CMS code updates

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2/5/25	Updates reflect decisions made at February 2025 P&T Committee Meeting. New additions include Aucatzyl, Boruzu, Aurlumyn, Hympavzi, Piasky, Vyalev, Vyloy, and Ziihera.
4/1/25	Updated HCPCS codes in line with 4/1/25 code updates. Biosimilars for eculizumab, filgrastim, aflibercept, and ustekinumab added.
4/9/25	Updates reflect decisions made at April 2025 P&T Committee Meeting. New additions include Alhemo, Bizengri, Datroway, Kebilidi, and Niktimvo.
6/11/25	Updates reflect decisions made at June 2025 P&T Committee Meeting. New additions include Grafapex, Onapgo, Ryoncil, and Zevtera. PA requirement added to Nplate, Cerezyme, Elaprased, Naglazyme.
7/1/25	Updated HCPCS codes in line with 7/1/25 CMS code updates
9/10/25	Updates reflect decisions made at September 2025 P&T Committee Meeting. New additions include Emrelis, Encelto, Enflonsia, Imaavy, Linozofic, Zevaskyn, and Zusduri. Preferred/non-preferred testosterone products identified.
10/1/25	Updated HCPCS codes in line with 10/1/25 CMS code updates
11/5/25	Simponi Aria to no longer require PA for Commercial line of business only
12/1/2025	Eylea HD to no longer require PA
12/3/2025	Updates reflect decisions made at December 2025 P&T Committee Meeting. New additions include Papzimeos and Unloxycy.
1/1/2026	Updated HCPCS codes in line with 1/1/26 CMS code updates. Preferred ustekinumab products identified.
2/12/2026	Updates reflect decisions made at February 2026 P&T Committee Meeting. New additions include Exdensur, Rybrevant Faspro, Lymphir. Other additions include Rebyota and Inlexzo
4/1/2026	Updated HCPCS codes in line with 4/1/26 CMS code updates
5/14/2026	Updates reflect decisions made at May 2026 P&T Committee Meeting. New additions include Avlayah, Loargys, Lunsumio Velo, Qivigy, Vykoura, and Yartemlea. Other additions include Fasenra.

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