

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. 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
- The Medicare Prior Authorization Guidelines document should be referenced in regards to coverage at the pharmacy under the Medicare Part D benefit. 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
- 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 for FDA labeled indications of use/policy criteria cited; 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 medication, 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.

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.

Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
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 *For NON-COVID uses* Policy 1350/20.000504	J3262	Yes	Yes	Yes
Actemra (tocilizumab) injection *For COVID uses*	Q0249	No	No	No
Adakveo (crizanlizumab-tmca) injection Policy 1350/20.000377	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 (ADAMTS13) injection Policy 1350/20.000514	N/A	Yes	Yes	Yes
Alimta (Pemetrexed) injection (liquid/powder)	J9304/J9305, J9314, J9294, J9296, J9297, J9321, J9322, J9323, J9324	No	No	No
Aliqopa (copanlisib) injection	J9057	Yes^	Yes^	Yes^
Allopurinol injection	J0206	Yes	Yes	Yes
Aloxi (palonosetron) injection	J2469	No	No	No

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Revision Date: 2/7/2024				
Amondys 45 (Casimersen) Policy 1350/20.000300	J1426	Yes	Yes	Yes
Amphotec (amphotericin) injection*	J0285 J0287 J0288 J0289	No	No	No
Amvuttra (vutrisiran) injection Policy 1350/20.000341	J0225	Yes	Yes	Yes
Apretude (cabotegravir) intramuscular injection	J0739	Yes	Yes	Yes
Aralast NP (Alpha 1-Proteinase 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 (artesianate) injection	J0391	Yes	Yes	Yes
Arzerra (ofatumumab) injection	J9302	Yes	Yes	Yes
Asparlas (calaspargase pegol-mknl) injection	J9118	Yes	Yes	Yes
Avastin (bevacizumab) solution for injection Commercial & Medicaid Policy: 1350/20.000396 Medicare Policy: 1350/20.0000403 NO Prior Authorization required for Ophthalmic Use	J9035	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	J9023	Yes^	Yes^	Yes^
Beleodaq (belinostat) injection	J9032	Yes	Yes	Yes
Bendamustione injection (Belrapzo, Bendeka, Vivimusta)	J9036, J9034, J9056, J9058, J9059	Yes	Yes	Yes
Bendeka (bendamustine) injection	J9034	Yes	Yes	Yes
Benlysta (belimumab) injection* Policy 1350/20.000238	J0490	Yes	Yes	Yes

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Revision Date: 2/7/2024				
Berinert (C1 esterase inhibitor [human]) for Intravenous Infusion)*	J0597	No	No	No
Besponsa (inotuzumab ozogamicin) injection	J9229	Yes^	Yes^	Yes^
Bevacizumab Biosimilar Products (Mvasi, Zirabev, AlymSYS, Vegzelma)	Q5107, Q5118, Q5126, Q5129	No	No	No**
Beyfortus (nirsevimab-alip) injection	90380	No	No	No
Blenrep (belantamab mafodotin) injection	J9037	Yes^	Yes^	Yes^
Blinicyto (blinatumomab) injection	J9039	Yes^	Yes^	Yes^
Boniva (ibandronate) injection Medicare only: Reference policy 1350/20.000334	J1740	Yes^	Yes^	Yes
Botulinum Toxins	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-xiyy) injection	J2329	Yes	Yes	Yes
Brixadi (buprenorphine extended-release) injection Policy 1350/20.000295	J0576	Yes	No	Yes
Cabenuva (cabotegravir/rilpivirine ER) injection	J0741	No	No	No
Cablivi (caplacizumab-yhdp) injection	C9047	Yes	Yes	Yes
Camcevi (leuprolide) subcutaneous injection	J1952	No	Yes, No PA required if Prostate Cancer diagnosis	No
Camptosar (Irinotecan) injection	J9206	No	No	No
Candidas (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	N/A	Yes	Yes	Yes
Cefepime injection*	J0692, J0701, J0703	No	No	No
Ceftazidime injection	J0713	No	No	No

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Revision Date: 2/7/2024				
Ceftriaxone injection*	J0696	No	No	No
Cerezyme (Imiglucerase) injection*	J1786	No	No	No
Cimzia (certolizumab pegol) Lyophilized Powder injection Commercial Policy 1350/20.000505	J0717	Yes	Yes	Yes
Cinqair (reslizumab) injection	J2786	Yes^	Yes^	Yes^
Cinryze (C1 inhibitor[human])	J0598	Yes^	Yes^	Yes
Columvi (glofitamab-gxbm) injection	J9286	Yes	Yes	Yes
Cosentyx (secukinumab) intravenous injection Commercial Policy 1350/20.000506	N/A	Yes	Yes	Yes
Cisplatin, Injection	J9060	No	No	No
Cosela (trilaciclib) intravenous infusion	J1448	Yes^	Yes^	Yes^
Cresemba (Isavuconazonium Sulfate) injection	J1833	Yes^	Yes^	Yes^
Crysvita (burosumab) solution for injection Policy: 1350/20.000332	J0584	Yes	Yes	Yes
Cubicin (Daptomycin) injection*	J0878, J0877, J0874, J0873	No	No	No
Cyramza (ramucirumab) injection	J9308	Yes	Yes	Yes
Cytarabine injection	J9100, J9098	No	No	No
Danylza (naxitamab) intravenous solution	J9348	Yes^	Yes^	Yes^
Darzalex (daratumumab) injection	J9145	Yes	Yes	Yes
Darzalex Faspro (daratumumab and hyaluronidase human-fihj) subcutaneous injection	J9144	Yes	Yes	Yes
Daunorubicin injection	J9150	No	No	No
Daunoxome (Daunorubicin Liposomal) injection	J9151	No	No	No
Daxxify (daxibotulinumtoxinA-Ianm) injection	C9160	Covered for Cervical Dystonia Only	Covered for Cervical Dystonia Only	Covered for Cervical Dystonia Only
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	J7351	Yes^	Yes^	Yes^
Elahere (mirvetuximab soravtansine-gynx) Injection Policy 1350/20.000470	J9063	Yes	Yes	Yes

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Revision Date: 2/7/2024				
Elelyso (taliglucerase alfa) injection	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
Elrexfio (elranatamab-bcmm) injection	C9165	Yes	Yes	Yes
Elzonris (tagraxofusp-erzs) injection	J9269	Yes	Yes	Yes
Emend (fosaprepitant) injection	J1453, J1456	No	No	No
Empliciti (elotuzumab) injection	J9176	Yes	Yes	Yes
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 Policy 1350/20.000507	J3380	Yes	Yes	Yes
Epkinly (epcoritamab-bysp) Injection	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 chrysthemi) 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
Exondys 51 (etepirsen) solution for injection Policy 1350/20.000300	J1428	Yes	Yes	Yes
Eyelea HD (aflibercept hd) injection	C9161	Yes	Yes	No

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Revision Date: 2/7/2024				
Fabrazyme (agalsidase beta) injection* Policy: 1350/20.000494	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, Eloctate, Esperoct, Jivi, Altuviiiio) 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
Firmagon (degarelix acetate) subcutaneous injection*	J9155	No	No	No
Foscarnet injection*	J1455	No	No	No
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 Policy: 1350/20.000438	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 (Gemcitaine) Powder for Injection	J9201	No	No	No
Givlaari (Givosiran) subcutaneous injection Policy 1350/20.000385	J0223	Yes	Yes	Yes

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
Glassia (Alpha 1-Proteinase Inhibitor) injection* Policy 1350/20.000310	J0257	Yes	Yes	Yes
Granix (tbo-filgrastim) Medicare only: Reference policy 1350/20.000334	J1447	No	No	No**
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	J7170	Yes	Yes	Yes
Herceptin (trastuzumab) injection Commercial & Medicaid Policy 1350/20.000395 Medicare Policy 1350/20.000404	J9355	Yes	Yes	Yes
Herceptin Hylecta (trastuzumab/hyaluronidase-oysk) subcutaneous injection Commercial & Medicaid policy 1350/20.000395 Medicare Policy 1350/20.000404	J9356	Yes	Yes	Yes
HyQvia (Immune Globulin Human/Recombinant Human Hyaluronidase)	J1575	Yes^	Yes^	Yes^
Idamycin (Idarubicin) injection	J9211	No	No	No
Ifex (Ifosfamide) Powder for Injection	J9208	No	No	No
Igalmi (dexmedetomidine) sublingual film	J1105	Yes^	Yes^	Yes^
Ilaris (canakinumab) subcutaneous injection	J0638	Yes	Yes	Yes
Ilumya (tildrakizumab) injection Commercial Policy 1350/20.000508	J3245	Yes	Yes	Yes
Iluvien (fluocinolone acetonide intravitreal implant)	J7313	No	No	No
Imfinzi (durvalumab) intravenous injection	J9173	Yes	Yes^	Yes^
Imjudo (tremelimumab-actl) Injection	J9347	Yes	Yes	Yes
Imlygic (talimogene laherparapvec) injection inpli	J9325	Yes	Yes	Yes

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
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, Xembify, Hyqvia) Commercial and Medicaid Policy : 1350/20.000143 Medicare Only Policy : 1350/20.000285	J1554, J1558, J1575, C9072	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**
Invega Sustenna (paliperidone palmitate) intramuscular suspension*	J2426	No	No	No
Invega Trinza, Invega Hafyera (paliperidone palmitate) intramuscular suspension*	J2426, J2427	No	No	No
Izervay (avacincapted pegol) injection	C9162	Yes	Yes	Yes
Jelmyto (Mitomycin pyelocalyceal instillation) powder for solution	J9281	Yes	Yes	Yes
Jemperli (dostarlimab-gxly) intravenous injection	J9272	Yes	Yes	Yes
Jevtana (Cabazitaxel) injection	J9043, J9064	Yes	Yes	Yes

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Revision Date: 2/7/2024				
Kadcyla (ado-trastuzumab emtansine) Intravenous Injection	J9354	Yes	Yes	Yes
Kalbitor (escallantide) injection*	J1290	No	No	No
Kanuma (sebelipase alfa) injection	J2840	Yes	Yes	Yes
Kepivance (palifermin) injection*	J2425	No	No	No
Keytruda (pembrolizumab) injection	J9271	Yes	Yes	Yes
Khapzory (levoleucovorin) injection	J0642	Yes	Yes	Yes
Kimmtrak (tebentafusp-tebn) intravenous injection	J9274	Yes	Yes	Yes
Korsuva (difelikefalin) injection	J0879	No	No	No
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
Lamzede (velmanase alfa-tcyv) injection Policy: 1350/20.000476	J0217	Yes	Yes	Yes
Lartruvo (olaratumab) injection	J9285	Yes	Yes	Yes
Leqvio (inclisiran) subcutaneous injection Policy 1350/20.000414	J1306	Yes	Yes	Yes
Lemtrada (alemtuzumab) injection	J0202	Yes^	Yes^	Yes^
Leqembi (lecanemab-irmb) injection Commercial and Medicaid Policy: 1350/20.000494 Medicare Policy: 1350/20.000496	J0174	Yes	Yes	Yes
Leukine (Sargramostim) injection*	J2820	No	No	No
Libtayo (cemiplimab-rwlc) injection	J9119	Yes	Yes	Yes
Loqtorzi (toripalimab-tpzi) injection	N/A	Yes	Yes	Yes
Lumizyme (alglucosidase alpha) injection* Policy 1350/20.000433	J0220, J0221	Yes	Yes	Yes
Lumoxiti (moxetumomab pasudotox-tdfk) injection	J9313	Yes	Yes	Yes
Lunsumio (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**

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Revision Date: 2/7/2024				
Lutathera (lutetium lu 177 dotatate)	A9513	Yes	Yes	Yes
Lutrate (leuprolide acetate) injection	J1954	No	Yes, No PA required if Prostate Cancer diagnosis	No
Lyfgenia (lovotibeglogene autotemcel) injection Policy 1350/20.000497	N/A	Yes	Yes	Yes
Margenza (margetuximab-cmkb) intravenous infusion	J9353	Yes^	Yes^	Yes^
Mepsevii (vestronidase alfa) solution for injection	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	J9349	Yes^	Yes^	Yes^
Mozobil (Plerixafor) injection*	J2562	No	No	No
Mylotarg (Gemtuzumab Ozogamicin) injection	J9203	Yes^	Yes^	Yes^
Nalbuphine injection*	J2300	No	No	No
Navelbine (vinorelbine) injection	J9390	No	No	No
Neulasta (pegfilgrastim) Medicare only: Reference policy 1350/20.000334	J2506	No	No	No**
Neupogen (filgrastim) Medicare only: Reference policy 1350/20.000334	J1442	No	No	No**
Nexviazyme (Avalglucosidase Alfa) Solution for Injection Policy 1350/20.000433	J0219	Yes	Yes	Yes
Nucala (mepolizumab) injection Commercial and Medicaid Policy 1350/20.000298 Medicare Only Policy 1350/20.000364	J2182	Yes	Yes	Yes
Nulibry (fosdenopterin) intravenous injection	N/a	Yes^	Yes^	Yes^
Nulojix (belatacept) Intravenous Solution	J0485	Yes	Yes	Yes
Ocrevus (ocrelizumab) Intravenous Infusion	J2350	Yes	Yes	Yes

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Revision Date: 2/7/2024				
Octreotide injection	J2353, J2354	No	No	No
Omvoh (mirikizumab-mrkz) injection	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 1350/20.000334	J9299	Yes	Yes	Yes
Opdualag (nivolumab and relatlimab-rmbw) injection	J9298	Yes	Yes	Yes
Oral Prescription Drug: Chemo	J8999	Yes	Yes	Yes
Orencia (abatacept) IV Infusion Commercial Policy 1350/20.000509	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
Pedmark (sodium thiosulfate) injection	J0208	No	No	No
Pegfilgrastim Biosimilar Products* (Fulphila, Udenyca, Ziextenzo, Nyvepria, Stimufend, Fylnetra) Medicare only: Reference policy 1350/20.000334	Q5108, Q5111, Q5120, Q5122, Q5127, Q5130	No	No	No**
Pepaxto (melphalan flufenamide) intravenous injection	J9247	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
Pluvicto (lutetium Lu 177 vipivotide tetraxetan)	A9607	Yes	Yes	Yes
Polivy (polatuzumab vedotin-piiq) intravenous injection	J9309	Yes	Yes	Yes
Pombiliti (cipaglucoisidase-alfa-atga) injection	N/A	Yes	Yes	Yes

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
Portrazza (necitumumab) injection	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 Policy 1350/20.000295	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 1350/20.000333	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
Qutenza (capsaicin 8%), Policy 1350/20.000251	J7335, J7336	Yes	Yes	Yes
Radicava (edaravone) intravenous injection Policy 1350/20.000475	J1301	Yes^	Yes^	Yes^
Rapivab (peramivir) injection	J2547	Yes^	Yes^	Yes^
Reblozyl (luspatercept-aamt) subcutaneous injection	J0896	Yes	Yes	Yes
Recarbrio (Imipenem, Cilastatin, Relebactam)	J0742	Yes^	Yes^	Yes^
Remicade (infliximab) injection Policy 1350/20.000145 Medicare only: Reference policy 1350/20.000334	J1745	No	No	No**
Remodulin (treprostnil sodium) injection*	J3285	No	No	No
Reopro (abciximab) injection	J0130	No	No	No
Rezzayo (rezafungin) Injection	J0349	No	No	No
R-Gen 10 (arginine) injection	J3490	No	No	No
Risperdal Consta (risperidone microspheres) intramuscular suspension*	J2794	No	No	No

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
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 (Truxima, Ruxience, Riabni)	Q5115, Q5119, Q5123	No	No	No
Roctavian (valoctocogene roxaparvovec-rvox) injection	J1412	Yes	Yes	Yes
Rolvedon (eflapegrastim-xnst) subcutaneous injection	J1449	Not Covered^	Not Covered^	Not Covered^
Romidepsin non-lyophilized liquid	J9318	Yes	Yes	Yes
Romidepsin lyophilized powder for injection	J9319	Yes	Yes	Yes
Ruconest (C-1 esterase inhibitor (recombinant)) injection	J0596	Not Covered^	Not Covered^	Not Covered^
Rybrevant (amivantamab-vmjw) intravenous injection	J9061	Yes	Yes	Yes
Rylaze (asparaginase recombinant) solution for injection	J9021	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
Saphnelo (anifrolumab) injection Policy 1350/20.000424	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*	C9454, J2502	Yes^	Yes^	Yes^
Simponi Aria (golimumab) injection Commercial Policy 1350/20.000511	J1602	Yes	Yes	Yes

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
Simulect (Basiliximab) injection	J0480	No	No	No
Skyrizi (Risankizumab-rzaa) injection Commercial Policy 1350/20.000510	J2327	Yes	Yes	Yes
Soliris (eculizumab), Commercial & Medicaid Policy 1350/20.000141 and 1350/20.0000393 Medicare Only: Reference Policy 1350/20.000334	J1300	Yes	Yes	Yes
Somatuline (lanreotide) injection*	J1930	No	No	No
Spevigo (spesolimab-sbzo) injection	J1747	Yes	Yes	Yes
Spinraza (nusinersen) injection* Policy 1350/20.000303	J2326	Yes	Yes	Yes
Spravato (esketamine) nasal spray* Policy 1350/20.000370	S0013	Pharmacy Benefit Only	Yes	Pharmacy Benefit Only
Stelara (ustekinumab) subcutaneous injection* Medicare Only Policy: 1350/20.000366	J3357	Yes	Yes	Pharmacy Benefit Only
Stelara (ustekinumab) intravenous injection Medicare Only Policy: 1350/20.000366 Commercial Policy: 1350/20.000512	J3358	Yes	Yes	Yes
Streptomycin injection*	J3000	No	No	No
Sublocade (buprenorphine extended release) injection for subcutaneous use Policy 1350/20.000295	Q9991, Q9992	Yes	No	Yes
Sunlenca (lenacapavir sodium) injection	J1961	No	No	No
Sustol (granisetron extended release) solution for injection	J1627	No	No	No
Syfovre (pegcetacoplan) intravitreal injection Policy: 1350/20.000412	J2781	Yes	Yes	Yes
Sylvant (Siltuximab) injection	J2860	Yes	Yes	Yes
Synagis (palivizumab) injection* Medicaid/Commercial Policy: 1350/20.000463 <i>Therapy to be filled by a Specialty Pharmacy</i>	90378	Pharmacy Benefit Only	Pharmacy Benefit Only	N/A
Synribo (omacetaxine mepesuccinate) injection	J9262	Yes	Yes	Yes
Takhzyro (lanadelumab-flyo) injection*	J0593	Yes	Yes	Yes
Talvey (talquetamab-tgvs) injection	C9163	Yes	Yes	Yes

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
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	J9022	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
Tetracycline injection	J0120	No	No	No
Tezspire (Tezepelumab-ekko) Policy: 1350/20.000444	J2356	Yes	Yes	Yes
Thyrogen (thyrotropin alfa) injection	J3240	No	No	No
Tivdak (tisotumab vedotin) injection	J9273	Yes^	Yes^	Yes^
Tobi (tobramycin) inhalation solution	J7682	Pharmacy Benefit only	Pharmacy Benefit only	No
Topotecan injection	J9351	No	No	No
Torisel (temsirolimus) injection*	J9330	No	No	No
Trastuzumab Biosimilar Products (Ontruzant, Herzuma, Ogivri, Trazimera, Kanjinti)	Q5112, Q5113, Q5114, Q5116, Q5117	No	No	No
Treanda (bendamustine) powder for injection	J9033	No	No	No
Trelstar (triptorelin pamoate) intramuscular suspension* Medicare only: Reference policy 1350/20.000334	J3315	No	No	No**
Triptodur (triptorelin extended release) injection	J3316	Yes	Yes	Yes
Trodelvy (sacituzumab govitecan-hziy)	J9317	Yes	Yes	Yes
Trogarzo (ibalizumab-uiyk) intravenous solution	J1746	Yes	Yes	Yes

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
Tysabri (natalizumab) injection*	J2323	No	No	No
Tyvaso (Treprostinil) inhalation solution*	J7686	Pharmacy Benefit Only	Pharmacy Benefit Only	No
Tzielid (teplizumab-cqyv) Infusion Policy 1350/20.000464	J9381	Yes	Yes	Yes
Ultomiris (ravulizumab-cwvz) intravenous injection Commercial and Medicaid Policy 1350/20.000393	J1303	Yes	Yes	Yes
Unituxin (dinutuximab) injection	J1246	Yes	Yes	Yes
Uplizna (inebilizumab-cdon) intravenous Injection Commercial & Medicaid policy 1350/20.0000393	J1823	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	N/A	Yes	Yes	Yes
Vibativ (Telavancin hydrochloride) injection	J3095	No	No	No
Viltepso (Viltolarsen) injection Policy 1350/20.000300	J1427	Yes	Yes	Yes
Vimizim (elosulfase alfa) injection	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	J3385	Yes	Yes	Yes
Vyepti (eptinezumab) Commerical & Medicaid Policy 1350/20.000322	J3032	Yes	Yes	Yes

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Medication, Policy Reference (if applicable)	HCPCS Code	Commercial	Medicaid Select/HARP	Medicare
Revision Date: 2/7/2024				
Vyjuvek (beremagene geperpavec-svdt) injection Policy: 1350/20.000484	J3401	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 1350/20.000278	J0897	Yes	Yes	Yes
Xiaflex (collagenase clostridium histolyticum) injection	J0775	Yes	Yes	Yes
Xolair (omalizumab)*, Policy 1350/20.000103 Medicare Policy 1350/20.000214	J2357	Yes	Yes	Yes
Ycanth (cantharidin) Solution	C9164	No	No	No
Yervoy (ipilimumab) Injection for Intravenous Infusion	J9228	Yes	Yes	Yes
Yescarta (axicabtagene ciloleucel) Policy 1350/20.000503	Q2041	Yes	Yes	Yes
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	J0291	Yes^	Yes^	Yes^
Zepzelca (lurbinectedin) injection	J9223	Yes	Yes	Yes
Zerbaxa (ceftolozane/tazobactam)	J0695	Yes	Yes	No
Zilretta (Triamcinolone Acetonide, preservative-free, extended-release, microsphere formulation) injection	J3304	Yes	Yes	Yes

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Revision Date: 2/7/2024				
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
Zynlonta (loncastuximab tesirine-lpyl) intravenous injection	J9359	Yes	Yes	Yes
Zynteglo (betibeglogene autotemcel) Policy: 1350/20.000451 Medicaid Policy: 1350/20.000489	N/A	Yes	Yes	Yes
Zynyz (retifanlimab-dlwr) intravenous injection	J9345	Yes	Yes	Yes
Zyprexa Relprevv (olanzapine) injection	J2358	No	No	No

History of Updates:

Date	Updates
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.

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