PROVIDER***ALERT***

AmeriHealth Caritas Louisiana

To: **AmeriHealth Caritas Louisiana Providers**

Date: **March 17, 2023**

Subject: **Pharmacy Policy Approvals**

Summary: Pharmacy policies are approved by the Louisiana Department of Health.

AmeriHealth Caritas Louisiana would like to make you aware of the attached policies that have been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54 and **will become effective April 16, 2023**.

Brineura (cerliponase alfa) Criteria
Complement Inhibitors Criteria
Dendritic Cell Tumor Peptide Immunotherapy Criteria
HCPCS List
Insulin Pumps Criteria
Rituximab Criteria
Treatments for Plasminogen Deficiency Type 1 (PLD1) Criteria
Vascular Endothelial Growth Factor (VEGF) Inhibitors for Ophthalmic Conditions
Vyvgart Criteria

For additional information, please visit:
https://www.amerihealthcaritasla.com/pdf/pharmacy/acla-non-pdl-prior-auth-criteria.pdf.

Questions:
Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

Missed an alert?
You can always find a complete listing of provider alerts on the Newsletters and Updates page of our website.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com

Where can I find more information on COVID-19?
AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit http://amerihealthcaritasla.com/covid-19 for up-to-date information for both providers and members, including frequently asked questions, cancellations and postponements, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.

Field Name	Field Description
Prior Authorization Group Description	**Brineura (cerliponase alfa)**
Drugs	Brineura (cerliponase alfa)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), and the Drug Package Insert, and/or per the National Comprehensive Cancer Network (NCCN)
Exclusion Criteria	N/A
Required Medical Information	See "other criteria"
Age Restrictions	Member must be 3 years of age or older
Prescriber Restrictions	Prescriber must be a neurologist
Coverage Duration	If the criteria are met, the request will be approved for 6 months.
Other Criteria Revision/Review Date: ~~6/2021~~ **7/2022**	****Drug is being requested through the member's medical benefit**** **Initial Authorization:** • Documentation of confirmed diagnosis of late infantile neuronal ceroid lipofuscinosis type 2 (CLN2) with one of the following: o Lab results demonstrating deficient TPP1 enzyme activity o Identification of causative mutations in the TPP1/CLN2 gene • ~~Prescribed dose is consistent with FDA-approved labeling~~ • Documentation of baseline CLN2 Clinical Rating Scale motor +language score. Baseline CLN2 score must be > 0. • **Prescribed dose is consistent with FDA-approved labeling** **Re-authorization:** • ~~Prescribed dose is consistent with FDA-approved labeling~~ • Documentation of CLN2 Clinical Rating Scale motor +language score has remained > 0 • **Prescribed dose is consistent with FDA-approved labeling** **Medical Director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.**

Field Name	Field Description
Prior Authorization Group Description	**Complement Inhibitors**
Drugs	**Soliris (eculizumab), Ultomiris (ravulizumab), Empaveli (pegcetacoplan)**
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, the Drug Package Insert, and/or per the standard of care guidelines
Exclusion Criteria	N/A
Required Medical Information	See "other criteria"
Age Restrictions	N/A
Prescriber Restrictions	Prescriber must be a hematologist, nephrologist, neurologist, oncologist, or other appropriate specialist.
Coverage Duration	If the criteria are met, the initial request will be approved for up to 3 month duration; reauthorization requests will be approved for up to 6 months. If the criteria are not met, the request will be referred to a clinical reviewer for medical necessity review.
Other Criteria	****Drug is being requested through the member's medical benefit**** **<u>Initial Authorization:</u>** • The request is age appropriate according to FDA approved package labeling or nationally recognized compendia; **AND** • The request is for a dose that is FDA approved or in nationally recognized compendia in accordance with the patient's diagnosis, age and concomitant medical conditions; **AND** • Documentation of vaccination against meningococcal disease or a documented medical reason why the patient cannot receive vaccination or vaccination needs to be delayed; **AND** • Antimicrobial prophylaxis with oral antibiotics (penicillin, or macrolides if penicillin-allergic) for two weeks will be administered if the meningococcal vaccine is administered less than two weeks before starting therapy or a documented medical reason why the patient cannot receive oral antibiotic prophylaxis. **Paroxysmal Nocturnal Hemoglobinuria (PNH):** • Documentation of diagnosis by high sensitivity flow cytometry • Hemoglobin (Hgb) < 10.5 g/dL • If the request is for Empaveli (pegcetacoplan), documented trial and failure of, contraindication to, or medical reason for not using Soliris (eculizumab) or Ultomiris (ravulizumab) **Generalized Myasthenia Gravis (gMG):** • The request is for Soliris (eculizumab) **<u>or Ultomiris (ravulizumab)</u>**

Revision/Review Date ~~7/2021~~**7/2022**	• Patient has a positive serologic test for anti-AChR antibodies; **AND** • Patient has a Myasthenia Gravis Foundation of America (MGFA) clinical classification of class II, III or IV at initiation of therapy; **AND** • Patient has a Myasthenia Gravis-specific Activities of Daily Living scale (MG-ADL) total score ≥ 6 at initiation of therapy; **AND** • One of the following: o Failed treatment over a total of 1 year or more with 2 or more immunosuppressive therapies (ISTs) either in combination or as monotherapy; **OR** o Failed at least 1 IST and required chronic plasmapheresis or plasma exchange or intravenous immunoglobulin; **OR** o Has a documented history of contraindications or intolerance to ISTs **Neuromyelitis Optica Spectrum Disorder (NMOSD)** • Refer to the "Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents" policy **Atypical Hemolytic Uremic Syndrome (aHUS)/Complement-Mediated HUS)** • Documentation of confirmed diagnosis as evidenced by complement genotyping and complement antibodies; **OR** • Provider attestation treatment is being used empirically and delay in therapy will lead to unacceptable risk to the patient **Re-Authorization:** • Provider has submitted documentation of clinical response to therapy (e.g., reduction in disease severity, improvement in quality of life scores, reduced need for blood transfusions); **AND** • The request is for ~~an FDA approved dose~~ **a dose that is FDA approved or in nationally recognized compendia in accordance with the patient's diagnosis, age, and concomitant medical condition**; **AND** • If the request is for aHUS/Complement Mediated HUS o Documentation of confirmed diagnosis as evidenced by complement genotyping and complement antibodies **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**

Field Name	Field Description
Prior Authorization Group Description	**Dendritic Cell Tumor Peptide Immunotherapy**
Drugs	**Provenge (sipuleucel-T)**
Covered Uses	**Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.**
Exclusion Criteria	**Small cell/neuroendocrine prostate cancer**
Required Medical Information	**See "Other Criteria"**
Age Restrictions	**See "Other Criteria"**
Prescriber Restrictions	**Prescriber must be an oncologist or urologist**
Coverage Duration	**3 doses per lifetime**
Other Criteria Revision/Review Date 5/2022	****Drug is being requested through the member's medical benefit**** **Initial Authorization:** • **Metastatic castrate resistant (hormone-refractory) prostate cancer (mCRPC) (consistent with medical chart history)** o **Evidenced by soft tissue and/or bony metastases** o **Patient does NOT have** ▪ **M0CRPC (defined as CRPC whose only evidence of disseminated disease is an elevated serum PSA) is not authorized** ▪ **Visceral metastases (e.g. liver, lung, adrenal, peritoneal, brain)** • **Patient is not currently being treated with systemic immunosuppressants (e.g. chemotherapy, corticosteroids) or, if the patient is being treated with immunosuppressants, the prescriber has provided a valid medical reason for combination therapy** • **Eastern Cooperative Oncology Group (ECOG) score 0-1** • **Serum testosterone <50 ng/dL (e.g. castration levels of testosterone)** • **Predicted survival of at least six months** **Reauthorization:** • **Treatment exceeding 3 doses per lifetime will not be authorized** **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**

ACLA HCPCS LIST

Code	Short Description	Brand Name (for reference)	Prior Authorization Required
90378	Rsv Mab Im 50mg	SYNAGIS	Yes
A9591	Fluoroestradiol f 18, diagnostic, 1 mci	CERIANNA	No
C9014	Injection, cerliponase alfa, 1 mg	BRINEURA	Yes
C9015	Injection, c-1 esterase inhibitor (human), haegarda, 10 units	HAEGARDA	Yes
C9016	Injection, triptorelin extended release, 3.75 mg	TRELSTAR DEPOT	Yes
C9021	Injection, obinutuzumab, 10 mg	GAZYVA	Yes
C9022	Injection, elosulfase alfa, 1mg	VIMIZIM	Yes
C9023	Injection, testosterone undecanoate, 1 mg	AVEED	Yes
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	VYXEOS	Yes
C9025	Injection, ramucirumab, 5 mg	CYRAMZA	Yes
C9026	Injection, vedolizumab, 1 mg	ENTYVIO	Yes
C9027	Injection, pembrolizumab, 1 mg	KEYTRUDA	Yes
C9028	Injection, inotuzumab ozogamicin, 0.1 mg	BESPONSA	Yes
C9029	Injection, guselkumab, 1 mg	TREMFYA	Yes
C9030	Injection, copanlisib, 1 mg	ALIQOPA	Yes
C9031	Lutetium lu 177, dotatate, therapeutic, 1 mci	LUTATHERA	No
C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genome	LUXTURNA	Yes
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	AKYNZEO	Yes
C9034	Injection, dexamethasone 9%, intraocular, 1 mcg	DEXYCU	Yes
C9035	Injection, aripiprazole lauroxil (aristada initio), 1 mg	Injection, aripiprazole lauroxil (aristada initio), 1 mg	Yes
C9036	Injection, patisiran, 0.1 mg	ONPATTRO	Yes
C9037	Injection, risperidone (perseris), 0.5 mg	PERSERIS	Yes
C9038	Injection, mogamulizumab-kpkc, 1 mg	POTELIGEO	Yes
C9039	Injection, plazomicin, 5 mg	ZEMDRI	Yes
C9040	Injection, fremanezumab-vfrm, 1 mg	Injection, fremanezumab-vfrm, 1 mg	Yes
C9041	Injection, coagulation factor Xa (recombinant), inactivated (andexxa), 10 mg	Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mg	Yes
C9042	Injection, bendamustine hcl (belrapzo), 1 mg	Injection, bendamustine HCl (Belrapzo), 1 mg	Yes
C9043	Injection, levoleucovorin, 1 mg	Injection, levoleucovorin, 1 mg	Yes
C9044	Injection, cemiplimab-rwlc, 1 mg	Injection, cemiplimab-rwlc, 1 mg	Yes
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Yes

C9046	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Yes
C9047	Injection, caplacizumab-yhdp, 1 mg	Injection, caplacizumab-yhdp, 1 mg	Yes
C9048	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Yes
C9049	Injection, tagraxofusp-erzs, 10 mcg	Injection, tagraxofusp-erzs, 10 mcg	Yes
C9050	Injection, emapalumab-lzsg, 1 mg	Injection, emapalumab-lzsg, 1 mg	Yes
C9051	Injection, omadacycline, 1 mg	Injection, omadacycline, 1 mg	Yes
C9052	Injection, ravulizumab-cwvz, 10 mg	Injection, ravulizumab-cwvz, 10 mg	Yes
C9053	Injection, crizanlizumab-tmca, 1 mg	ADAKVEO	Yes
C9054	Injection, lefamulin (Xenleta), 1 mg	XENLETA	Yes
C9055	Injection, brexanolone, 1 mg	ZURLESSO	Yes
C9056	Injection, givosiran, 0.5 mg	GIVLAARI	Yes
C9057	Injection, cetirizine HCl, 1 mg		No
C9058	Injection, pegfilgrastim-bmez, biosimilar, 0.5 mg	ZIEXTENZO	Yes
C9067	Gallium Ga-68, Dotatoc, diagnostic, 0.01 mci	DOTATOC GA 68	No
~~C9084~~	~~Injection, loncastuximab tesirine-lpyl, 0.1 mg~~	~~ZYLONTA~~	~~Yes~~
~~C9085~~	~~Injection, avalglucosidase alfa-ngpt, 4 mg~~	~~NEXVIAZYME~~	~~Yes~~
~~C9086~~	~~Injection, anifrolumab-fnia, 1 mg~~	~~SAPHNELO~~	~~Yes~~
~~C9087~~	~~Injection, cyclophosphamide, (AuroMedics), 10 mg~~	~~AUROMEDICS NDCs~~	~~Yes~~
C9090	**Injection, plasminogen, human-tvmh, 1 mg**	**Ryplazim**	**Yes**
C9091	**Injection, sirolimus protein-bound particles, 1 mg**	**Fyarro**	**Yes**
C9092	**Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg**	**Xipere**	**Yes**
C9093	**Injection, ranibizumab, via sustained release intravitreal implant (Susvimo), 0.1 mg**	**Susvimo**	**Yes**
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	ZYNRELEF	No
C9089	Bupivacaine, collagen-matrix implant, 1 mg	XARACOLL	No
C9113	Injection, pantoprazole sodium, per vial	PROTONIX	No
C9121	Injection, argatroban, per 5 mg	ARGATROBAN	No
C9122	Mometasone furoate sinus implant, 10 mcg	SINUVA	Yes
C9133	Factor ix (antihemophilic factor, recombinant), rixubis, per i.u.	RIXUBIS	Yes
C9134	Factor xiii (antihemophilic factor, recombinant), tretten, per 10 i.u.	TRETTEN	Yes
C9135	Factor ix (antihemophilic factor, recombinant), alprolix, per i.u.	ALPROLIX	Yes
C9136	Injection, factor viii, fc fusion protein, (recombinant), per i.u.	ELOCTATE	Yes

C9137	Injection, factor viii (antihemophilic factor, recombinant) pegylated, 1 i.u.	ADYNOVATE	Yes
C9138	Injection, factor viii (antihemophilic factor, recombinant) (nuwiq), 1 i.u.	NUWIQ	Yes
C9139	Injection, factor ix, albumin fusion protein (recombinant), idelvion, 1 i.u.	IDELVION	Yes
C9140	Injection, factor viii (antihemophilic factor, recombinant) (afstyla), 1 i.u.	AFSTYLA	Yes
C9141	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi), 1 i.u.	Injection, Factor VIII, (antihemophilic factor, recombinant), pegylated-aucl (Jivi), 1 IU	Yes
C9248	Injection, clevidipine butyrate, 1 mg	CLEVIPREX	No
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (artiss), 2 ml	ARTISS	Yes
C9254	Injection, lacosamide, 1 mg	VIMPAT	Yes
C9257	Injection, bevacizumab, 0.25 mg	AVASTIN	Yes
C9275	Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose	CYSVIEW	No
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	SYNERA	No
C9290	Injection, bupivacaine liposome, 1 mg	ERWINAZE	No
C9293	Injection, glucarpidase, 10 units	VORAXAZE	No
C9349	Puraply, and puraply antimicrobial, any type, per square centimeter	PURAPLY	No
C9399	Unclassified drugs or biologics		Yes
C9441	Injection, ferric carboxymaltose, 1 mg	INJECTAFER	Yes
C9442	Injection, belinostat, 10 mg	BELEODAQ	Yes
C9443	Injection, dalbavancin, 10 mg	DALVANCE	Yes
C9444	Injection, oritavancin, 10 mg	ORBACTIV	Yes
C9445	Injection, c-1 esterase inhibitor (recombinant), ruconest, 10 units	RUCONEST	Yes
C9446	Injection, tedizolid phosphate, 1 mg	SIVEXTRO	Yes
C9447	Injection, phenylephrine and ketorolac, 4 ml vial	OMIDRIA	No
C9448	Netupitant 300 mg and palonosetron 0.5 mg, oral	AKYNZEO	Yes
C9449	Injection, blinatumomab, 1 mcg	BLINCYTO	Yes
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	RETISERT	Yes
C9451	Injection, peramivir, 1 mg	RAPIVAB	Yes
C9452	Injection, ceftolozane 50 mg and tazobactam 25 mg	ZERBAXA	Yes
C9453	Injection, nivolumab, 1 mg	OPDIVO	Yes
C9454	Injection, pasireotide long acting, 1 mg	SIGNIFOR-LAR	Yes
C9455	Injection, siltuximab, 10 mg	SYLVANT	Yes

C9456	Injection, isavuconazonium sulfate, 1 mg	CRESEMBA	Yes
C9460	Injection, cangrelor, 1 mg	KENGREAL	No
C9462	Injection, delafloxacin, 1 mg	BAXDELA	Yes
C9463	Injection, aprepitant, 1 mg	CINVANTI	Yes
C9464	Injection, rolapitant, 0.5 mg	VARUBI	Yes
C9465	Hyaluronan or derivative, durolane, for intra-articular injection, per dose	EUFLEXXA	Yes
C9466	Injection, benralizumab, 1 mg	FASENRA	Yes
C9467	Injection, rituximab and hyaluronidase, 10 mg	RITUXAN HYCELA	Yes
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, rebinyn, 1 i.u.	REBINYN	Yes
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	TRIAMCINOLONE ACETONIDE, PF ER, MICROSPHERE FORMULATION, 1 MG INJECTION	Yes
C9470	Injection, aripiprazole lauroxil, 1 mg	ARISTADA	Yes
C9471	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	EUFLEXXA	Yes
C9472	Injection, talimogene laherparepvec, 1 million plaque forming units (pfu)	IMLYGIC	Yes
C9473	Injection, mepolizumab, 1 mg	NUCALA	Yes
C9474	Injection, irinotecan liposome, 1 mg	ONIVYDE	Yes
C9475	Injection, necitumumab, 1 mg	PORTRAZZA	Yes
C9476	Injection, daratumumab, 10 mg	DARZALEX	Yes
C9477	Injection, elotuzumab, 1 mg	EMPLICITI	Yes
C9478	Injection, sebelipase alfa, 1 mg	KANUMA	Yes
C9479	Instillation, ciprofloxacin otic suspension, 6 mg	CETRAXAL	Yes
C9480	Injection, trabectedin, 0.1 mg	YONDELIS	Yes
C9481	Injection, reslizumab, 1 mg	CINQAIR	Yes
C9482	Injection, sotalol hydrochloride, 1 mg	SOTALOL	Yes
C9483	Injection, atezolizumab, 10 mg	TECENTRIQ	Yes
C9484	Injection, eteplirsen, 10 mg	EXONDYS 51	Yes
C9485	Injection, olaratumab, 10 mg	LARTRUVO	Yes
C9486	Injection, granisetron extended release, 0.1 mg	SUSTOL	Yes
C9487	Ustekinumab, for intravenous injection, 1 mg	STELARA	Yes
C9488	Injection, conivaptan hydrochloride, 1 mg	VAPRISOL	Yes
C9489	Injection, nusinersen, 0.1 mg	SPINRAZA	Yes
C9490	Injection, bezlotoxumab, 10 mg	ZINPLAVA	Yes
C9491	Injection, avelumab, 10 mg	BAVENCIO	Yes
C9492	Injection, durvalumab, 10 mg	IMFINZI	Yes
C9493	Injection, edaravone, 1 mg	RADICAVA	Yes
C9494	Injection, ocrelizumab, 1 mg	OCREVUS	Yes
C9497	Loxapine, inhalation powder, 10 mg	ADASUVE	No
J0120	Injection, tetracycline, up to 250 mg	SUMYCIN	No

J0121	Inj., Omadacycline, 1 Mg	NUZYRA	Yes
J0122	Inj., Eravacycline, 1 Mg	XERAVA	No
J0129	Abatacept Injection	ORENCIA SQ	Yes
J0130	Abciximab Injection	REOPRO	No
J0131	Acetaminophen Injection	TYLENOL	No
J0132	Acetylcysteine Injection	MUCOMYST	No
J0133	Acyclovir Injection	ZOVIRAX	No
J0135	Adalimumab Injection	HUMIRA	Yes
J0150	Injection, adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use a9270)	ADENOSCAN	No
J0151	Injection, adenosine for diagnostic use, 1 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	ADENOCARD	No
J0153	Adenosine Inj 1mg	ADENOCARD	No
J0171	Adrenalin Epinephrine Inject	ADRENALIN	No
J0172	Injection, aducanumab-avwa, 2 mg	ADUHELM	Yes
J0178	Aflibercept Injection	EYLEA	Yes
J0179	Injection, brolucizumab-dbll, 1 mg	BEOVU	Yes
J0180	Agalsidase Beta Injection	FABRAZYME	Yes
J0185	Inj., Aprepitant, 1 Mg	CINVANTI	Yes
J0190	Injection, biperiden lactate, per 5 mg	AKINETON	Yes
J0200	Injection, alatrofloxacin mesylate, 100 mg	TROVAN IV	Yes
J0202	Injection, Alemtuzumab	LEMTRADA	Yes
J0205	Injection, alglucerase, per 10 units	CEREDASE	Yes
J0207	Amifostine	ETHYOL	Yes
J0210	Injection, methyldopate hcl, up to 250 mg	ALDOMET	No
J0215	Alefacept	AMEVIVE	Yes
J0219	**Injection, avalglucosidase alfa-ngpt, 4 mg**	**Nexviazyme**	**Yes**
J0220	Alglucosidase Alfa Injection	LUMIZYME	Yes
J0221	Lumizyme Injection	LUMIZYME	Yes
J0222	Inj., Patisiran, 0.1 Mg	ONPATTRO	Yes
J0223	Injection, givosiran, 0.5 mg	GIVLAARI	Yes
J0224	Injection, lumasiran, 0.5 mg	Oxlumo	Yes
J0256	Alpha 1 Proteinase Inhibitor	ARALAST	Yes
J0256	Alpha 1 Proteinase Inhibitor	ARALAST NP	Yes
J0256	Alpha 1 Proteinase Inhibitor	PROLASTIN-C	Yes
J0256	Alpha 1 Proteinase Inhibitor	ZEMAIRA	Yes
J0257	Glassia Injection	GLASSIA	Yes
J0270	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	CAVERJECT	Yes

J0275	Alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	MUSE	Yes
J0278	Amikacin Sulfate Injection	AMIKIN	No
J0280	Aminophyllin 250 Mg Inj	PHYLLOCONTIN	No
J0282	Amiodarone Hcl	CORDARONE	No
J0285	Amphotericin B	AMPHOCIN	No
J0287	Amphotericin B Lipid Complex	ABELCET	No
J0288	Ampho B Cholesteryl Sulfate	AMPHOTEC	No
J0289	Amphotericin B Liposome Inj	AMBISOME	No
J0290	Ampicillin 500 Mg Inj	TOTACILLIN-N	No
J0291	Inj., Plazomicin, 5 Mg	ZEMDRI	Yes
J0295	Ampicillin Sulbactam 1.5 Gm	UNASYN	No
J0300	Amobarbital 125 Mg Inj	AMYTAL	No
J0330	Injection, succinylcholine chloride, up to 20 mg	ANECTINE	No
J0348	Anidulafungin Injection	ERAXIS	No
J0350	Injection, anistreplase, per 30 units	EMINASE	No
J0360	Hydralazine Hcl Injection	APRESOLINE	No
J0364	Apomorphine Hydrochloride	APOKYN	Yes
J0365	Injection, aprotonin, 10,000 kiu	TRASYLOL	No
J0380	Inj Metaraminol Bitartrate	ARAMINE	Yes
J0390	Injection, chloroquine hydrochloride, up to 250 mg	ARALEN	No
J0395	Injection, arbutamine hcl, 1 mg	GENESA	Yes
J0400	Aripiprazole Injection	ABILIFY	Yes
J0401	Inj Aripiprazole Ext Rel 1mg	ABILIFY MAINTENA	Yes
J0456	Azithromycin	ZITHROMAX	No
J0461	Atropine Sulfate Injection	ATROPEN	No
J0470	Dimecaprol Injection	BAL IN OIL	No
J0475	Baclofen 10 Mg Injection	LIORESAL	No
J0476	Baclofen Intrathecal Trial	LIORESAL INTRATHECAL	Yes
J0480	Basiliximab	SIMULECT	Yes
J0485	Belatacept Injection	NULOJIX	Yes
J0490	Belimumab Injection	BENLYSTA	Yes
J0491	**Injection, anifrolumab-fnia, 1 mg**	**Saphnelo**	**Yes**
J0500	Dicyclomine Injection	BENTYL	No
J0515	Inj Benztropine Mesylate	COGENTIN	No
J0517	Inj., Benralizumab, 1 Mg	FASENRA	Yes
J0520	Bethanechol Chloride Inject	URECHOLINE	No
J0558	Peng Benzathine/Procaine Inj	BICILLIN CR	No
J0561	Penicillin G Benzathine Inj	BICILLIN LA	No
J0565	Inj, Bezlotoxumab, 10 Mg	ZINPLAVA	Yes
J0567	Inj., Cerliponase Alfa 1 Mg	BRINEURA	Yes

J0570	Buprenorphine Implant 74.2mg	PROBUPHINE	Yes
J0571	Buprenorphine, oral, 1 mg	SUBUTEX	No
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	SUBOXONE	No
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	SUBOXONE	No
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	SUBOXONE	No
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	SUBOXONE	No
J0583	Bivalirudin	ANGIOMAX	No
J0584	Injection, Burosumab-Twza 1m	CRYSVITA	Yes
J0585	Injection,Onabotulinumtoxina	BOTOX	Yes
J0586	Abobotulinumtoxina	DYSPORT	Yes
J0587	Inj, Rimabotulinumtoxinb	MYOBLOC	Yes
J0588	Incobotulinumtoxin A	XEOMIN	Yes
J0591	Injection, deoxycholic acid, 1 mg	KYBELLA	Yes
J0592	Buprenorphine Hydrochloride	BUPRENIX	No
J0593	Inj., Lanadelumab-Flyo, 1 Mg	TAKHZYRO	Yes
J0594	Busulfan Injection	BUSULFEX	Yes
J0595	Butorphanol Tartrate 1 Mg	STADOL	No
J0596	Injection, Ruconest	RUCONEST	Yes
J0597	C-1 Esterase, Berinert	BERINERT	Yes
J0598	C-1 Esterase, Cinryze	CINRYZE	Yes
J0599	Inj., Haegarda 10 Units	HAEGARDA	Yes
J0600	Edetate Calcium Disodium Inj	CALCIUM EDTA	No
J0600	Edetate Calcium Disodium Inj	EDETATE CALCIUM DISODIUM	No
J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	SENSIPAR	No
J0606	Inj, Etelcalcetide, 0.1 Mg	PARSABIV	Yes
J0610	Calcium Gluconate Injection	KALEINATE	No
J0620	Calcium Glycer & Lact/10 Ml	CALPHOSAN	No
J0630	Calcitonin Salmon Injection	MIACALCIN	No
J0636	Inj Calcitriol Per 0.1 Mcg	CALCIJEX	No
J0637	Caspofungin Acetate	CANCIDAS	No
J0638	Canakinumab Injection	ILARIS	Yes
J0640	Leucovorin Calcium Injection	WELLCOVORIN	Yes
J0641	Levoleucovorin Injection	FUSILEV	Yes
J0642	Injection, levoleucovorin, 0.5 Mg	KHAPZORY	Yes
J0670	Injection, mepivacaine hydrochloride, per 10 ml	CARBOCAINE	No
J0690	Cefazolin Sodium Injection	ANCEF	No
J0691	Injection, lefamulin, 1 mg	XENLETTA	Yes

J0692	Cefepime Hcl For Injection	MAXIPIME	No
J0694	Cefoxitin Sodium Injection	MEFOXIN	No
J0695	Inj Ceftolozane Tazobactam	ZERBAXA	Yes
J0696	Ceftriaxone Sodium Injection	ROCEPHIN	No
J0697	Sterile Cefuroxime Injection	ZINACEF	No
J0698	Cefotaxime Sodium Injection	CLAFORAN	No
J0699	Injection, cefiderocol, 10 mg	FETROJA	No
J0702	Betamethasone Acet&Sod Phosp	CELESTONE	No
J0706	Caffeine Citrate Injection	CAFCIT	No
J0710	Cephapirin Sodium Injection	CEFADYL	Yes
J0712	Ceftaroline Fosamil Inj	TEFLARO	Yes
J0713	Inj Ceftazidime Per 500 Mg	FORTAZ	No
J0714	Ceftazidime And Avibactam	AVYCAZ	Yes
J0715	Ceftizoxime Sodium / 500 Mg	CEFIZOX	Yes
J0716	Injection, centruroides immune f(ab)2, up to 120 milligrams	ANASCORP	No
J0717	Certolizumab Pegol Inj 1mg	CIMZIA	Yes
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	CHLOROMYCETIN	No
J0725	Chorionic Gonadotropin/1000u	NOVAREL	Yes
J0725	Chorionic Gonadotropin/1000u	PREGNYL	Yes
J0735	Clonidine Hydrochloride	DURACLON	No
J0740	Cidofovir Injection	VISTIDE	No
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	CABENUVA	~~Yes~~ **No**
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	RECARBRIO	Yes
J0743	Cilastatin Sodium Injection	PRIMAXIN	Yes
J0744	Ciprofloxacin Iv	CIPRO	No
J0745	Inj Codeine Phosphate /30 Mg	PHENAPHEN W/CODEINE	No
J0760	Injection, colchicine, per 1 mg	COLCHICINE	No
J0770	Colistimethate Sodium Inj	COLY-MYCIN M	No
J0775	Collagenase, Clost Hist Inj	XIAFLEX	Yes
J0780	Prochlorperazine Injection	COMPAZINE	No
J0791	Injection, crizanlizumab-tmca, 5 mg	ADAKVEO	Yes
J0795	Corticorelin Ovine Triflutal	ACTHREL	No
J0800	Corticotropin Injection	HP ACTHAR	Yes
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg		No
J0834	Inj., Cosyntropin, 0.25 Mg	CORTROSYN	No
J0840	Crotalidae Poly Immune Fab	CROFAB	No
J0841	Inj Crotalidae Im F(Ab')2 Eq	ANAVIP	No
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	CYTOGAM	No

J0875	Injection, Dalbavancin	DALVANCE	Yes
J0878	Daptomycin Injection	CUBICIN	Yes
J0879	**Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)**	**Korsuva**	**Yes**
J0881	Darbepoetin Alfa, Non-Esrd	ARANESP	Yes
J0882	Darbepoetin Alfa, Esrd Use	ARANESP	Yes
J0883	Argatroban Nonesrd Use 1mg	ARGATROBAN	Yes
J0884	Argatroban Esrd Dialysis 1mg	ARGATROBAN	Yes
J0885	Epoetin Alfa, Non-Esrd	EPOGEN	Yes
J0885	Epoetin Alfa, Non-Esrd	PROCRIT	Yes
J0886	Injection, epoetin alfa, 1000 units (for esrd on dialysis)	PROCRIT	Yes
J0887	Epoetin Beta Esrd Use	MIRCERA	No
J0888	Epoetin Beta Non Esrd	MIRCERA	Yes
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	OMONTYS	Yes
J0894	Decitabine Injection	DACOGEN	Yes
J0895	Deferoxamine Mesylate Inj	DESFERAL	No
J0896	Injection, luspatercept-aamt, 0.25 mg	REBLOZYL	Yes
J0897	Denosumab Injection	PROLIA	Yes
J0897	Denosumab Injection	XGEVA	Yes
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc	ANDROGYN LA	Yes
J0945	Brompheniramine Maleate Inj	ND STAT	No
J1000	Depo-Estradiol Cypionate Inj	ESTRADIOL	No
J1020	Methylprednisolone 20 Mg Inj	DEPOMEDROL	No
J1030	Methylprednisolone 40 Mg Inj	DEPOMEDROL	No
J1040	Methylprednisolone 80 Mg Inj	DEPOMEDROL	No
J1050	Medroxyprogesterone Acetate	DEPO-PROVERA	No
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml	DEPO-TESTADIOL	Yes
J1070	Injection, testosterone cypionate, up to 100 mg	DEPO-TESTOSTERONE	Yes
J1071	Inj Testosterone Cypionate	DEPO- TESTOSTERONE	No
J1080	Injection, testosterone cypionate, 1 cc, 200 mg	TESTOSTERONE CYPIONATE 200 MG	Yes
J1094	Inj Dexamethasone Acetate	DALALONE LA	No
J1095	Injection, Dexamethasone 9%	DEXYCU	Yes
J1096	Dexametha Opth Insert 0.1 Mg	DEXTENZA	No
J1097	Phenylep Ketorolac Opth Soln	OMIDRIA	No
J1100	Dexamethasone Sodium Phos	CORTASTAT	No
J1110	Inj Dihydroergotamine Mesylt	DHE 45	No
J1120	Acetazolamid Sodium Injectio	DIAMOX	No
J1130	Inj Diclofenac Sodium 0.5mg	DICLOFENAC SODIUM 0.5MG INJECTION	No
J1160	Digoxin Injection	LANOXIN	No

J1162	Digoxin Immune Fab (Ovine)	DIGIBIND	No
J1165	Phenytoin Sodium Injection	DILANTIN	No
J1170	Hydromorphone Injection	DILAUDID	No
J1180	Injection, dyphylline, up to 500 mg	LUFYLLIN	No
J1190	Dexrazoxane Hcl Injection	ZINECARD	No
J1200	Diphenhydramine Hcl Injectio	BENADRYL	No
J1201	Injection, cetirizine hydrochloride, 0.5 mg	QUZYTTIR	No
J1205	Injection, chlorothiazide sodium, per 500 mg	DIURIL	No
J1212	Dimethyl Sulfoxide 50% 50 Ml	RIMSO	No
J1230	Injection, methadone hcl, up to 10 mg	DOLOPHINE	No
J1240	Dimenhydrinate Injection	DRAMAMINE	No
J1245	Dipyridamole Injection	PERSNTINE	No
J1250	Inj Dobutamine Hcl/250 Mg	DOBUTREX	No
J1260	Dolasetron Mesylate	ANZEMET	Yes
J1265	Dopamine Injection	INTORPIN	No
J1267	Doripenem Injection	DORIBAX	No
J1270	Injection, Doxercalciferol	HECTOROL	No
J1290	Ecallantide Injection	KALBITOR	Yes
J1300	Eculizumab Injection	SOLIRIS	Yes
J1301	Injection, Edaravone, 1 Mg	RADICAVA	Yes
J1303	Inj., Ravulizumab-Cwvz 10 Mg	ULTOMIRIS	Yes
J1305	Injection, evinacumab-dgnb, 5 mg	EVKEEZA	Yes
J1320	Amitriptyline Injection	ELAVIL	No
J1322	Elosulfase Alfa, Injection	VIMIZIM	Yes
J1324	Enfuvirtide Injection	FUZEON	No
J1325	Epoprostenol Injection	FLOLAN	Yes
J1325	Epoprostenol Injection	VELETRI	Yes
J1327	Eptifibatide Injection	INTEGRELLIN	No
J1330	Ergonovine Maleate Injection	ERGOTRATE	No
J1335	Ertapenem Injection	INVANZ	Yes
J1364	Erythro Lactobionate /500 Mg	ERYTHROMYCIN LACTOBIONATE 500 MG	No
J1380	Estradiol Valerate 10 Mg Inj	DELESTROGEN	No
J1410	Inj Estrogen Conjugate 25 Mg	PREMARIN IV	No
J1426	Injection, casimersen, 10 mg	AMONDYS 45	Yes
J1427	Injection, viltolarsen, 10 mg	VILTEPSO	Yes
J1428	Inj, Eteplirsen, 10 Mg	EXONDYS 51	Yes
J1429	Injection, golodirsen, 10 mg	VYONDYS 53	Yes
J1430	Injection, ethanolamine oleate, 100 mg	ETHATROLIN	No
J1435	Injection Estrone Per 1 Mg	THEELIN	Yes
J1436	Etidronate Disodium Inj	DIDRONEL	Yes
J1437	Injection, ferric derisomaltose, 10 mg	MONOFERRIC	Yes
J1438	Etanercept Injection	ENBREL	Yes
J1439	Inj Ferric Carboxymaltos 1mg	INJECTAFER	No
J1442	Inj Filgrastim Excl Biosimil	NEUPOGEN	Yes

J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	TRIFERIC	No
J1444	Fe Pyro Cit Pow 0.1 Mg Iron	TRIFERIC	No
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	TRIFERIC AVNU	No
J1446	Injection, tbo-filgrastim, 5 micrograms	GRANIX	Yes
J1447	Inj Tbo Filgrastim 1 Microg	GRANIX	Yes
J1448	Injection, trilaciclib, 1 mg	COSELA	Yes
J1450	Fluconazole	DIFLUCAN	No
J1451	Fomepizole, 15 Mg	ANTIZOL	No
J1452	Intraocular Fomivirsen Na	VITAVENE	Yes
J1453	Fosaprepitant Injection	EMEND	Yes
J1454	Inj Fosnetupitant, Palonoset	AKYNZEO	Yes
J1455	Foscarnet Sodium Injection	FOSCAVIR	No
J1457	Gallium Nitrate Injection	GANITE	Yes
J1458	Galsulfase Injection	NAGLAZYME	Yes
J1459	Inj Ivig Privigen 500 Mg	PRIVIGEN	Yes
J1460	Gamma Globulin 1 Cc Inj	GAMASTAN S/D	Yes
J1554	Injection, immune globulin (Asceniv), 500 mg	ASCENIV	Yes
J1555	Inj Cuvitru, 100 Mg	CUVITRU	Yes
J1556	Inj, Imm Glob Bivigam, 500mg	BIVIGAM	Yes
J1557	Gammaplex Injection	GAMMAPLEX	Yes
J1558	Injection, immune globulin, 100 mg	XEMBIFY	Yes
J1559	Hizentra Injection	HIZENTRA	Yes
J1560	Gamma Globulin > 10 Cc Inj	GAMASTAN S/D	Yes
J1561	Gamunex-C/Gammaked	GAMMAKED	Yes
J1561	Gamunex-C/Gammaked	GAMUNEX	Yes
J1561	Gamunex-C/Gammaked	GAMUNEX-C	Yes
J1562	Vivaglobin, Inj	VIVAGLOBIN	Yes
J1566	Immune Globulin, Powder	CARIMUNE NF	Yes
J1566	Immune Globulin, Powder	GAMMAGARD SD	Yes
J1568	Octagam Injection	OCTAGAM	Yes
J1569	Gammagard Liquid Injection	GAMMAGARD LIQUID	Yes
J1570	Ganciclovir Sodium Injection	CYTOVENE	No
J1571	Hepagam B Im Injection	HEPAGAM B	No
J1572	Flebogamma Injection	FLEBOGAMMA	Yes
J1573	Hepagam B Intravenous, Inj	HEPAGAM B	No
J1575	Hyqvia 100mg Immuneglobulin	HYQVIA	Yes
J1580	Garamycin Gentamicin Inj	GENTAMINE SULFATE	No
J1590	Injection, gatifloxacin, 10 mg	TEQUIN	Yes
J1595	Injection, glatiramer acetate, 20 mg	COPAXONE	Yes
J1599	Ivig Non-Lyophilized, Nos	IVIG NON-LYOPHILIZED, NOS	Yes
J1600	Gold Sodium Thiomaleate Inj	MYOCHRISINE	Yes
J1602	Golimumab For Iv Use 1mg	SIMPONI ARIA	Yes

J1610	Glucagon Hydrochloride/1 Mg	GLUCAGEN	No
J1620	Gonadorelin Hydroch/ 100 Mcg	FACTREL	Yes
J1626	Granisetron Hcl Injection	KYTRIL	No
J1627	Inj, Granisetron, Xr, 0.1 Mg	KYTRIL	Yes
J1628	Inj., Guselkumab, 1 Mg	TREMFYA	Yes
J1630	Haloperidol Injection	HALDOL	No
J1631	Haloperidol Decanoate Inj	HALDOL DECANOATE	No
J1632	Injection, brexanolone, 1 mg	ZULRESSO	Yes
J1640	Hemin, 1 Mg	PANHEMATIN	No
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	HEPLOCK	No
J1644	Injection, heparin sodium, per 1000 units	LIQUSEMIN	No
J1645	Dalteparin Sodium	FRAGMIN	Yes
J1650	Inj Enoxaparin Sodium	LOVENOX	No
J1652	Fondaparinux Sodium	ARIXTRA	Yes
J1655	Tinzaparin Sodium Injection	INNOHEP	Yes
J1670	Tetanus Immune Globulin Inj	HYPERTET	No
J1675	Histrelin Acetate	VANTAS	Yes
J1700	Hydrocortisone Acetate Inj	HYDROCORTONE ACETATE	No
J1710	Hydrocortisone Sodium Ph Inj	HYDROCORTONE PHOSPHATE	No
J1720	Hydrocortisone Sodium Succ I	SOLU-CORTEF	No
J1725	Injection, hydroxyprogesterone caproate, 1 mg	MAKENA	No
J1726	Makena, 10 Mg	MAKENA	No
J1729	Inj Hydroxyprogst Capoat Nos	HYDROXYPROGESTERONE CAPROATE NOS INJECTION	No
J1730	Injection, diazoxide, up to 300 mg	HYPERSTAT IV	No
J1738	Injection, meloxicam, 1 mg	ANJESSO	No
J1740	Ibandronate Sodium Injection	BONIVA	Yes
J1741	Ibuprofen Injection	CALDOLOR	No
J1742	Ibutilide Fumarate Injection	CORVERT	Yes
J1743	Idursulfase Injection	ELAPRASE	Yes
J1744	Icatibant Injection	FIRAZRY	Yes
J1745	Infliximab Not Biosimil 10mg	REMICADE	Yes, SOC
J1746	Inj., Ibalizumab-Uiyk, 10 Mg	TROGARZO	~~Yes~~ **~~No~~**
J1750	Inj Iron Dextran	INFED	No
J1756	Iron Sucrose Injection	VENOFER	No
J1786	Imuglucerase Injection	CEREZYME	Yes
J1790	Injection, droperidol, up to 5 mg	INAPSINE	No
J1800	Propranolol Injection	INDERAL	No
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	INNOVAR	No
J1815	Insulin Injection	HUMALOG	No
J1817	Insulin for administration through dme (i.e., insulin pump) per 50 units	HUMALOG	No

J1823	Injection, inebilizumab-cdon, 1 mg	UPLINZA	Yes
J1826	Interferon Beta-1a Inj	AVONEX	Yes
J1830	Interferon Beta-1b / .25 Mg	BETASERON	Yes
J1833	Injection, Isavuconazonium	CRESEMBA	Yes
J1835	Injection, itraconazole, 50 mg	SPORONOX	No
J1840	Kanamycin Sulfate 500 Mg Inj	KANTREX	No
J1850	Kanamycin Sulfate 75 Mg Inj	KANTREX	No
J1885	Ketorolac Tromethamine Inj	TORADOL	No
J1890	Cephalothin Sodium Injection	KEFLIN	No
J1930	Lanreotide Injection	SOMATULINE DEPOT	Yes
J1931	Laronidase Injection	ALDURAZYME	Yes
J1940	Furosemide Injection	LASIX	No
J1942	Aripiprazole Lauroxil 1mg	ARISTADA	Yes
J1943	Inj., Aristada Initio, 1 Mg	ARISTADA INITIO	Yes
J1944	Aripirazole Lauroxil 1 Mg	ARISTADA	Yes
J1945	Lepirudin	REFLUDAN	No
J1950	Leuprolide Acetate /3.75 Mg	LUPRON DEPOT	Yes
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	FENSOLVI	Yes
J1952	Leuprolide injectable, camcevi, 1 mg	CAMCEVI	Yes
J1953	Levetiracetam Injection	KEPPRA	No
J1955	Inj Levocarnitine Per 1 Gm	CARNITOR	No
J1956	Levofloxacin Injection	LEVAQUIN	No
J1960	Levorphanol Tartrate Inj	LEVO DROMORAN	No
J1980	Hyoscyamine Sulfate Inj	LEVSIN	No
J1990	Chlordiazepoxide Injection	LIBRIUM	No
J2001	Injection, lidocaine hcl for intravenous infusion, 10 mg	XYLOCAINE	No
J2010	Lincomycin Injection	LINCOCIN	No
J2020	Linezolid Injection	ZYVOX	Yes
J2060	Lorazepam Injection	ATIVAN	No
J2062	Loxapine For Inhalation 1 Mg	ADASUVE	Yes
J2150	Mannitol Injection	OSMITROL	No
J2170	Mecasermin Injection	INCRELEX	Yes
J2175	Meperidine Hydrochl /100 Mg	DEMEROL	No
J2180	Meperidine/Promethazine Inj	MEPERGAN	No
J2182	Injection, Mepolizumab, 1mg	NUCALA	Yes
J2185	Meropenem	MERREM	No
J2186	Inj., Meropenem, Vaborbactam	VABOMERE	No
J2210	Injection, methylergonovine maleate, up to 0.2 mg	METHERGINE	No
J2212	Methylnaltrexone Injection	RELISTOR	Yes
J2248	Micafungin Sodium Injection	MYCAMINE	No
J2250	Injection, midazolam hydrochloride, per 1 mg	VERSED	No

J2260	Inj Milrinone Lactate / 5 Mg	PRIMACOR	No
J2265	Minocycline Hydrochloride	MINOCIN	No
J2270	Morphine Sulfate Injection	ROXANOL	No
J2271	Injection, morphine sulfate, 100mg	ROXANOL	Yes
J2274	Inj Morphine Pf Epid Ithc	MORPHINE PF EPID ITHC INJECTION	No
J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg	ASTROMORPH	Yes
J2278	Ziconotide Injection	PRIALT	Yes
J2280	Inj, Moxifloxacin 100 Mg	AVELOX	No
J2300	Inj Nalbuphine Hydrochloride	NUBAIN	No
J2310	Inj Naloxone Hydrochloride	NARCAN	No
J2315	Naltrexone, Depot Form	VIVITROL	No
J2320	Nandrolone Decanoate 50 Mg	DECADURA-BOLIN	No
J2323	Natalizumab Injection	TYSABRI	Yes
J2325	Nesiritide Injection	NATRECOR	No
J2326	Inj, Nusinersen, 0.1mg	SPINRAZA	Yes
J2350	Injection, Ocrelizumab, 1 Mg	OCREVUS	Yes
J2353	Octreotide Injection, Depot	SANDOSTATIN LAR DEPOT	Yes
J2354	Octreotide Inj, Non-Depot	SANDOSTATIN	No
J2355	Oprelvekin Injection	NEUMEGA	Yes
J2357	Omalizumab Injection	XOLAIR	Yes
J2358	Olanzapine Long-Acting Inj	ZYPREXA RELPREVV	Yes
J2360	Orphenadrine Injection	NORFLEX	No
J2370	Injection, phenylephrine hcl, up to 1 ml	NEO-SYNEPHRINE	No
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	NESACAINE	No
J2405	Ondansetron Hcl Injection	ZOFRAN	No
J2406	Injection, oritavancin (Kimyrsa), 10 mg	KIMYRSA	Yes
J2407	Injection, Oritavancin	ORBACTIV	Yes
J2410	Oxymorphone Hcl Injection	NUMORPHAN	No
J2425	Palifermin Injection	KEPIVANCE	Yes
J2426	Paliperidone Palmitate Inj	INVEGA SUSTENNA	Yes
J2430	Pamidronate Disodium /30 Mg	AREDIA	Yes
J2440	Injection, papaverine hcl, up to 60 mg	PARA-TIME SR	No
J2460	Injection, oxytetracycline hcl, up to 50 mg	TERRAMYCIN	No
J2469	Palonosetron Hcl	ALOXI	Yes
J2501	Paricalcitol	ZEMPLAR	No
J2502	Injection, pasireotide long acting, 1 mg	SIGNAFOR-LAR	Yes
J2503	Pegaptanib Sodium Injection	MACUGEN	Yes
J2504	Pegademase Bovine, 25 Iu	ADAGEN	Yes
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	NEULASTA	Yes
J2507	Pegloticase Injection	KRYSTEXXA	Yes
J2510	Penicillin G Procaine Inj	WYCILLIN	No

J2513	Pentastarch 10% Solution	PENTASPAN	No
J2515	Injection, pentobarbital sodium, per 50 mg	NEMBUTAL	No
J2540	Penicillin G Potassium Inj	PFIZERPEN	No
J2543	Piperacillin/Tazobactam	ZOSYN	Yes
J2545	Pentamidine Non-Comp Unit	NEBUPENT	No
J2547	Injection, Peramivir	RAPIVAB	Yes
J2550	Promethazine Hcl Injection	PHENERGAN	No
J2560	Phenobarbital Sodium Inj	LUMINAL SODIUM	No
J2562	Plerixafor Injection	MOZOBIL	Yes
J2590	Injection, oxytocin, up to 10 units	PITOCIN	No
J2597	Inj Desmopressin Acetate	DDAVP	No
J2650	Prednisolone Acetate Inj	PEDIAPRED	No
J2670	Injection, tolazoline hcl, up to 25 mg	PRISCOLINE	No
J2675	Inj Progesterone Per 50 Mg	Progesterone in Oil	No
J2680	Fluphenazine Decanoate 25 Mg	PROLIXIN DECANOATE	No
J2690	Injection, procainamide hcl, up to 1 gm	PRONESTYL	No
J2700	Oxacillin Sodium Injeciton	BACTOCILL	No
J2704	Inj, Propofol, 10 Mg	DIPRIVAN	No
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	PROSTIGMIN	No
J2720	Injection, protamine sulfate, per 10 mg	PROSULF	No
J2724	Protein C Concentrate	CEPROTIN	Yes
J2725	Injection, protirelin, per 250 mcg	THYPI-NOME	No
J2730	Injection, pralidoxime chloride, up to 1 gm	PROTOPAM	No
J2760	Injection, phentolamine mesylate, up to 5 mg	REGITINE	No
J2765	Metoclopramide Hcl Injection	REGLAN	No
J2770	Quinupristin/Dalfopristin	SYNERCID	Yes
J2778	Ranibizumab Injection	LUCENTIS	Yes
J2780	Ranitidine Hydrochloride Inj	ZANTAC	No
J2783	Rasburicase	ELITEK	No
J2785	Regadenoson Injection	LEXISCAN	No
J2786	Injection, Reslizumab, 1mg	CINQAIR	Yes
J2787	Riboflavin 5phos Opth<=3ml	PHOTEXA VISCOUS	Yes
J2788	Rho D Immune Globulin 50 Mcg	HYPER RHO SD Mini dose	No
J2790	Rho D Immune Globulin Inj	HYPER RHO SD	No
J2790	Rho D Immune Globulin Inj	HYPERRHO S/D -RHOGAM Ultra-Filtered	No
J2791	Rhophylac Injection	RHOPHYLAC	No
J2792	Rho(D) Immune Globulin H, Sd	WINRHO SDF	No
J2793	Rilonacept Injection	ARCALYST	Yes
J2794	Risperidone, Long Acting	RISPERDAL CONSTA	Yes
J2795	Injection, ropivacaine hydrochloride, 1 mg	NAROPIN	No
J2796	Romiplostim Injection	NPLATE	Yes
J2797	Inj., Rolapitant, 0.5 Mg	VARUBI	Yes
J2798	Inj., Perseris, 0.5 Mg	PERSERIS	Yes

J2800	Injection, methocarbamol, up to 10 ml	ROBAXIN	No
J2805	Injection, sincalide, 5 micrograms	KINEVAC	No
J2810	Injection, theophylline, per 40 mg	THEO-DUR	No
J2820	Sargramostim Injection	LEUKINE	Yes
J2840	Inj Sebelipase Alfa 1 Mg	KANUMA	Yes
J2850	Injection, secretin, synthetic, human, 1 microgram	CHIRHOSTIM	No
J2860	Injection, Siltuximab	SYLVANT	Yes
J2910	Aurothioglucose Injection	SOLGANAL	No
J2916	Na Ferric Gluconate Complex	FERRLECIT	No
J2920	Methylprednisolone Injection	SOLUMEDROL	No
J2930	Methylprednisolone Injection	SOLUMEDROL	No
J2940	Injection, somatrem, 1 mg	PROTROPIN	Yes
J2941	Somatropin Injection	HUMATROPE	Yes
J2950	Promazine Hcl Injection	SPARINE	No
J2993	Reteplase Injection	RETAVASE	No
J2995	Inj Streptokinase /250000 Iu	STREPTASE	No
J2997	Alteplase Recombinant	ACTIVASE	No
J3000	Streptomycin Injection	STREPTO-MYCIN	No
J3010	Injection, fentanyl citrate, 0.1 mg	DURAGESIC	No
J3030	Sumatriptan Succinate / 6 Mg	IMITREX	No
J3031	Inj., Fremanezumab-Vfrm 1 Mg	AJOVY	Yes
J3032	Injection, eptinezumab-jjmr, 1 mg	VYEPTIL	Yes
J3060	Inj, Taliglucerase Alfa 10 U	ELELYSO	Yes
J3070	Pentazocine Injection	TALWIN	No
J3090	Inj Tedizolid Phosphate	SIVEXTRO	No
J3095	Telavancin Injection	VIBATIV	Yes
J3101	Injection, tenecteplase, 1 mg	TNKASE	No
J3105	Terbutaline Sulfate Inj	BRETHINE	No
J3110	Injection, teriparatide, 10 mcg	FORTEO	Yes
J3111	Inj. Romosozumab-Aqqg 1 Mg	EVENITY	Yes
J3120	Injection, testosterone enanthate, up to 100 mg	DELATESTRYL	Yes
J3121	Inj Testostero Enanthate 1mg	DELATESTRYL	No
J3130	Injection, testosterone enanthate, up to 200 mg	DELATESTRYL	Yes
J3140	Injection, testosterone suspension, up to 50 mg	ANDRONAQ 50	Yes
J3145	Testosterone Undecanoate 1mg	AVEED	No
J3150	Injection, testosterone propionate, up to 100 mg	TESTEX	Yes
J3230	Chlorpromazine Hcl Injection	THORAZINE	No
J3240	Thyrotropin Injection	THYROGEN	No
J3241	Injection, teprotumumab-trbw, 10 mg	TEPEZZA	Yes

J3243	Tigecycline Injection	TYGACIL	No
J3245	Injection, Tildrakizumab, 1 Mg	ILUMYA	Yes
J3246	Tirofiban Hcl	AGGRASTAT	No
J3250	Trimethobenzamide Hcl Inj	TIGAN	No
J3260	Tobramycin Sulfate Injection	NEBCIN	No
J3262	Tocilizumab Injection	ACTEMRA	Yes
J3265	Injection Torsemide 10 Mg/Ml	DEMADEX	No
J3280	Thiethylperazine Maleate Inj	TORECAN	No
J3285	Treprostinil Injection	REMODULIN	Yes
J3300	Triamcinolone A Inj Prs-Free	TRIVARIS	No
J3301	Triamcinolone Acet Inj Nos	KENALOG	No
J3302	Triamcinolone Diacetate Inj	ARISTOCORT	No
J3303	Triamcinolone Hexacetonl Inj	ARISTOSPAN	No
J3304	Inj Triamcinolone Ace Xr 1mg	ZILRETTA	Yes
J3305	Inj Trimetrexate Glucoronate	NEUTRAXIN	No
J3310	Perphenazine Injeciton	TRILAFON	No
J3315	Triptorelin Pamoate	TRELSTAR DEPOT	No
J3316	Inj., Triptorelin Xr 3.75 Mg	TRELSTAR DEPOT	Yes
J3320	Spectinomycn Di-Hcl Inj	TROBICIN	No
J3350	Injection, urea, up to 40 gm	UREAPHIL	No
J3355	Injection, urofollitropin, 75 iu	BRAVELLE	No
J3357	Ustekinumab Sub Cu Inj, 1 Mg	STELARA	Yes, SOC
J3358	Ustekinumab, Iv Inject, 1 Mg	STELARA	Yes, SOC
J3360	Diazepam Injection	VALIUM	No
J3364	Urokinase 5000 Iu Injection	ABBOKINASE	No
J3365	Injection, iv, urokinase, 250,000 i.u. vial	ABBOKINASE	No
J3370	Vancomycin Hcl Injection	VANCOCIN	No
J3380	Injection, Vedolizumab	ENTYVIO	Yes
J3385	Velaglucerase Alfa	VPRIV	Yes
J3396	Verteporfin Injection	VISUDYNE	Yes
J3397	Inj., Vestronidase Alfa-Vjbk	MEPSEVII	Yes
J3398	Inj Luxturna 1 Billion Vec G	LUXTURNA	Yes
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	ZOLGENSMA	Yes
J3400	Injection, triflupromazine hcl, up to 20 mg	VESPRIN	No
J3410	Hydroxyzine Hcl Injection	VISTARIL	No
J3411	Thiamine Hcl 100 Mg	THIAMILATE	No
J3415	Pyridoxine Hcl 100 Mg	NESTREX	No
J3420	Vitamin B12 Injection	B-12	No
J3430	Vitamin K Phytonadione Inj	AQUA MEPHYTON	No
J3465	Injection, Voriconazole	VFEND	No
J3470	Injection, hyaluronidase, up to 150 units	WYDASE	Yes
J3471	Ovine, Up To 999 Usp Units	VITRASE	Yes
J3472	Ovine, 1000 Usp Units	VITRASE	Yes

J3473	Hyaluronidase Recombinant	HYLENEX	Yes
J3475	Inj Magnesium Sulfate	SULFAMAG	No
J3480	Inj Potassium Chloride	KDUR	No
J3485	Zidovudine	RETROVIR	No
J3486	Ziprasidone Mesylate	GEODON	Yes
J3489	Zoledronic Acid 1mg	RECLAST	Yes
J3489	Zoledronic Acid 1mg	ZOMETA	Yes
J3490	Drugs Unclassified Injection	DRUGS UNCLASSIFIED INJECTION	Yes
J3520	Edetate disodium, per 150 mg	ENDRATE	No
J3530	Nasal vaccine inhalation	Nasal vaccine inhalation	No
J3535	Metered dose inhaler drug	Metered dose inhaler drug	No
J3570	Laetrile, amygdalin, vitamin b17		Yes
J3590	Unclassified Biologics	UNCLASSIFIED BIOLOGICS	Yes
J3591	Esrd On Dialysi Drug/Bio Noc	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS	Yes
J7030	Normal Saline Solution Infus	NORMAL SALINE SOLUTION INFUS	No
J7040	Normal Saline Solution Infus	NORMAL SALINE SOLUTION INFUS	No
J7042	5% Dextrose/Normal Saline	5% DEXTROSE/NORMAL SALINE	No
J7050	Normal Saline Solution Infus	NORMAL SALINE SOLUTION INFUS	No
J7060	5% Dextrose/Water	DEXTROSE IN WATER	No
J7070	D5w Infusion	DEXTROSE IN WATER	No
J7100	Dextran 40 Infusion	RHEOMACRODE	No
J7110	Dextran 75 Infusion	GENTRAN 75	No
J7120	Ringers Lactate Infusion	LACTATED RINGERS	No
J7121	5% Dextrose In Lac Ringers	5% DEXTROSE IN LACTATED RINGERS	No
J7131	Hypertonic Saline Sol	HYPERTONIC SALINE SOLUTION	No
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Kcentra	Yes
J7169	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo, 10 mg	ANDEXXA	Yes
J7170	Inj., Emicizumab-Kxwh 0.5 Mg	HEMLIBRA	Yes
J7175	Inj, Factor X, (Human), 1iu	COAGADEX	Yes
J7177	Inj., Fibryga, 1 Mg	FIBRYGA	Yes
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	RIASTAP	Yes
J7179	Vonvendi Inj 1 Iu Vwf:Rco	VONVENDI	Yes
J7180	Factor Xiii Anti-Hem Factor	CORIFACT	Yes
J7181	Factor Xiii Recomb A-Subunit	TRETTEN	Yes
J7182	Factor Viii Recomb Novoeight	NOVOEIGHT	Yes
J7183	Wilate Injection	WILATE	Yes
J7185	Xyntha Inj	XYNTHA	Yes
J7186	Antihemophilic Viii/Vwf Comp	ALPHANATE VWF	Yes
J7187	Humate-P, Inj	HUMATE P	Yes
J7188	Factor Viii Recomb Obizur	OBIZUR	Yes

J7189	Factor Viia	NOVOSEVEN RT	Yes
J7190	Factor Viii	HEMOFIL M	Yes
J7190	Factor Viii	KOATE-DVI	Yes
J7190	Factor Viii	MONOCLATE-P	Yes
J7191	Factor Viii (Porcine)	HYATE-C	Yes
J7192	Factor Viii Recombinant Nos	ADVATE	Yes
J7192	Factor Viii Recombinant Nos	HELIXATE FS	Yes
J7192	Factor Viii Recombinant Nos	KOGENATE FS	Yes
J7192	Factor Viii Recombinant Nos	KOGENATE FS BIO-SET	Yes
J7192	Factor Viii Recombinant Nos	RECOMBINATE	Yes
J7193	Factor Ix Non-Recombinant	ALPHANINE	Yes
J7193	Factor Ix Non-Recombinant	MONONINE	Yes
J7194	Factor Ix Complex	BEBULIN VH	Yes
J7194	Factor Ix Complex	BEBULIN, PROFILNINE SD	Yes
J7195	Factor Ix Recombinant Nos	BENEFIX	Yes
J7196	Antithrombin Recombinant	PROPLEX T	Yes
J7197	Antithrombin Iii Injection	THROBATE III	Yes
J7198	Anti-Inhibitor	FEIBA	Yes
J7199	Hemophilia Clot Factor Noc	HEMOPHILIA CLOTTING FACTOR NOC	Yes
J7200	Factor Ix Recombinan Rixubis	RIXUBIS	Yes
J7201	Factor Ix Alprolix Recomb	ALPROLIX	Yes
J7202	Factor Ix Idelvion Inj	IDELVION	Yes
J7203	Factor Ix Recomb Gly Rebinyn	REBINYN	Yes
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	ESPEROCT	Yes
J7205	Factor Viii Fc Fusion Recomb	ELOCTATE	Yes
J7207	Factor Viii Pegylated Recomb	ADYNOVATE	Yes
J7208	Inj. Jivi 1 Iu (factor viii, antihemophilic factor, recombinant, pegylated-aucl, 1 i.u.)	JIVI	Yes
J7209	Factor Viii Nuwiq Recomb 1iu	NUWIQ	Yes
J7210	Inj, Afstyla, 1 I.U.	AFSTYLA	Yes
J7211	Inj, Kovaltry, 1 I.U.	KOVALTRY	Yes
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	SEVENFACT	Yes
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	ANNOVERA	No
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	NUVARING	No
J7296	Kyleena, 19.5 Mg	KYLEENA	No
J7297	Liletta, 52 Mg	LILETTA	No
J7298	Mirena, 52 Mg	MIRENA	No
J7300	Intraut Copper Contraceptive	PARAGARD	No

J7301	Skyla, 13.5 Mg	SKYLA	No
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	LEVONORGESTREL IU 52 MG	No
J7304	Contraceptive Hormone Patch	XULANE	No
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	NORPLANT	No
J7307	Etonogestrel Implant System	IMPLANON	No
J7308	Aminolevulinic Acid Hcl Top	LEVULAN	Yes
J7309	Methyl Aminolevulinate, Top	METVIXIA	Yes
J7310	Ganciclovir, 4.5 mg, long-acting implant	VITRASERT	Yes
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	RETISERT	Yes
J7312	Dexamethasone Intra Implant	OZURDEX	Yes
J7313	Fluocinol Acet Intravit Imp	RETISERT	Yes
J7314	Inj., fluocinolone acetonide, intravitreal implant, 0.01 Mg	YUTIQ	No
J7315	Ophthalmic Mitomycin	MITOMYCIN-C	No
J7316	Inj, Ocriplasmin, 0.125 Mg	JETREA	Yes
J7318	Inj, Durolane 1 Mg	DUROLANE	Not Covered
J7320	Genvisc 850, Inj, 1mg	GENVISC 850	Not Covered
J7321	Hyalgan Supartz Visco-3 Dose	HYALGAN	Not Covered
J7321	Hyalgan Supartz Visco-3 Dose	SUPARTZ	Not Covered
J7322	Hymovis Injection 1 Mg	HYMOVIS	Not Covered
J7323	Euflexxa Inj Per Dose	EUFLEXXA	Not Covered
J7324	Orthovisc Inj Per Dose	ORTHOVISC	Not Covered
J7325	Synvisc Or Synvisc-One	SYNVISC	Not Covered
J7325	Synvisc Or Synvisc-One	SYNVISC ONE	Not Covered
J7326	Gel-One	GEL-ONE	Not Covered
J7327	Monovisc Inj Per Dose	MONOVISC	Not Covered
J7328	Gelsyn-3 Injection 0.1 Mg	GELSYN	Not Covered
J7329	Inj, Trivisc 1 Mg	TRIVISC	Not Covered
J7330	Autologous cultured chondrocytes, implant	CARTICEL	Not Covered
J7331	Synojoynt, Inj., 1 Mg	SYNOJOYNT	Not Covered
J7332	Inj., Triluron, 1 Mg	TRILURON	Not Covered
J7333	Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose	VISCO-3	Not Covered
J7335	Capsaicin 8% patch, per 10 square centimeters	QUTENZA	Yes
J7336	Capsaicin 8% Patch	QUTENZA	No
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	DUOPA	No
J7342	Ciprofloxacin Otic Susp 6 Mg	OTIPRIO	No
J7345	Aminolevulinic Acid, 10% Gel	AMELUZ	Yes
J7351	Injection, bimatoprost, intracameral implant, 1 mcg	DURYSTA	No

J7352	Afamelanotide implant, 1 mg	SCENESSE	Yes
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	SINUVA	Yes
J7500	Azathioprine, oral, 50 mg	IMURAN	No
J7501	Azathioprine Parenteral	IMURAN	No
J7502	Cyclosporine, oral, 100 mg	SANDIMMUNE	No
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	ENVARSUS XR	Yes
J7504	Lymphocyte Immune Globulin	ATGAM	Yes
J7505	Muromonab-cd3, parenteral, 5 mg	ORTHOCLONE OKT3	Yes
J7506	Prednisone, oral, per 5 mg	ORASONE	No
J7507	Tacrolimus, immediate release, oral, 1 mg	PROGRAF	No
J7508	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	ASTAGRAF	Yes
J7509	Methylprednisolone oral, per 4 mg	MEDROL	No
J7510	Prednisolone oral, per 5 mg	DELACORTEF	No
J7511	Antithymocyte Globuln Rabbit	THYMOGLOBULIN	No
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	PREDNISONE	No
J7513	Daclizumab, Parenteral	ZENAPAX	Yes
J7515	Cyclosporine, oral, 25 mg	NEORAL	No
J7516	Cyclosporin Parenteral 250mg	NEORAL	No
J7517	Mycophenolate mofetil, oral, 250 mg	CELLCEPT	No
J7518	Mycophenolic acid, oral, 180 mg	MYFORTIC	No
J7520	Sirolimus, oral, 1 mg	RAPAMUN	No
J7525	Tacrolimus Injection	PROGRAF	No
J7527	Everolimus, oral, 0.25 mg	AFINITOR	No
J7599	Immunosuppressive Drug, NOC		Yes
J7604	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	ACETYLCYSTEINE	Yes
J7605	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	BROVANA	No
J7606	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	PERFOROMIST	No
J7607	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	XOPENEX	Yes
J7608	Acetylcysteine Non-Comp Unit	MUCOMYST	No

J7609	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	PROVENTIL	Yes
J7610	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	VENTOLIN	Yes
J7611	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	VOLMAX	No
J7612	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	XOPENEX	No
J7613	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	PROVENTIL	No
J7614	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	XOPENEX	No
J7615	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	XOPENEX	Yes
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	DUONEB	No
J7621	ALBUTEROL UP TO 5 MG OR 2.5 MG (LEVOALBUTEROL), AND IPRATROPIUM BROMIDE, UP TO 1 MG, CMPD INH SOL ADMINISTERED THROUGH DME		Yes
J7622	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	BECLOMETHASONE DIPROPIONATE	Yes
J7624	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		Yes
J7626	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	PULMICORT RESPULES	No
J7627	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	PULMICORT	Yes
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	TORNALATE	Yes

J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	TORNALATE	Yes
J7631	Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	NASALCROM	No
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams		Yes
J7633	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	PULMICORT	No
J7634	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	RHINOCORT	Yes
J7635	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	SAL-TROPINE	Yes
J7636	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	SAL-TROPINE	Yes
J7637	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	DECADRON	Yes
J7638	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	DECADRON	Yes
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	PULMOZYME	Yes
J7640	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	FORADIL	Yes
J7641	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	NASALIDE	Yes
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	ROBINUL	Yes
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	ROBINUL	Yes

J7644	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	ATROVENT	No
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	ATROVENT	Yes
J7647	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	BRONKOSOL	No
J7648	Isoetharine Non-Comp Con	BRONKOSOL	No
J7649	Isoetharine Non-Comp Unit	BRONKOSOL	No
J7650	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	BRONKOSOL	Yes
J7657	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	ISUPREL HCL	Yes
J7658	Isoproterenol Non-Comp Con	ISUPREL HCL	No
J7659	Isoproterenol Non-Comp Unit	ISUPREL HCL	No
J7660	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	ISUPREL HCL	Yes
J7665	Mannitol, administered through an inhaler, 5 mg	ARIDOL	No
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	ALUPENT	No
J7668	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams	ALUPENT	No
J7669	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	ALUPENT	No
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	ALUPENT	Yes
J7674	Methacholine Chloride, Neb	PROVOCHOLINE	No
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	NEBUPENT	Yes

J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Yes
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	BRETHINE	Yes
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	BRETHINE	Yes
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	TOBI	No
J7683	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	AZMACORT	Yes
J7684	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	AZMACORT	Yes
J7685	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	TOBREX	Yes
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	TYVASO	Yes
J7699	Inhalation Solution for DME		Yes
J7799	Non-Inhalation Solution for DME		Yes
J7999	Compounded Drug, Noc	COMPOUNDED DRUG, NOC	Yes
J8498	Antiemetic rectal/supp, nos		Yes
J8499	Oral Prescription Drug, Non Chemo, nos		Yes
J8501	Aprepitant, oral, 5 mg	EMEND	Yes
J8510	Busulfan; oral, 2 mg	MYLERAN	No
J8515	Cabergoline, oral, 0.25 mg	DOSTINEX	No
J8520	Capecitabine, oral, 150 mg	XELODA	Yes
J8521	Capecitabine, oral, 500 mg	XELODA	Yes
J8530	Cyclophosphamide; oral, 25 mg	CYTOXAN	No
J8540	Dexamethasone, oral, 0.25 mg	DECADRON	No
J8560	Etoposide; oral, 50 mg	VEPESID	Yes
J8562	Fludarabine phosphate, oral, 10 mg	FLUDARA	Yes
J8565	Gefitinib, oral, 250 mg	IRESSA	Yes
J8597	Antiemetic Drug Oral, NOS		Yes
J8600	Melphalan; oral, 2 mg	ALKERAN	No
J8610	Methotrexate; oral, 2.5 mg	RHEUMATREX	No

J8650	Nabilone, oral, 1 mg	CESAMET	Yes
J8655	Oral Netupitant, Palonosetro	AKYNZEO	Yes
J8670	Rolapitant, oral, 1 mg	VARUBI	Yes
J8700	Temozolomide, oral, 5 mg	TEMODAR	Yes
J8705	Topotecan, oral, 0.25 mg	HYCAMTIN ORAL	Yes
J8999	Oral Prescription Drug, Chemo, NOS		Yes
J9000	Doxorubicin Hcl Injection	ADRIAMYCIN	No
J9010	Injection, alemtuzumab, 10 mg	CAMPATH	Yes
J9015	Aldesleukin Injection	PROLEUKIN	Yes
J9017	Arsenic Trioxide Injection	TRISENOX	Yes
J9019	Erwinaze Injection	ERWINAZE	Yes
J9020	Asparaginase, Nos	ELSPAR	Yes
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	RYLAZE	Yes
J9022	Inj, Atezolizumab,10 Mg	TECENTRIQ	Yes
J9023	Injection, Avelumab, 10 Mg	BAVENCIO	Yes
J9025	Azacitidine Injection	VIDAZA	Yes
J9027	Clofarabine Injection	CLOLAR	Yes
J9030	Bcg Live Intravesical 1mg	THERACYS, TICE BCG	No
J9031	Bcg Live Intravesical Vac	TICE BCG	No
J9032	Injection, Belinostat, 10mg	BELEODAQ	Yes
J9033	Inj., Treanda 1 Mg	TREANDA	Yes
J9034	Inj., Bendeka 1 Mg	BENDEKA	Yes
J9035	Bevacizumab Injection	AVASTIN	Yes
J9036	Inj. Belrapzo/Bendamustine	BELRAPZO	Yes
J9037	Injection, belantamab mafodontin-blmf, 0.5 mg	BLENREP	Yes
J9039	Injection, Blinatumomab	BLINCYTO	Yes
J9040	Bleomycin Sulfate Injection	BLENOXANE	No
J9041	Inj., Velcade 0.1 Mg	VELCADE	Yes
J9042	Brentuximab Vedotin Inj	ADCETRIS	Yes
J9043	Cabazitaxel Injection	JEVTANA	Yes
J9044	Inj, Bortezomib, Nos, 0.1 Mg	BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG INJECTION	Yes
J9045	Carboplatin Injection	CARBOPLATIN	No
J9047	Injection, Carfilzomib, 1 Mg	KYPROLIS	Yes
J9050	Carmustine Injection	BICNU	No
J9055	Cetuximab Injection	ERBITUX	Yes
J9057	Inj., Copanlisib, 1 Mg	ALIQOPA	Yes
J9060	Cisplatin 10 Mg Injection	PLATINOL AQ	No
J9061	Injection, amivantamab-vmjw, 2 mg	RYBREVANT	Yes
J9070	Cyclophosphamide 100 Mg Inj	CYTOXAN	Yes
J9071	**Injection, cyclophosphamide, (AuroMedics), 5 mg**	**AuroMedics NDCs**	**Yes**

J9098	Cytarabine Liposome Inj	DEPOCYT	Yes
J9100	Cytarabine Hcl 100 Mg Inj	CYTOSAR-U	No
J9118	Inj. Calaspargase Pegol-Mknl	ASPARLAS	Yes
J9119	Inj., Cemiplimab-Rwlc, 1 Mg	LIBTAYO	Yes
J9120	Dactinomycin Injection	COSMEGEN	No
J9130	Dacarbazine 100 Mg Inj	DTIC-DOME	No
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	DARZALEX FASPRO	Yes
J9145	Injection, Daratumumab 10 Mg	DARZALEX	Yes
J9150	Daunorubicin Injection	CERUBIDINE	No
J9151	Daunorubicin Citrate Inj	DAUNOXOME	Yes
J9153	Inj Daunorubicin, Cytarabine	VYXEOS	Yes
J9155	Degarelix Injection	FIRMAGON	Yes
J9160	Denileukin Diftitox Inj	ONTAK	Yes
J9165	Diethylstilbestrol Injection	STILPHOSTROL	Yes
J9171	Docetaxel Injection	DOCEFREZ	Yes
J9171	Docetaxel Injection	TAXOTERE	Yes
J9173	Inj., Durvalumab, 10 Mg	IMFINZI	Yes
J9175	Injection, elliotts' b solution, 1 ml		No
J9176	Injection, Elotuzumab, 1mg	EMPLICITI	Yes
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	PADCEV	Yes
J9178	Inj, Epirubicin Hcl, 2 Mg	ELLENCE	No
J9179	Eribulin Mesylate Injection	HALAVEN	Yes
J9181	Etoposide Injection	TOPOSAR	No
J9185	Fludarabine Phosphate Inj	FLUDARA	Yes
J9190	Fluorouracil Injection	ADRUCIL	No
J9198	Injection, gemcitabine hydrochloride, 100 mg	INFUGEM	Yes
J9199	Injection, gemcitabine HCl (Infugem), 200 mg	INFUGEM	Yes
J9200	Floxuridine Injection	FUDR	No
J9201	Gemcitabine Hcl Injection	GEMZAR	Yes
J9202	Goserelin Acetate Implant	ZOLADEX	Yes
J9203	Gemtuzumab Ozogamicin 0.1 Mg	MYLOTARG	Yes
J9204	Inj Mogamulizumab-Kpkc, 1 Mg	POTELIGEO	Yes
J9205	Inj Irinotecan Liposome 1 Mg	ONIVYDE	Yes
J9206	Irinotecan Injection	CAMPTOSAR	Yes
J9207	Ixabepilone Injection	IXEMPRA	Yes
J9208	Ifosfamide Injection	IFEX	No
J9209	Mesna Injection	MESNEX	No
J9210	Inj., Emapalumab-Lzsg, 1 Mg	GAMIFANT	Yes
J9211	Idarubicin Hcl Injection	IDAMYCIN	No
J9212	Interferon Alfacon-1 Inj	INFERGEN	Yes
J9213	Interferon Alfa-2a Inj	ROFERON-A	Yes
J9214	Interferon Alfa-2b Inj	INTRON A	Yes
J9215	Interferon Alfa-N3 Inj	ALFERON-N	Yes

J9216	Interferon Gamma 1-B Inj	ACTIMMUNE	Yes
J9217	Leuprolide Acetate Suspnsion	ELIGARD	Yes
J9217	Leuprolide Acetate Suspnsion	LUPRON DEPOT	Yes
J9218	Leuprolide acetate, per 1 mg	Leuprolide acetate	Yes
J9219	Leuprolide Acetate Implant	LUPRON DEPOT	Yes
J9223	Injection, lurbinectedin, 0.1 mg	ZEPZELCA	Yes
J9225	Vantas Implant	VANTAS	Yes
J9226	Supprelin La Implant	SUPPRELIN LA	Yes
J9227	Injection, isatuximab-irfc, 10 mg	SARCLISA	Yes
J9228	Ipilimumab Injection	YERVOY	Yes
J9229	Inj Inotuzumab Ozogam 0.1 Mg	BESPONSA	Yes
J9230	Mechlorethamine Hcl Inj	MUSTARGEN	Yes
J9245	Inj Melphalan Hydrochl 50 Mg	ALKERAN	No
J9246	Injection, melphalan, 1 mg	EVOMELA	No
J9247	Injection, melphalan flufenamide, 1 mg	PEPAXTO	Yes
J9250	Methotrexate Sodium Inj	RHEUMATREX	No
J9260	Methotrexate Sodium Inj	RHEUMATREX	No
J9261	Nelarabine Injection	ARRANON	Yes
J9262	Inj, Omacetaxine Mep, 0.01mg	SYNRIBO	Yes
J9263	Oxaliplatin	ELOXATIN	Yes
J9264	Paclitaxel Protein Bound	ABRAXANE	Yes
J9265	Injection, paclitaxel, 30 mg	TAXOL	Yes
J9266	Pegaspargase Injection	ONCASPAR	Yes
J9267	Paclitaxel Injection	TAXOL	Yes
J9268	Pentostatin Injection	NIPENT	Yes
J9269	Inj. Tagraxofusp-Erzs 10 Mcg	ELZONRIS	Yes
J9270	Injection, plicamycin, 2.5 mg	MITHRACIN	Yes
J9271	Inj Pembrolizumab	KEYTRUDA	Yes
J9272	Injection, dostarlimab-gxly, 10 mg	JEMPERLI	Yes
J9273	**Injection, tisotumab vedotin-tftv, 1 mg**	**Tivdak**	**Yes**
J9280	Mitomycin Injection	MUTAMYCIN	No
J9281	Mitomycin pyelocalyceal instillation, 1 mg	JELMYTO	Yes
J9285	Inj, Olaratumab, 10 Mg	LARTRUVO	Yes
J9293	Mitoxantrone Hydrochl / 5 Mg	NAVATRONE	No
J9295	Injection, Necitumumab, 1 Mg	PORTRAZZA	Yes
J9299	Injection, Nivolumab	OPDIVO	Yes
J9300	Injection, gemtuzumab ozogamicin, 5 mg	MYLOTARG	Yes
J9301	Obinutuzumab Inj	GAZYVA	Yes
J9302	Ofatumumab Injection	ARZERRA	Yes
J9303	Panitumumab Injection	VECTIBIX	Yes
J9304	Injection, pemetrexed, 10 mg	PEMFEXY	Yes
J9305	Pemetrexed Injection	ALIMTA	Yes
J9306	Injection, Pertuzumab, 1 Mg	PERJETA	Yes
J9307	Pralatrexate Injection	FOLOTYN	Yes

J9308	Injection, Ramucirumab	CYRAMZA	Yes
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	POLIVY	Yes
J9310	Injection, rituximab, 100 mg	RITUXAN	Yes
J9311	Inj Rituximab, Hyaluronidase	RITUXAN HYCELA	Yes
J9312	Inj., Rituximab, 10 Mg	RITUXAN	Yes
J9313	Inj., moxetumomab pasudotox-tdfk, 0.01 Mg	LUMOXITI	Yes
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	PHESGO	Yes
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	TRODELVY	Yes
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	ROMIDEPSIN	Yes
J9319	Injection, romidepsin, lyophilized, 0.1 mg	ISTODAX	Yes
J9320	Streptozocin Injection	ZANOSAR	Yes
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	IMLYGIC	Yes
J9328	Temozolomide Injection	TEMODAR	Yes
J9330	Temsirolimus Injection	TORISEL	Yes
J9340	Thiotepa Injection	THIOPLEX	Yes
J9348	Injection, naxitamab-gqgk, 1 mg	Danyelza	Yes
J9349	Injection, tafasitamab-cxix, 2 mg	MONJUVI	Yes
J9351	Topotecan Injection	HYCAMTIN ORAL	Yes
J9352	Injection Trabectedin 0.1mg	YONDELIS	Yes
J9353	Injection, margetuximab-cmkb, 5 mg	Margenza	Yes
J9354	Inj, Ado-Trastuzumab Emt 1mg	KADCYLA	Yes
J9355	Trastuzumab Injection	HERCEPTIN	Yes
J9356	Inj. Herceptin Hylecta, 10mg (trastuzumab and Hyaluronidase-oysk)	HERCEPTIN HYLECTA	Yes
J9357	Valrubicin Injection	VALSTAR	No
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	ENHERTU	Yes
J9359	**Injection, loncastuximab tesirine-lpyl, 0.075 mg**	**Zylonta**	**Yes**
J9360	Vinblastine Sulfate Inj	VELBAN	No
J9370	Vincristine Sulfate 1 Mg Inj	ONCOVIN	Yes
J9371	Inj, Vincristine Sul Lip 1mg	MARQIBO	Yes
J9390	Vinorelbine Tartrate Inj	NAVELBINE	Yes
J9395	Injection, Fulvestrant	FASLODEX	Yes
J9400	Inj, Ziv-Aflibercept, 1mg	ZALTRAP	Yes
J9600	Porfimer Sodium Injection	PHOTOFRIN	Yes
J9999	Chemotherapy Drug	CHEMOTHERAPY DRUG NOC	Yes
Q0138	Ferumoxytol, Non-Esrd	FERAHEME	No
Q0139	Ferumoxytol, Esrd Use	FERAHEME	No
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	ZITHROMAX	No

Q0161	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	THORAZINE	No
Q0162	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	ZOFRAN	No
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	TRUXADRYL	No
Q0164	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	COMPAZINE	No
Q0166	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	KYTRIL	Yes
Q0167	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	MARINOL	No
Q0169	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	PHENERGAN	No

Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	TIGAN	No
Q0174	Thiethylperazine maleate, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	TORECAN	No
Q0175	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	TRILIFON	No
Q0177	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	VISTARIL	No
Q0180	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	ANZAMET	Yes
Q0221	**Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 600 mg**	-	**No**
Q0243	Injection, casirivimab and imdevimab, 2400 mg		Yes
Q0247	Injection, sotrovimab, 500 mg		No
Q0515	Sermorelin Acetate Injection	GEREF DIAGNOSTIC	Yes

Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	RENACIDIN	No
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent	CEREBYX	No
Q2017	Teniposide, 50 Mg	VUMON	Yes
Q2026	Radiesse Injection	RADIESSE	Yes
Q2028	Injection, sculptra, 0.5 mg	SCULPTRA AESTHETIC	Yes
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YESCARTA	Yes
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	KYMRIAH	Yes
Q2043	Sipuleucel-T Auto Cd54+	PROVENGE	Yes
Q2049	Imported Lipodox Inj	LIPODOX	Yes
Q2050	Doxorubicin Inj 10mg	DOXIL	Yes
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd 19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	TECARTUS	Yes
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	BREYANZI	Yes
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	ABECMA	Yes
Q3027	Inj Beta Interferon Im 1 Mcg	AVONEX	Yes
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	REBIF	Yes
Q4074	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	VENTAVIS	Yes
Q4081	Epoetin Alfa, 100 Units Esrd	EPOGEN	Yes
Q4186	Epifix, per square centimeter	EPIFIX	Yes
Q4187	Epicord, per square centimeter	EPICORD	Yes
Q4249	AMNIPLY, for topical use only, per sq cm	AMNIPLY	Yes
Q4250	AmnioAmp-MP, per sq cm	AMNIOAMP-MP	Yes
Q4254	NovaFix DL, per sq cm	NOVAFIX DL	Yes

Q4255	REGUaRD, for topical use only, per sq cm	REGUARD	Yes
Q5101	Injection, Zarxio	ZARXIO	Yes
Q5102	Injection, infliximab, biosimilar, 10 mg	INFLECTRA	Yes
Q5103	Injection, Inflectra	INFLECTRA	Yes
Q5104	Injection, Renflexis	RENFLEXIS	Yes
Q5105	Inj Retacrit Esrd On Dialysi	RETACRIT	No
Q5106	Inj Retacrit Non-Esrd Use	RETACRIT	Yes
Q5107	Inj Mvasi 10 Mg	MVASI	Yes
Q5108	Injection, Fulphila	FULPHILA	Yes
Q5109	Injection, Ixifi, 10 Mg	IXIFI	Yes
Q5110	Nivestym	NIVESTYM	Yes
Q5111	Injection, Udenyca 0.5 Mg	UDENYCA	Yes
Q5112	Inj Ontruzant 10 Mg (trastuzumab-dttb)	ONTRUZANT	Yes
Q5113	Inj Herzuma 10 Mg (trastuzumab-pkrb)	HERZUMA	Yes
Q5114	Inj Ogivri 10 Mg (trastuzumab-dkst)	OGIVRI	Yes
Q5115	Inj Truxima 10 Mg (rituximab-abbs)	TRUXIMA	Yes
Q5116	Inj., trastuzumab-qyyp, biosimilar, 10 Mg	TRAZIMERA	Yes
Q5117	Inj., trastuzumab-anns, biosimilar, 10 Mg	KANIJINTI	Yes
Q5118	Inj., bevacizumab-bvzr, biosimilar, 10 Mg	ZIRABEV	Yes
Q5119	Injection, rituximab-pvvr, biosimilar, 10 mg	RUXIENCE	Yes
Q5120	Injection, pegfilgrastim-bmez, biosimilar, 0.5 mg	ZIEXTENZO	Yes
Q5121	Injection, infliximab-axxq, biosimilar, 10 mg	AVSOLA	Yes
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg	NYVEPRIA	Yes
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Riabni	Yes
Q5124	**Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg**	**Byooviz**	**Yes**
Q9991	Buprenorph Xr 100 Mg Or Less	SUBLOCADE	Yes
Q9992	Buprenorphine Xr Over 100 Mg	SUBLOCADE	Yes
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	ZILRETTA	Yes
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	RELIZORB	Yes
Q9995	Injection, emicizumab-kxwh, 0.5 mg	HEMLIBRA	Yes
S0013	Esketamine, nasal spray, 1 mg	SPRAVATO	Yes
S0020	Injection, bupivacaine hydrochloride, 30 ml	MARCAINE	No
S0028	Injection, famotidine, 20 mg	PEPCID	No
S0077	Injection, Clindamycin Phosp	CLEOCIN	No
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	ZOFRAN	No

S0145	Peg Interferon Alfa-2a/180	PEGASYS	Yes
S0148	Peg Interferon Alfa-2b/10	PEG INTRON	Yes
S0189	Testosterone Pellet 75 Mg	TESTOPEL	Yes
S4993	Contraceptive pills for birth control	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	No
S5010	5% dextrose and 0.45% normal saline, 1000 ml	5% DEXTROSE AND 0.45% NORMAL SALINE, 1000 ML	No
S5550	Insulin, rapid onset, 5 units	INSULIN RAPID ONSET 5 UNITS	No
S5551	Insulin, most rapid onset (lispro or aspart); 5 units	INSULIN MOST RAPID ONSET (LISPRO or ASPART) 5 UNITS	No
S5552	Insulin, intermediate acting (nph or lente); 5 units	INSULIN INTERMEDIATE ACTING (NPH or LENTE) 5 UNITS	No
S5553	Insulin, long acting; 5 units	INSULIN LONG ACTING 5 UNITS	No

Field Name	Field Description
Prior Authorization Group Description	**Insulin Pumps**
Drugs	Omnipod Dash **Intro Kit**, **Omnipod Dash Pods**, **Omnipod 5 G6 Intro Kit, Omnipod 5 G6 Pods** ~~insulin delivery pods only (Notes: The Omnipod Dash PDM (Personal Diabetes Manager) is provided direct by Insulet and should not be requested by the prescriber/billed to the plan.)~~ **This policy does not apply to pumps reviewed and/or covered by the Medical Benefit including, but not limited to V-Go 24-hour disposable system and t:slim X2, and continuous glucose monitor/insulin pumps such as MiniMed. Requests for these products are referred to the plan's Utilization Management team for review.**
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	None
Required Medical Information	See "Other Criteria"
Age Restrictions	None
Prescriber Restrictions	Prescribed by or in consultation with an endocrinologist, a certified ~~diabetic educator~~ **diabetes care and education specialist (CDCES),** or an obstetrician/gynecologist
Coverage Duration	If all of the criteria are met, the request will be approved for 12 months. If the criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.

Other Criteria Revision/Review Date **9/2022** ~~5/2022~~	**Initial Authorization** • Diagnosis – diabetes • One of the following o ~~≤ 18 years with t~~ **T**ype 1 diabetes or other insulin-deficient forms of diabetes (~~i.e~~ **e.g.** cystic-fibrosis related diabetes) o ~~Continuation of therapy for patient new to plan~~ o Treatment with multiple daily doses (≥ 3) of insulin ~~and one of the following~~ o ~~Persistently inadequate glycemic control (i.e. HbA1C ≥ 7% on multiple consecutive readings with one being within the last 3 months, frequent bouts of hypoglycemia, overt microvascular complications~~ o ~~History of acutely dangerous symptoms (i.e. severe glycemic excursions; brittle diabetes; nocturnal hypoglycemia; hypoglycemia unawareness, ketosis)~~ o ~~Other difficult to manage symptoms/scenarios (i.e. "dawn" phenomenon; extreme insulin sensitivity; very low insulin requirements)~~ o Pregnancy o **Continuation of therapy for patient new to plan** **Reauthorization** • One of the following: o ~~Child or adolescent with t~~ **T**ype 1 diabetes or other insulin-deficient form of diabetes o ~~Documentation of positive clinical response (i.e. improved HbA1C; reduced frequency of severe hypoglycemia episodes; target time in range [TIR] > 70% or time below range < 4%) with 1st reauthorization~~ **Continued use of multiple daily injections (≥ 3) of insulin** o Initial approval was based on continuation of therapy for patient new to plan. • **There are no new safety signals relating to the use or improper use of the pump** • Continuation of therapy based on a diagnosis of pregnancy alone is not eligible for reauthorization **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**

Rituximab

Drugs:

Rituxan (rituximab)

Rituxan Hycela (rituximab/hyaluronidase human, recombinant)

Truxima (rituximab-abbs)
Ruxience (rituximab-pvvr)
Riabni (rituximab-arrx)

RITUXIMAB WILL BE APPROVED IF THE FOLLOWING PRIOR AUTHORIZATION CRITERIA IS MET:

MULTIPLE SCLEROSIS:

Initial Authorization

- The medication is being prescribed at a dose consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature
- **The medication is being prescribed by a neurologist**
- Attestation that the patient has been screened for and does not have active hepatitis B virus (HBV)
- **For requests for Clinically Isolated Syndrome (CIS), Relapsing Remitting MS (RRMS), Secondary Progressive MS (SPMS): documented trial of at least two preferred agents or a documented medical reason (e.g. contraindication, intolerance, hypersensitivity, etc.) for not utilizing preferred multiple sclerosis disease-modifying agents**
    - **For patients with "highly active" MS, a prior trial with Gilenya (fingolimod), Lemtrada (alemtuzumab), or Tysabri (natalizumab) will be acceptable.**
- **For requests for Primary Progressive MS (PPMS) approve if all other criteria have been met**
- **If the request is for any medication other than Ruxience (rituximab-pvvr), there is a documented trial and failure of Ruxience (rituximab-pvvr), or medical reason why (e.g. intolerance, hypersensitivity, contraindication) it cannot be used**
- If the request is for Rituxan Hycela (rituximab/hyaluronidase), all of the above AND documented medical reason why the patient cannot use Rituxan (rituximab).

If all of the above conditions are met, the request will be approved for up to a 1 ~~month~~ **year** duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Reauthorization

- Documentation that the prescriber has evaluated the member and recommends continuation of therapy (clinical benefit)
- The medication is being prescribed at a dose consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature

If all of the above conditions are met, the request will be approved for up to a 1 ~~month~~ **year** duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

NEUORMYELITIS OPTICA SPECTRUM DISORDER (NMOSD):

Initial Authorization

- Member has a diagnosis of NMOSD
- Documentation indicating that the patient has been screened for HBV (hepatitis B virus) prior to initiation of treatment
- Dosing is supported by compendia or standard of care guidelines
- If the request is for any medication other than Ruxience (rituximab-pvvr), there is a documented trial and failure of Ruxience (rituximab-pvvr), or medical reason why (e.g. intolerance, hypersensitivity, contraindication) it cannot be used

If all of the above conditions are met, the request will be approved for up to a 1 ~~month~~**year** duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Reauthorization

- Documentation that the prescriber has evaluated the member and recommends continuation of therapy (clinical benefit)
- Request is for an FDA approved/medically accepted dose

If all of the above conditions are met, the request will be approved for up to a 1 ~~month~~ **year** duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

RHEUMATOID ARTHRITIS:

Initial Authorization

- The medication is being recommended and prescribed by a rheumatologist.
- The patient is an adult (≥18 y/o) and has a documented clinical diagnosis of rheumatoid arthritis.
- The patient has a documented (consistent with pharmacy claims data, OR for new members to the health plan consistent with medical chart history) adequate trial (including dates and doses) of 3 months or more of therapy with one conventional (non-biologic) DMARD (e.g. methotrexate, leflunomide, sulfasalazine, hydroxychloroquine) or has a documented medical reason (e.g. intolerance, hypersensitivity) for not utilizing any of these therapies to manage their medical condition.
- The patient has a documented (consistent with pharmacy claims data, OR for new members to the health plan consistent with medical chart history) ~~3 month trial~~ **adequate trial** (including dates, doses) of 2 preferred biologics indicated for rheumatoid arthritis, or has documented medical reason (intolerance, hypersensitivity, etc.) for not taking **the preferred**~~ALL of these~~ therapies to manage their medical condition.
- Documentation indicating that rituximab is being used concurrently with methotrexate.
- Documentation indicating that the patient has been screened for Hepatitis B Virus (HBV) prior to initiation of treatment.
- Rituximab is being prescribed at an FDA approved dosage.
- If the request is for any medication other than ~~Truxima (rituximab-abbs)~~**Ruxience**

(rituximab-pvvr) there is a documented trial and failure of **Ruxience (rituximab-pvvr)**~~Truxima (rituximab-abbs)~~, or medical reason why (e.g. intolerance, hypersensitivity, contraindication) **Ruxience (rituximab-pvvr)** ~~Truxima (rituximab-abbs)~~ cannot be used.

If all of the above conditions are met, the request will be approved for up to a 1 month duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Reauthorization

- The member has been receiving rituximab and documentation is provided that a rheumatologist has reevaluated the member and recommends continuation of therapy.
- Documentation was provided indicating that the patient had clinical benefit from receiving rituximab therapy.
- At least 16 weeks (4 months) has elapsed since the previous course of rituximab therapy.
- Documentation indicating that rituximab is being used concurrently with methotrexate.
- Rituximab is being prescribed at an FDA approved dosage.

If all of the above conditions are met, the request will be approved for up to a 1 year duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

PEMPHIGUS VULGARIS

Initial Authorization

- The medication is being recommended and prescribed by a rheumatologist or dermatologist
- The patient is ≥ 18 years with a diagnosis of moderate to severe pemphigus vulgaris
- Documentation the patient will be receiving P. jirovecii pneumonia (PJP) prophylaxis (ex. TMP/SMX, dapsone, atovaquone) or the prescriber has provided a medical reason for not prescribing P**J**~~C~~P prophylaxis
- Documentation indicating that the patient has been screened for HBV prior to initiation of treatment
- Rituximab is being prescribed at an FDA approved dose/frequency
- Rituximab is being used in combination with a tapering course of glucocorticoids

If all of the above conditions are met, the request will be approved for up to a 1 month duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Reauthorization

- Documentation of clinical benefits (e.g., absence of new lesions) with rituximab therapy was provided by a rheumatologist or dermatologist
- Documentation the patient will continue to receive PJP prophylaxis (ex. TMP/SMX, dapsone, atovaquone) or the prescriber has provided a medical reason for not prescribing P**J**~~C~~P prophylaxis

- Rituximab is being prescribed at an FDA approved dose/frequency

If all of the above conditions are met, the request will be approved for up to a 1 year duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

ONCOLOGY INDICATIONS
Initial Authorization:

- The medication is being recommended and prescribed by an oncologist.
- The medication is being requested for a labeled indication or the an indication supported by a NCCN category 1 or 2A level of evidence
- ~~The requested indication is CD20 positive~~**Documentation of CD20 positive disease**
- Documentation indicating that the patient has been screened for HBV prior to initiation of treatment.
- Rituximab is being prescribed at a dose that is within FDA approved guidelines and/or is supported by the medical compendium as defined by the Social Security Act and/or the National Comprehensive Cancer Network (NCCN) or American Society of Clinical Oncology (ASCO) standard of care guidelines.
- If the request is for any medication other than Ruxience (rituximab-pvvr) there is a documented trial and failure of Ruxience (rituximab-pvvr), or medical reason why (e.g. intolerance, hypersensitivity, contraindication) Ruxience (rituximab-pvvr) cannot be used.
- If the request is for Rituxan Hycela (rituximab/hyaluronidase human, recombinant):
    - **T**he patient has received at least one full dose of a rituximab product by intravenous infusion
    - **T**he medication is being requested for a malignant condition
    - **T**here is a medical reason why the alternative rituximab product cannot be continued

If all of the above conditions are met, the request will be approved for up to a 3 month duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Reauthorization

- The medication is being recommended and prescribed by an oncologist.
- Rituximab is being prescribed at a dose that is within FDA approved guidelines and/or is supported by the medical compendium as defined by the Social Security Act and/or per the NCCN or ASCO standard of care guidelines.

If all of the above conditions are met, the request will be approved for up to a 3 month duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

GRANULOMATOSIS WITH POLYANGIITIS (GPA) (WEGENER'S GRANULOMATOSIS) AND MICROSCOPIC POLYANGIITIS (MPA):
Initial Authorization:

- The medication is being recommended and prescribed by a rheumatologist or nephrologist.
- The patient is 2 years of age or older and has a documented clinical diagnosis of GPA (Wegener's Granulomatosis) or MPA.
- **For non-severe disease** ~~T~~**t**he patient has a documented (consistent with pharmacy claims data, OR for new members to the health plan consistent with medical chart history) adequate trial of three months (including dates, doses) of glucocorticoid (i.e. prednisone) AND methotrexate**, or** ~~OR glucocorticoid AND cyclophosphamide (Cytoxan)~~ documentation includes a medical reason (intolerance, hypersensitivity, etc.) why patient is not able to use these therapies to manage their medical condition.
- **For severe disease, a trial of glucocorticoid and methotrexate is not required**
- Documentation indicating that rituximab is being used concurrently with glucocorticoids.
- Documentation the patient will be receiving PJP prophylaxis (ex. TMP/SMX, dapsone, atovaquone) during treatment or the prescriber has provided a medical reason for not prescribing PJP prophylaxis
- Documentation indicating that the patient has been screened for HBV prior to initiation of treatment.
- Rituximab is being prescribed at an FDA approved dosage.
- If the patient is 18 years of age or older, and the request is for any medication other than Ruxience (rituximab-pvvr) there is a documented trial and failure of Ruxience (rituximab-pvvr), or medical reason why (e.g. intolerance, hypersensitivity, contraindication) Ruxience (rituximab-pvvr) cannot be used.

If all of the above conditions are met, the request will be approved for up to a 1 month duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Re-authorization:

- The medication is being recommended and prescribed by a rheumatologist or nephrologist.
- Documentation the patient will continue to receive PJP prophylaxis (ex. TMP/SMX, dapsone, atovaquone) or the prescriber has provided a medical reason for not prescribing PJP prophylaxis
- Rituxi**m**ab~~an~~ is being prescribed at an FDA approved dose.

If all of the above conditions are met, the request will be approved for up to a 1 year duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

DERMATOMYOSITIS (DM) and POLYMYOSITIS (PM)

Initial Authorization:

- **Rituximab is being recommended and prescribed by a neurologist, rheumatologist, or dermatologist.**
- **Patient meets one of the following:**
    - **Bohan and Peter score indicating definite DM or PM**

    - **Bohan and Peter score indicating probable DM or PM AND concurring diagnostic evaluation by ≥ 1 specialist (e.g. neurologist, rheumatologist, dermatologist)**
- **Patient does NOT have cancer associated myositis defined as myositis within 2 years of cancer diagnosis (except basal or squamous cell skin cancer or carcinoma in situ of the cervix that has been excised and cured)**
- **One of the following:**
    - **Patient has a documented trial and failure of, or has a documented medical reason for not using methotrexate (MTX) OR azathioprine**
    - **Patient has severe, life-threatening weakness or dysphagia**
- **Rituximab is prescribed at a dose per the medical compendia (Micromedex, American Hospital Formulary Service (AHFS), DrugPoints, the Drug Package Insert as defined in the Social Security Act and/or per the American Academy of Pediatrics (AAP) standard of care guidelines and has a Class I or IIa recommendation).**
- **If the request is for any medication other than Ruxience (rituximab-pvvr) there is a documented trial and failure of Ruxience (rituximab-pvvr), or medical reason why (e.g. intolerance, hypersensitivity, contraindication) Ruxience (rituximab-pvvr) cannot be used.**

If all of the above conditions are met, the request will be approved for up to a 1 month duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Re-authorization:

- **Rituximab is being recommended and prescribed by a neurologist, rheumatologist, or dermatologist.**
- **Documentation was provided indicating that the patient had clinical benefit from receiving rituximab therapy.**
- **Rituximab is prescribed at a medically accepted dose per the medical compendia.**

If all of the above conditions are met, the request will be approved for up to a 3 month duration; if all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

OTHER MEDICALLY ACCEPTED INDICATIONS

Initial Authorization:

- The medication is prescribed for a non-FDA approved indication but is considered to be a medically accepted use of the medication per the medical compendia (Micromedex, American Hospital Formulary Service (AHFS), DrugPoints, the Drug Package Insert as defined in the Social Security Act and/or per the American Academy of Pediatrics (AAP) standard of care guidelines and has a Class I or IIa recommendation.
- ~~Exclusion Criteria: Diagnosis of Dermatomyosistis, polymyositis, dermatopolymyositis~~
- The medication is prescribed at a medically accepted dose per the medical compendia as

defined above.

- The medication is recommended and prescribed a specialist in the field to treat the member's respective medical condition.
- Documentation indicating that the patient has been screened for HBV prior to initiation of treatment.
- Documentation was submitted indicating that the member has a documented (consistent with pharmacy claims data, OR for new members to the health plan consistent with medical chart history) adequate trial (including dates, doses of medications) of ALL first line medical therapies as recommended by the medical compendia and standard care guidelines and/or has another documented medical reason (e.g. intolerance, contraindications, etc.) for not receiving or trying all first line medical treatment(s).
- If the request is for any medication other than Ruxience (rituximab-pvvr) there is a documented trial and failure of Ruxience (rituximab-pvvr), or medical reason why (e.g. intolerance, hypersensitivity, contraindication) Ruxience (rituximab-pvvr) cannot be used.

If all of the above conditions are met, the request will be approved for up to a 3 month duration. If all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

Re-authorization:

- The medication is prescribed at a medically accepted dose per the medical compendia
- The medication is recommended and prescribed a specialist in the field to treat the member's respective medical condition.
- Documentation from medical chart was submitted indicating that the member has significantly clinically benefited from the medication.

If all of the above conditions are met, the request will be approved for up to a 3 month duration. If all of the above criteria are not met, the request is referred to a Medical Director/clinical reviewer for medical necessity review.

NOTE: Physician/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.

Revision/Review Date: ~~6/2021~~**7/2022**

Field Name	**Field Description**
Prior Authorization Group Description	**Treatments for Plasminogen Deficiency Type 1 (PLD1)**
Drugs	**Ryplazim (human plasma-derived plasminogen)**
Covered Uses	**Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), and the Drug Package Insert (PPI).**

Exclusion Criteria	**N/A**
Required Medical Information	**See "Other Criteria"**
Age Restrictions	**N/A**
Prescriber Restrictions	**Prescriber must be a hematologist, medical geneticist, or other specialist in the treatment of rare blood or genetic disorders**
Coverage Duration	**If all of the criteria are met, the initial request will be approved for 12 weeks. Reauthorization requests will be approved for 12 weeks if the member has not had a documented positive response to therapy and for 12 months if the member has had a documented positive response to therapy. If the conditions are not met, the request will be sent to a Medical Director/clinical reviewer for medical necessity review.**
Other Criteria Revision/Review Date 5/2022	****Drug is being requested through the member's medical benefit**** **Initial Authorization** • **Member must have a diagnosis of PLD1 (i.e. hypoplasminogenemia)** • **Member must have a documented history of lesions or other symptoms consistent with the diagnosis (e.g. ligneous conjunctivitis, oral, respiratory, gastrointestinal, urogenital, integumentary, or central nervous system manifestations)** • **Member must have baseline plasminogen activity levels ≤ 45%** o **If the member received plasminogen supplementation with fresh frozen plasma, prescriber attests that a 7-day washout period was performed before obtaining baseline plasminogen activity levels.** • **The request is for an FDA approved dose** **Reauthorization** • **ONE of the following is true:** o **Member has a documented positive response to therapy (e.g. reduction in number or size of lesions, no new or recurring lesions)** o **Member has not had a documented positive response to therapy and ONE of the following:** ▪ **If confirmed plasminogen activity levels are ≥ 10% above baseline, then appropriate dosing frequency adjustments must be made.** ▪ **If confirmed plasminogen activity levels are < 10% above baseline, then appropriate dosing frequency adjustments must be made AND the prescriber must provide a medical justification as to why therapy should be continued.** • **The request is for an FDA approved dose**

	Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.

Field Name	Field Description
Prior Authorization Group Description	**Vascular Endothelial Growth Factor (VEGF) Inhibitors for Ophthalmic Conditions**
Drugs	**Preferred Vascular Endothelial Growth Factor (VEGF) Inhibitor(s):** • **Avastin (bevacizumab)** • **Lucentis (ranibizumab)** **Non-Preferred Vascular Endothelial Growth Factor (VEGF) Inhibitor(s):** • **Beovu (brolucizumab)** • **Eylea (afibercept)** • **Susvimo (ranibizumab)** • **Vabysmo (faricimab)** • **Any newly marketed agent in this class**
Covered Uses	**Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.**
Exclusion Criteria	**N/A**
Required Medical Information	**See "other criteria"**
Age Restrictions	**Approvable for adults 18 years of age and older only**
Prescriber Restrictions	**Ophthalmologist**
Coverage Duration	**If the above conditions are met, the request will be approved with a 3 month duration for initial and 12 months for renewal; if the criteria are not met, the request will be referred to a clinical reviewer for medical necessity review.**
Other Criteria	****Drug is being requested through the member's medical benefit**** **Avastin:** • **Request is for compendia supported dosing for an ophthalmic indication** **Lucentis:** • **Request is for an FDA-approved dosing regimen**

Revision/Review Date 5/2022	**Eylea:** • **Request is for an FDA-approved dosing regimen** **Non-Preferred VEGF Inhibitor:** • **Request is for an FDA-approved dosing regimen; AND** • **Documented trial and failure with a preferred VEGF inhibitor for all FDA-approved indications OR: a medical justification for not using a preferred VEGF inhibitor (e.g. experienced a severe ADR such as hypersensitivity, arterial thromboembolism, cerebrovascular accident, raised intraocular pressure, retinal detachment).** **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**

Field Name	Field Description
Prior Authorization Group Description	**Vyvgart**
Drugs	**Vyvgart (efgartigimod)**
Covered Uses	**Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.**
Exclusion Criteria	**N/A**
Required Medical Information	**See "Other Criteria"**
Age Restrictions	**≥ 18 years**
Prescriber Restrictions	**Prescribed by or in consultation with a neurologist or rheumatologist**
Coverage Duration	**If all of the criteria are met, the initial request will be approved for 6 months. For continuation of therapy, the request will be approved for 12 months. If the conditions are not met, the request will be sent to a Medical Director/clinical reviewer for medical necessity review.**
Other Criteria	****Drug is being requested through the member's medical benefit**** **Initial Authorization:** • **Diagnosis of generalized myasthenia gravis (gMG)** • **Patient has a positive serological test for anti-AChR antibodies** • **Patient has a Myasthenia Gravis Foundation of America (MGFA) clinical classification of class II, III or IV** • **Patient has an MG-Activities of Daily Living (MG-ADL) score ≥5** • **Patient has tried and failed, or has contraindication, to 2 or**

Revision/Review Date: 05/2022	**more conventional therapies (i.e. acetylcholinesterase inhibitors, corticosteroids, non-steroidal immunosuppressive therapies)** • **Medication is prescribed at an FDA approved dose** **Re-Authorization:** • **Patient has improved signs and symptoms of MG and/or at least a 2-point improvement in MG-ADL score from pre-treatment baseline** • **Medication is prescribed at an FDA approved dose** **If all of the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.**

Reviewed Suconda Smith