



PRIOR AUTHORIZATION CRITERIA – MEDICAL BENEFIT DRUGS

This document contains clinical criteria for coverage of certain drugs that may be covered under your medical benefit. This document is accurate as of the last update date and is subject to change.

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PROCEDURE CODE(S)	Drugs
ACUTE HEREDITARY ANGIOEDEMA THERAPY: J0597, J1290, J0596	BERINERT 500 UNIT KIT 500 UNIT (10 ML), BERINERT 500 UNIT VIAL 500 UNIT (10 ML), KALBITOR 10 MG/ML VIAL 10 MG/ML (1 ML), RUCONEST 2,100 UNIT VIAL P/F, SUV, INNER, RUCONEST 2,100 UNIT VIAL P/F, SUV, OUTER
ADAKVEO: J0791	ADAKVEO 100 MG/10 ML VIAL 10 MG/ML
ALPHA-1 PROTEINASE INHIBITORS: J0256, J0257	ARALAST NP 1,000 MG VIAL P/F, PRICE/MG, SUV, ARALAST NP 500 MG VIAL INNER, P/F, SUV, ARALAST NP 500 MG VIAL PRICE/MG, P/F, SUV, GLASSIA 1 GM/50 ML VIAL 20 MG/ML (2 %), GLASSIA 4 GM /200 ML VIAL 20 MG/ML (2 %), GLASSIA 5 GM /250 ML VIAL 20 MG/ML (2 %), PROLASTIN C 1,000 MG/20 ML VL P/F, SUV, INNER, PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG, SUV, ZEMAIRA 1,000 MG VIAL INNER, P/F, SUV, ZEMAIRA 1,000 MG VIAL PRICE/ONE MG, SUV, ZEMAIRA 4,000 MG VIAL INNER, P/F, SUV, ZEMAIRA 4,000 MG VIAL PRICE/ONE MG, SUV, ZEMAIRA 5,000 MG VIAL INNER, P/F, SUV, ZEMAIRA 5,000 MG VIAL PRICE/ONE MG, SUV
ANTI-AMYLOID MONOCLONAL ANTIBODIES-COMM: J0175, J0174, J3490	KISUNLA 350 MG/20 ML VIAL 17.5 MG/ML, LEQEMBI 200 MG/2 ML VIAL 100 MG/ML, LEQEMBI 500 MG/5 ML VIAL 100 MG/ML, LEQEMBI IQLIK 360 MG/1.8 ML AUTOINJECTOR
ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT: J9264, J9042, J9029, J9057, Q5126, J9028, J2277, J9261, J9302, J9118, J9035, J9184, J9025, J9023, J9174, J9032, J9036, J9033, J9034, J9229, J9382, J9999, J9049, J9048, J9041, J9051, J9054, J9308, J9348, J9145, J9144, J9011, J0893, J0894, J9172, J9063, J9269, J9176, J9326, J9358, J9055, J9179, J9246, J9395, J9307, J9394, J9331, J0614, J9248, J9355, J9356, Q5146, Q5113, J9173, J9347, J9325, J9319, J9249, J9207, J9281, J9272, J9043, Q5160, J9354, Q5117, J9271, J9047, C9308, J9119, J3263, A9513, J9161, J9353, J9245, J9349, Q5107, J9203, Q5114, J9205, Q5112, J9299, J9289, J9298, J9177, J0208, J9306, J9316, J9309, J9204, J9318, J9061, J9021, J9227, J9022, J9024,	ABRAXANE 100 MG VIAL, ADCETRIS 50 MG VIAL, ADSTILADRIN VIAL INNER, P/F, SUV 3X10EXP11 VP/ML, ADSTILADRIN VIAL OUTER, P/F, SUV 3X10EXP11 VP/ML, ALIQOPA 60 MG VIAL, ALYMSYS 100 MG/4 ML VIAL 25 MG/ML, ALYMSYS 400 MG/16 ML VIAL 25 MG/ML, ANKTIVA 400 MCG/0.4 ML VIAL, APHEXDA 62 MG VIAL, ARRANON 250 MG/50 ML VIAL P/F, SUV 5 MG/ML, ARZERRA 1,000 MG/50 ML VIAL SUV, P/F, ARZERRA 100 MG/5 ML VIAL SUV, INNER, ARZERRA 100 MG/5 ML VIAL SUV, OUTER, ASPARLAS 3,750 UNIT/5 ML VIAL 750 UNIT/ML, AVASTIN 100 MG/4 ML VIAL P/F, SUV 25 MG/ML, AVASTIN 400 MG/16 ML VIAL P/F, SUV 25 MG/ML, AVGEMSI 1 GRAM/26.3 ML VIAL 1 GRAM/26.3 ML (38 MG/ML), AVGEMSI 2 GRAM/52.6 ML VIAL 2 GRAM/52.6 ML (38 MG/ML), azacitidine 100 mg vial p/f, suv, azacitidine 100 mg vial sdv, azacitidine 100 mg vial suv, p/f, azacitidine 100 mg vial suv, BAVENCIO 200 MG/10 ML VIAL 20 MG/ML, BEIZRAY 20 MG/ML VIAL INNER, SUV, P/F 20 MG/ML (1 ML), BEIZRAY-ALBUMIN 160 MG KIT OUTER, SUV 20 MG/ML, BEIZRAY-ALBUMIN 80 MG KIT OUTER, SUV 20 MG/ML, BELEODAQ 500 MG VIAL SUV, P/F, BELRAPZO 100 MG/4 ML VIAL 25 MG/ML, bendamustine 100 mg vial, bendamustine 100 mg/4 ml vial muv, p/f 25 mg/ml, bendamustine 100 mg/4 ml vial muv 25 mg/ml, bendamustine 25 mg vial, BENDEKA 100 MG/4 ML VIAL 25 MG/ML, BESPONSA 0.9 MG VIAL 0.9 MG (0.25 MG/ML INITIAL), BIZENGRI 375 MG/18.75 ML VIAL INNER, SUV, P/F 375 MG/18.75 ML (20 MG/ML), BIZENGRI 375 MG/18.75 ML VIAL OUTER, SUV, P/F 375 MG/18.75 ML (20 MG/ML), BLENREP 70 MG VIAL, bortezomib 1 mg vial, bortezomib 3.5 mg iv vial sdv, bortezomib 3.5 mg vial suv, p/f, bortezomib 3.5 mg vial suv, bortezomib 3.5 mg/1.4 ml vial 2.5 mg/ml, bortezomib 3.5 mg/3.5 ml vial 1 mg/ml, BORUZU 3.5 MG/1.4 ML VIAL 2.5 MG/ML, CYRAMZA 100 MG/10 ML VIAL 10 MG/ML, CYRAMZA 500 MG/50 ML VIAL 10 MG/ML, DANYELZA 40 MG/10 ML VIAL 4 MG/ML, DARZALEX 100 MG/5 ML VIAL SUV, P/F 20 MG/ML, DARZALEX 400 MG/20 ML VIAL SUV, P/F 20 MG/ML, DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML VIAL, DATROWAY 100 MG VIAL, decitabine 50 mg vial inner, sdv, decitabine 50 mg vial outer, sdv, dil, decitabine 50 mg vial p/f, suv, decitabine 50 mg vial sdv, decitabine 50 mg vial suv, p/f, decitabine 50 mg vial suv, DOCIVYX 160 MG/16 ML VIAL 160 MG/16 ML (10 MG/ML), DOCIVYX 20 MG/2 ML VIAL 20 MG/2 ML (10 MG/ML), DOCIVYX 80 MG/8 ML VIAL 80 MG/8 ML (10 MG/ML), ELAHERE 100 MG/20 ML VIAL 5 MG/ML, ELZONRIS 1,000 MCG/ML VIAL, EMPLICITI 300 MG VIAL, EMPLICITI 400 MG VIAL, EMRELIS 100 MG VIAL, EMRELIS 20 MG VIAL, ENHERTU 100 MG VIAL, ERBITUX 100 MG/50 ML VIAL, ERBITUX 200 MG/100 ML VIAL, eribulin mesylate 1 mg/2 ml vl suv, p/f 1 mg/2 ml (0.5 mg/ml), eribulin mesylate 1 mg/2 ml vl suv 1 mg/2 ml (0.5 mg/ml), EVOMELA 50 MG VIAL, FASLODEX 250 MG/5 ML SYRINGE, FOLOTYN 20 MG/ML VIAL SUV, P/F 20 MG/ML (1 ML), FOLOTYN 40 MG/2 ML VIAL SUV, P/F 40 MG/2 ML (20 MG/ML), fulvestrant 250 mg/5

PROCEDURE CODE(S)	Drugs
J9330 , J9329 , J9273 , Q5116 , J9317 , J9275 , J9303 , Q5129 , J9056 , J1326 , J9153 , A9606 , J9228 , J9352 , J9400 , J9223 , J9276 , Q5118 , J9282 , J9359 , J9345	ml syringe suv, inner, fulvestrant 250 mg/5 ml syringe suv, outer, fulvestrant 250 mg/5 ml syringe inner, suv, fulvestrant 250 mg/5 ml syringe outer, suv, fulvestrant 250 mg/5 ml syringe suv, inner, fulvestrant 250 mg/5 ml syringe suv, outer, fulvestrant 250 mg/5 ml syringe suv, p/f, fulvestrant 250 mg/5 ml syringe suv,inner, fulvestrant 250 mg/5 ml syringe suv,outer, fulvestrant 250 mg/5 ml syringe suv, FYARRO 100 MG VIAL, GRAFAPEX 1 GRAM VIAL INNER, SUV, GRAFAPEX 1 GRAM VIAL OUTER, SUV, GRAFAPEX 5 GRAM VIAL INNER, SUV, GRAFAPEX 5 GRAM VIAL OUTER, SUV, HALAVEN 1 MG/2 ML VIAL 1 MG/2 ML (0.5 MG/ML), HEPZATO 50 MG VIAL, HEPZATO 50 MG X5 KIT-50MM CATH, HEPZATO 50 MG X5 KIT-62MM CATH, HERCEPTIN 150 MG VIAL P/F, SDV, HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML VIAL, HERCESSI 150 MG VIAL, HERCESSI 420 MG VIAL, HERZUMA 150 MG VIAL, HERZUMA 420 MG VIAL INNER, MUV, P/F, HERZUMA 420 MG VIAL OUTER, MUV, P/F, IMFINZI 120 MG/2.4 ML VIAL 50 MG/ML, IMFINZI 500 MG/10 ML VIAL 50 MG/ML, IMJUDO 25 MG/1.25 ML VIAL 20 MG/ML, IMJUDO 300 MG/15 ML VIAL 20 MG/ML, IMLYGIC 1 MILLION PFU/ML VIAL 10EXP6 (1 MILLION) PFU/ML, IMLYGIC 100 MILLION PFU/ML VL 10EXP8 (100 MILLION) PFU/ML, INLEXZO 225 MG INTRAVESICAL SYS, ISTODAX 10 MG KIT SDV, OUTER 10 MG/2 ML, ISTODAX 10 MG VIAL SDV, INNER 10 MG/2 ML, IVRA 90 MG/ML VIAL, IXEMPRA 15 MG KIT OUTER, SUV, IXEMPRA 15 MG VIAL INNER, SUV, IXEMPRA 45 MG KIT OUTER, SUV, IXEMPRA 45 MG VIAL INNER, SUV, JELMYTO 40 MG VIAL INNER 40 MG X 2, JELMYTO SINGLE-DOSE KIT(40 MG VIAL X 2) OUTER 40 MG X 2, JEMPERLI 500 MG/10 ML VIAL 50 MG/ML, JEVTANA 60 MG/1.5 ML KIT OUTER, SDV 60 MG/1.5 ML (DILUTE10MG/ML), JEVTANA 60 MG/1.5 ML VIAL INNER, SDV 60 MG/1.5 ML (DILUTE10MG/ML), JOBEVNE 400 MG/16 ML VIAL 25 MG/ML, KADCYLA 100 MG VIAL, KADCYLA 160 MG VIAL, KANJINTI 150 MG VIAL, KEYTRUDA 100 MG/4 ML VIAL P/F, INNER, SUV 25 MG/ML, KEYTRUDA 100 MG/4 ML VIAL P/F, OUTER, SUV 25 MG/ML, KYPROLIS 10 MG VIAL, KYPROLIS 30 MG VIAL SDV, KYXATA 500 MG/50 ML VIAL 10 MG/ML, KYXATA 80 MG/8 ML VIAL 10 MG/ML, LIBTAYO 350 MG/7 ML VIAL 50 MG/ML, LOQTORZI 240 MG/6 ML VIAL 240 MG/6 ML (40 MG/ML), LUTATHERA 370 MBQ (10 MCI)/ML P/F, SUV, INNER 10 MCI/ML (370 MBQ/ML), LUTATHERA 370 MBQ (10 MCI)/ML P/F, SUV, OUTER 10 MCI/ML (370 MBQ/ML), LYMPHIR 300 MCG VIAL, MARGENZA 250 MG/10 ML VIAL INNER, P/F, SUV 25 MG/ML, MARGENZA 250 MG/10 ML VIAL OUTER, P/F, SUV 25 MG/ML, melphalan 50 mg vial w-diluent outer, p/f, suv, melphalan 50 mg vial w-diluent outer, sdv, melphalan 50 mg vial w-diluent outer, suv, p/f, melphalan 50 mg vial w-diluent outer, suv, melphalan 50 mg vial w-diluent outer, sdv, p/f, melphalan 50 mg vial w-diluent p/f, suv, outer, melphalan 50 mg vial w-diluent sdv, p/f, outer, melphalan 50 mg vial w-diluent suv, outer, melphalan hcl 50 mg vial inner, p/f, suv, melphalan hcl 50 mg vial inner, sdv, melphalan hcl 50 mg vial inner, suv, p/f, melphalan hcl 50 mg vial inner, suv, melphalan hcl 50 mg vial inner, sdv, p/f, melphalan hcl 50 mg vial p/f, suv, inner, melphalan hcl 50 mg vial sdv, p/f, inner, melphalan hcl 50 mg vial suv, inner, melphalan hcl 50 mg vial suv, inner, MONJUVI 200 MG VIAL, MVASI 100 MG/4 ML VIAL P/F, SUV 25 MG/ML, MVASI 100 MG/4 ML VIAL P/F, SUV 25 MG/ML, MVASI 400 MG/16 ML VIAL P/F, SUV 25 MG/ML, MVASI 400 MG/16 ML VIAL P/F, SUV 25 MG/ML, MYLOTARG 4.5 MG VIAL 4.5 MG (1 MG/ML INITIAL CONC), nelarabine 250 mg/50 ml vial inner, suv, p/f 5 mg/ml, nelarabine 250 mg/50 ml vial outer, suv, p/f 5 mg/ml, nelarabine 250 mg/50 ml vial suv, p/f, inner 5 mg/ml, nelarabine 250 mg/50 ml vial suv, p/f, outer 5 mg/ml, nelarabine 250 mg/50 ml vial suv, p/f 5 mg/ml, nelarabine 375 mg/75 ml vial suv, p/f 5 mg/ml, OGIVRI 150 MG VIAL, OGIVRI 420 MG VIAL INNER, MUV, P/F, OGIVRI 420 MG VIAL OUTER, MUV, P/F, ONIVYDE 43 MG/10 ML VIAL SDV 4.3 MG/ML, ONTRUZANT 150 MG VIAL SUV, P/F, INNER, ONTRUZANT 150 MG VIAL SUV, P/F, OUTER, ONTRUZANT 420 MG VIAL MUV, P/F, OUTER, OPDIVO 100 MG/10 ML VIAL, OPDIVO 120 MG/12 ML VIAL, OPDIVO 240 MG/24 ML VIAL, OPDIVO 40 MG/4 ML VIAL, OPDIVO QVANTIG 300 MG-5,000 UNIT/2.5 ML VIAL, OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML VIAL, OPDUALAG 240-80 MG/20 ML VIAL, paclitaxel protein-bound 100 mg suv, p/f, paclitaxel protein-bound 100 mg suv, PADCEV 20 MG VIAL, PADCEV 30 MG VIAL, PEDMARK 12.5 GRAM/100 ML VIAL 12.5

PROCEDURE CODE(S)	Drugs
	GRAM/100ML (125 MG/ML), PERJETA 420 MG/14 ML VIAL 420 MG/14 ML (30 MG/ML), PHESGO 1,200 MG-600 MG-30,000 UNIT/15 ML, PHESGO 600 MG-600 MG-20,000 UNIT/10 ML 600 MG-600 MG- 20000 UNIT/10ML, PLUVICTO 1,000 MBQ (27 MCI)/ML 27 MCI/ML (1,000 MBQ/ML), POLIVY 140 MG VIAL, POLIVY 30 MG VIAL, POTELIGEO 20 MG/5 ML VIAL 4 MG/ML, pralatrexate 20 mg/ml vial 20 mg/ml (1 ml), pralatrexate 40 mg/2 ml vial 40 mg/2 ml (20 mg/ml), romidepsin 10 mg kit outer, suv 10 mg/2 ml, romidepsin 10 mg vial inner, suv 10 mg/2 ml, romidepsin 27.5 mg/5.5 ml vial 5 mg/ml, RYBREVANT 350 MG/7 ML VIAL INNER, SUV, P/F 50 MG/ML, RYBREVANT 350 MG/7 ML VIAL OUTER, SUV, P/F 50 MG/ML, RYLAZE 10 MG/0.5 ML VIAL INNER, SUV, P/F, RYLAZE 10 MG/0.5 ML VIAL OUTER, SUV, P/F, SARCLISA 100 MG/5 ML VIAL 20 MG/ML, SARCLISA 500 MG/25 ML VIAL 20 MG/ML, TECENTRIQ 1,200 MG/20 ML VIAL, TECENTRIQ 840 MG/14 ML VIAL 840 MG/14 ML (60 MG/ML), TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML, temsirolimus 25 mg vial inner,suv 25 mg/ml (dilute10mg/ml), temsirolimus 25 mg vial outer,suv 25 mg/ml (dilute10mg/ml), temsirolimus 25 mg vial p/f, suv, inner 25 mg/ml (dilute10mg/ml), temsirolimus 25 mg vial p/f, suv, outer 25 mg/ml (dilute10mg/ml), TEVIMBRA 100 MG/10 ML VIAL 10 MG/ML, TIVDAK 40 MG VIAL, TORISEL 25 MG KIT W/DILUENT, OUTER, SUV 25 MG/ML (DILUTE10MG/ML), TRAZIMERA 150 MG VIAL, TRAZIMERA 420 MG VIAL INNER,MUV, TRAZIMERA 420 MG VIAL OUTER,MUV, TREANDA 100 MG VIAL, TREANDA 25 MG VIAL, TRODELVY 180 MG VIAL, UNLOXCYT 300 MG/5 ML VIAL 300 MG/5 ML (60 MG/ML), VECTIBIX 100 MG/5 ML VIAL P/F, SUV 100 MG/5 ML (20 MG/ML), VECTIBIX 100 MG/5 ML VIAL SUV, P/F 100 MG/5 ML (20 MG/ML), VECTIBIX 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), VEGZELMA 100 MG/4 ML VIAL 25 MG/ML, VEGZELMA 400 MG/16 ML VIAL 25 MG/ML, VELCADE 3.5 MG VIAL SUV, VIDAZA 100 MG VIAL, VIVIMUSTA 100 MG/4 ML VIAL MUV 25 MG/ML, VIVIMUSTA 100 MG/4 ML VIAL MUV, P/F 25 MG/ML, VYLOY 100 MG VIAL, VYLOY 300 MG VIAL, VYXEOS 44 MG-100 MG VIAL INNER,P/F,SDV 44-100 MG, VYXEOS 44 MG-100 MG VIAL OUTER,P/F,SDV 44-100 MG, XOFIGO 1,100 KBQ/ML VIAL, YERVOY 200 MG/40 ML VIAL 200 MG/40 ML (5 MG/ML), YERVOY 50 MG/10 ML VIAL 50 MG/10 ML (5 MG/ML), YONDELIS 1 MG VIAL, ZALTRAP 100 MG/4 ML VIAL 100 MG/4 ML (25 MG/ML), ZALTRAP 200 MG/8 ML VIAL 200 MG/8 ML (25 MG/ML), ZEPZELCA 4 MG VIAL, ZIIHERA 300 MG VIAL INNER, SUV, P/F, ZIIHERA 300 MG VIAL OUTER, SUV, P/F, ZIRABEV 100 MG/4 ML VIAL 25 MG/ML, ZIRABEV 400 MG/16 ML VIAL 25 MG/ML, ZUSDURI 40 MG VIAL INNER, SUV 40 MG X 2, ZUSDURI SINGLE-DOSE KIT(40 MG VIAL X 2) OUTER, SUV 40 MG X 2, ZYNLONTA 10 MG VIAL, ZYNYZ 500 MG/20 ML VIAL
ANTI-CANCER MEDICATIONS SELF ADMINISTERED: J8565, J8700	gefitinib 250 mg tablet, IRESSA 250 MG TABLET, temozolomide 100 mg capsule inner, temozolomide 100 mg capsule outer, temozolomide 100 mg capsule, temozolomide 140 mg capsule inner, temozolomide 140 mg capsule outer, temozolomide 140 mg capsule, temozolomide 180 mg capsule inner, temozolomide 180 mg capsule outer, temozolomide 180 mg capsule, temozolomide 20 mg capsule inner, temozolomide 20 mg capsule outer, temozolomide 20 mg capsule, temozolomide 250 mg capsule inner, temozolomide 250 mg capsule outer, temozolomide 250 mg capsule, temozolomide 5 mg capsule inner, temozolomide 5 mg capsule outer, temozolomide 5 mg capsule
BENLYSTA: J0490	BENLYSTA 120 MG VIAL, BENLYSTA 400 MG VIAL
BOTULINUM TOXIN: J0585, J0589, J0586, J0587, J0588	BOTOX 100 UNIT VIAL SUV, BOTOX 100 UNIT VIAL SUV, SAMPLE, BOTOX 200 UNIT VIAL P/F, SUV, BOTOX 200 UNIT VIAL SAMPLE, SUV, P/F, BOTOX COSMETIC 100 UNIT VIAL, BOTOX COSMETIC 50 UNIT VIAL, DAXXIFY 100 UNIT VIAL, DYSPORT 300 UNIT VIAL SUV, DYSPORT 500 UNIT VIAL, MYOBLOC 10,000 UNITS/2 ML VIAL, MYOBLOC 2,500 UNIT/0.5 ML VIAL, MYOBLOC 5,000 UNITS/1 ML VIAL, XEOMIN 100 UNIT VIAL SDV,P/F, XEOMIN 100 UNIT VIAL SUV,P/F, XEOMIN 100 UNIT VIAL SUV,P/F, SAMPLE, XEOMIN 200 UNIT VIAL SUV, P/F, SAMPLE, XEOMIN 200 UNIT VIAL SUV,P/F, XEOMIN 50 UNIT VIAL SUV, P/F, XEOMIN 50 UNIT VIAL SUV, P/F, SAMPLE, XEOMIN 50 UNIT VIAL SUV,P/F
CALCITONIN GENE-RELATED PEPTIDE	VYEPTI 100 MG/ML VIAL

PROCEDURE CODE(S)	Drugs
(CGRP) RECEPTOR ANTAGONISTS: J3032	
COMPLEMENT INHIBITORS: Q5152, J3490, Q5151, J1307, J1299, J1303	BKEMV 300 MG/30 ML VIAL, EMPAVELI 1,080 MG/20 ML VIAL, EPYSQLI 300 MG/30 ML VIAL, PIASKY 340 MG/2 ML VIAL 340 MG/2 ML (170 MG/ML), SOLIRIS 300 MG/30 ML VIAL, ULTOMIRIS 1,100 MG/11 ML VIAL 100 MG/ML, ULTOMIRIS 300 MG/3 ML VIAL 100 MG/ML
CONTINUOUS GLUCOSE MONITORS FOR PERSONAL USE: E2103, A9276, A9277, A4239, A9278	DEXCOM G6 RECEIVER, DEXCOM G6 SENSOR, DEXCOM G6 TRANSMITTER, DEXCOM G7 15 DAY SENSOR, DEXCOM G7 RECEIVER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 14 DAY READER, FREESTYLE LIBRE 14 DAY SENSOR, FREESTYLE LIBRE 2 PLUS SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 PLUS SENSOR, FREESTYLE LIBRE 3 READER, FREESTYLE LIBRE 3 SENSOR
CRYSVITA: J0584	CRYSVITA 10 MG/ML VIAL SUV, P/F, CRYSVITA 20 MG/ML VIAL SUV, P/F, CRYSVITA 30 MG/ML VIAL SUV, P/F
DENOSUMAB: Q5161, Q5158, J3590, Q5136, Q5159, J0897	AUKELSO 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML), BOMYNTRA 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML), BOSAYA 60 MG/ML SYRINGE, CONEXENCE 60 MG/ML SYRINGE, ENOBY 60 MG/ML SYRINGE, JUBBONTI 60 MG/ML SYRINGE, CDV OSPOMYV 60 MG/ML SYRINGE, PROLIA 60 MG/ML SYRINGE, WYOST 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML), XGEVA 120 MG/1.7 ML VIAL SUV, STERILE, P/F 120 MG/1.7 ML (70 MG/ML), XTRENBO 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML)
DIABETIC DURABLE MEDICAL EQUIPMENT (DME) POLICY	See policy for non-preferred diabetic DME products/supplies and quantity limit exceptions
ELEVIDYS: J1413	ELEVIDYS 10.5-11.4 KG (10 ML X 11) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 10-10.4 KG (10 ML X 10) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 11.5-12.4 KG (10 ML X 12) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 12.5-13.4 KG (10 ML X 13) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 13.5-14.4 KG (10 ML X 14) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 14.5-15.4 KG (10 ML X 15) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 15.5-16.4 KG (10 ML X 16) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 16.5-17.4 KG (10 ML X 17) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 17.5-18.4 KG (10 ML X 18) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 18.5-19.4 KG (10 ML X 19) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 19.5-20.4 KG (10 ML X 20) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 20.5-21.4 KG (10 ML X 21) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 21.5-22.4 KG (10 ML X 22) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 22.5-23.4 KG (10 ML X 23) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 23.5-24.4 KG (10 ML X 24) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 24.5-25.4 KG (10 ML X 25) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 25.5-26.4 KG (10 ML X 26) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 26.5-27.4 KG (10 ML X 27) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 27.5-28.4 KG (10 ML X 28) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 28.5-29.4 KG (10 ML X 29) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 29.5-30.4 KG (10 ML X 30) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 30.5-31.4 KG (10 ML X 31) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 31.5-32.4 KG (10 ML X 32) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 32.5-33.4 KG (10 ML X 33) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 33.5-34.4 KG (10 ML X 34) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 34.5-35.4 KG (10 ML X 35) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 35.5-36.4 KG (10 ML X 36) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 36.5-37.4 KG (10 ML X 37) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 37.5-38.4 KG (10 ML X 38) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 38.5-39.4 KG (10 ML X 39) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 39.5-40.4 KG (10 ML X 40) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 40.5-41.4 KG (10 ML X 41) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 41.5-42.4 KG (10 ML X 42) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS

PROCEDURE CODE(S)	Drugs
	<p>42.5-43.4 KG (10 ML X 43) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 43.5-44.4 KG (10 ML X 44) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 44.5-45.4 KG (10 ML X 45) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 45.5-46.4 KG (10 ML X 46) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 46.5-47.4 KG (10 ML X 47) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 47.5-48.4 KG (10 ML X 48) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 48.5-49.4 KG (10 ML X 49) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 49.5-50.4 KG (10 ML X 50) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 50.5-51.4 KG (10 ML X 51) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 51.5-52.4 KG (10 ML X 52) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 52.5-53.4 KG (10 ML X 53) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 53.5-54.4 KG (10 ML X 54) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 54.5-55.4 KG (10 ML X 55) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 55.5-56.4 KG (10 ML X 56) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 56.5-57.4 KG (10 ML X 57) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 57.5-58.4 KG (10 ML X 58) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 58.5-59.4 KG (10 ML X 59) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 59.5-60.4 KG (10 ML X 60) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 60.5-61.4 KG (10 ML X 61) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 61.5-62.4 KG (10 ML X 62) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 62.5-63.4 KG (10 ML X 63) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 63.5-64.4 KG (10 ML X 64) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 64.5-65.4 KG (10 ML X 65) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 65.5-66.4 KG (10 ML X 66) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 66.5-67.4 KG (10 ML X 67) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 67.5-68.4 KG (10 ML X 68) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 68.5-69.4 KG (10 ML X 69) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 69.5 KG-ABOVE (10 ML X 70) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS VIAL INNER, SUV, P/F 1.33 X 10EXP13 VG/ML</p>
<p><u>DIABETIC DURABLE MEDICAL EQUIPMENT (DME)</u></p>	<p>See policy for Non-preferred diabetic DME products/supplies and quantity limit exceptions</p>
<p><u>ENCELTO POLICY: J3403</u></p>	<p>ENCELTO IMPLANT 200,000 TO 440,000 CELL</p>
<p><u>ENZYME REPLACEMENT THERAPY: J7171, J1931, J0567, J1786, J1743, J3060, J2508, J0180, J2840, J0217, J0221, J3397, J1458, J0219, J1203, J3590, J1322, J3385, J0218</u></p>	<p>ADZYNMA 1,500 UNIT KIT PRICE/UNIT, SUV. P/F, ADZYNMA 1,500 UNIT VIAL INNER, SUV, P/F, ADZYNMA 500 UNIT KIT PRICE/UNIT, SUV. P/F 500 (+/-) UNIT, ADZYNMA 500 UNIT VIAL INNER, SUV, P/F 500 (+/-) UNIT, ALDURAZYME 2.9 MG/5 ML VIAL, BRINEURA 2X150 MG/5 ML-INTRAVENTRICULAR ELECTROLYTE SOLN KIT 300 MG/10 ML (150MG/5ML X2), CEREZYME 400 UNIT VIAL, ELAPRASE 6 MG/3 ML VIAL, ELELYSO 200 UNITS VIAL, ELFABRIO 20 MG/10 ML VIAL INNER, P/F, SUV 2 MG/ML, ELFABRIO 20 MG/10 ML VIAL OUTER, P/F, SUV 2 MG/ML, ELFABRIO 5 MG/2.5 ML VIAL SUV, P/F 2 MG/ML, FABRAZYME 35 MG VIAL, FABRAZYME 5 MG VIAL, KANUMA 20 MG/10 ML VIAL 2 MG/ML, LAMZEDE 10 MG VIAL INNER, SUV, P/F, LAMZEDE 10 MG VIAL OUTER, SUV, P/F, LUMIZYME 50 MG VIAL, MEPSEVII 10 MG/5 ML VIAL 2 MG/ML, NAGLAZYME 5 MG/5 ML VIAL, NEXVIAZYME 100 MG VIAL, POMBILITI 105 MG VIAL SUV, P/F, INNER, POMBILITI 105 MG VIAL SUV, P/F, OUTER, REVC0VI 2.4 MG/1.5 ML VIAL SUV, P/F 2.4 MG/1.5 ML (1.6 MG/ML), VIMIZIM 5 MG/5 ML VIAL 5 MG/5 ML (1 MG/ML), VPRIV 400 UNITS VIAL, XENPOZYME 20 MG VIAL, XENPOZYME 4 MG VIAL</p>
<p><u>ERYTHROPOIESIS STIMULATING AGENTS (ESAS): J0881, J0885, J0888, Q5106</u></p>	<p>ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV, ARANESP 10 MCG/0.4 ML SYRINGE P/F, OUTER, SUV, ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER, ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, OUTER, ARANESP 100 MCG/ML VIAL P/F, 4'S, SDV, ARANESP 100 MCG/ML VIAL P/F, SDV, ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER, ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, OUTER, ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV, ARANESP 200 MCG/ML VIAL, ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,INNER, ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,OUTER, ARANESP 25 MCG/ML VIAL P/F,SDV,INNER, ARANESP 25 MCG/ML VIAL P/F,SDV,OUTER, ARANESP 300 MCG/0.6</p>

PROCEDURE CODE(S)	Drugs
	<p>ML SYRINGE, ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV, ARANESP 40 MCG/0.4 ML SYRINGE P/F,SDV, OUTER, ARANESP 40 MCG/ML VIAL P/F,SDV, INNER, ARANESP 40 MCG/ML VIAL P/F,SDV, OUTER, ARANESP 500 MCG/1 ML SYRINGE 500 MCG/ML, ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV, OUTER, ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV, INNER, ARANESP 60 MCG/ML VIAL P/F,SDV, INNER, ARANESP 60 MCG/ML VIAL P/F,SDV, OUTER, EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, INNER, EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER, EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, INNER, EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, OUTER, EPOGEN 20,000 UNIT/2 ML VIAL MUV, INNER, EPOGEN 20,000 UNIT/2 ML VIAL MUV, OUTER, EPOGEN 20,000 UNITS/ML VIAL INNER, MUV, EPOGEN 20,000 UNITS/ML VIAL OUTER, MUV, EPOGEN 3,000 UNITS/ML VIAL SDV, P/F, INNER, EPOGEN 3,000 UNITS/ML VIAL SDV, P/F, OUTER, EPOGEN 4,000 UNITS/ML VIAL SDV, P/F, INNER, EPOGEN 4,000 UNITS/ML VIAL SDV, P/F, OUTER, MIRCERA 100 MCG/0.3 ML SYRINGE, MIRCERA 120 MCG/0.3 ML SYRINGE, MIRCERA 150 MCG/0.3 ML SYRINGE, MIRCERA 200 MCG/0.3 ML SYRINGE, MIRCERA 30 MCG/0.3 ML SYRINGE, MIRCERA 50 MCG/0.3 ML SYRINGE, MIRCERA 75 MCG/0.3 ML SYRINGE, PROCRIT 10,000 UNITS/ML VIAL 25'S,SDV,P/F, PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,INNER, PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,OUTER, PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER, PROCRIT 2,000 UNITS/ML VIAL SDV,P/F, OUTER, PROCRIT 20,000 UNIT/2 ML VIAL 4'S, MDV, OUTER, PROCRIT 20,000 UNIT/2 ML VIAL MDV, INNER, PROCRIT 20,000 UNITS/ML VIAL 4'S,MDV, OUTER, PROCRIT 20,000 UNITS/ML VIAL MDV, INNER, PROCRIT 3,000 UNITS/ML VIAL SDV, P/F INNER, PROCRIT 3,000 UNITS/ML VIAL SDV,P/F, OUTER, PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, INNER, PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, OUTER, PROCRIT 40,000 UNITS/ML VIAL INNER, P/F,SDV, PROCRIT 40,000 UNITS/ML VIAL OUTER, SDV,P/F, RETACRIT 10,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 10,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 2,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 2,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 20,000 UNIT/2 ML VIAL INNER, MUV, RETACRIT 20,000 UNIT/2 ML VIAL MUV, INNER, RETACRIT 20,000 UNIT/2 ML VIAL MUV, OUTER, RETACRIT 20,000 UNIT/2 ML VIAL OUTER, MUV, RETACRIT 20,000 UNIT/ML VIAL INNER, MUV, RETACRIT 20,000 UNIT/ML VIAL MUV,INNER, RETACRIT 20,000 UNIT/ML VIAL MUV,OUTER, RETACRIT 20,000 UNIT/ML VIAL OUTER, MUV, RETACRIT 3,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 3,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 4,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 4,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 40,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 40,000 UNIT/ML VIAL P/F, OUTER, SDV</p>
<p>EXON-SKIPPING THERAPIES FOR DUCHENNE MUSCULAR DYSTROPHY: J1426, J1428, J1427, J1429</p>	<p>AMONDYS-45 100 MG/2 ML VIAL 50 MG/ML, EXONDYS-51 100 MG/2 ML VIAL 50 MG/ML, EXONDYS-51 500 MG/10 ML VIAL 50 MG/ML, VILTEPSO 250 MG/5 ML VIAL 50 MG/ML, VYONDYS-53 100 MG/2 ML VIAL 50 MG/ML</p>
<p>FCRN ANTAGONISTS: J9256, J9333, J9332, J9334</p>	<p>IMAAVY 300 MG/1.62 ML VIAL 185 MG/ML, RYSTIGGO 280 MG/2 ML VIAL 140 MG/ML, RYSTIGGO 420 MG/3 ML VIAL 140 MG/ML, RYSTIGGO 560 MG/4 ML VIAL 140 MG/ML, RYSTIGGO 840 MG/6 ML VIAL 140 MG/ML, VYVGART 400 MG/20 ML VIAL 20 MG/ML, VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE, VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML VIAL</p>
<p>FECAL MICROBIOTA AGENTS: J1440</p>	<p>REBYOTA RECTAL SUSPENSION INNER 150 ML, REBYOTA RECTAL SUSPENSION OUTER 150 ML</p>
<p>FERTILITY AND RELATED MEDICATIONS: J3490,</p>	<p>cetorelix acetate 0.25 mg vl inner, suv, p/f, cetorelix acetate 0.25 mg vl inner, suv, cetorelix acetate 0.25 mg vl outer, suv, p/f, cetorelix acetate 0.25 mg vl outer, suv, CETROTIDE 0.25</p>

PROCEDURE CODE(S)	Drugs
J0725, S0128, J3590, S0132, S0126	MG VIAL, chorionic gonad 10,000 unit vl inner, muv, chorionic gonad 10,000 unit vl outer, muv, FOLLISTIM AQ 300 UNIT CARTRIDG SUV 300 UNIT/0.36 ML, FOLLISTIM AQ 600 UNIT CARTRIDG SUV 600 UNIT/0.72 ML, FOLLISTIM AQ 900 UNIT CARTRIDG SINGLE USE 900 UNIT/1.08 ML, FOLLISTIM AQ 900 UNIT CARTRIDG SUV 900 UNIT/1.08 ML, FYREMADEL 250 MCG/0.5 ML SYR, ganirelix acet 250 mcg/0.5 ml suv, p/f, ganirelix acet 250 mcg/0.5 ml suv, GONAL-F 1,050 UNITS VIAL, GONAL-F 450 UNITS VIAL, GONAL-F RFF 75 UNIT VIAL 10'S,SDV, GONAL-F RFF 75 UNIT VIAL SDV, GONAL-F RFF 75 UNIT VIAL SUV, GONAL-F RFF REDI-JECT 300 UNIT PEN 300 UNIT/0.48 ML, GONAL-F RFF REDI-JECT 450 UNIT PEN 450 UNIT/0.72 ML, GONAL-F RFF REDI-JECT 900 UNIT PEN 900 UNIT/1.44 ML, MENOPUR 75 UNIT VIAL OUTER,SUV, NOVAREL 5,000 UNIT VIAL, OVIDREL 250 MCG/0.5 ML SYRG, PREGNYL 10,000 UNIT VIAL INNER, MUV, PREGNYL 10,000 UNIT VIAL MUV, PREGNYL 10,000 UNIT VIAL OUTER, MUV
GENE THERAPIES FOR HEMOGLOBIN DISORDERS:	CASGEVY VIAL INNER, SUV 4 X TO 13 X 10EXP6 CELL/ML, CASGEVY VIAL OUTER, SUV 4 X TO 13 X 10EXP6 CELL/ML, LYFGENIA BAG 1.7 X TO 20 X 10EXP6 CELL/ML, ZYNTGLO INFUSION BAG-CASSETTE 2 X TO 20 X 10EXP6 CELL/ML
GENE THERAPY FOR HEMOPHILIA: J1411, J1412	HEMGENIX 10 ML VIAL SUV, P/F, INNER 1X10EXP13 GC/ML, HEMGENIX 101-105 KG (10 ML X21) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 106-110 KG (10 ML X22) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 111-115 KG (10 ML X23) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 116-120 KG (10 ML X24) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 121-125 KG (10 ML X25) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 126-130 KG (10 ML X26) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 131-135 KG (10 ML X27) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 136-140 KG (10 ML X28) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 141-145 KG (10 ML X29) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 146-150 KG (10 ML X30) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 151-155 KG (10 ML X31) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 156-160 KG (10 ML X32) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 161-165 KG (10 ML X33) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 166-170 KG (10 ML X34) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 171-175 KG (10 ML X35) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 176-180 KG (10 ML X36) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 181-185 KG (10 ML X37) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 186-190 KG (10 ML X38) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 191-195 KG (10 ML X39) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 196-200 KG (10 ML X40) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 201-205 KG (10 ML X41) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 206-210 KG (10 ML X42) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 211-215 KG (10 ML X43) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 216-220 KG (10 ML X44) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 221-225 KG (10 ML X45) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 226-230 KG (10 ML X46) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 231-235 KG (10 ML X47) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 236-240 KG (10 ML X48) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 46-50 KG (10 ML X 10) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 51-55 KG (10 ML X 11) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 56-60 KG (10 ML X 12) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 61-65 KG (10 ML X 13) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 66-70 KG (10 ML X 14) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 71-75 KG (10 ML X 15) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 76-80 KG (10 ML X 16) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 81-85 KG (10 ML X 17) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 86-90 KG (10 ML X 18) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 91-95 KG (10 ML X 19) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 96-100 KG (10 ML X 20) SUV, P/F, OUTER 1X10EXP13 GC/ML, ROCTAVIAN 16 X 10E13 VG/8 ML SUV, P/F, INNER 2 X 10EXP13 VG/ML, ROCTAVIAN 16 X 10E13 VG/8 ML SUV, P/F, OUTER 2 X 10EXP13 VG/ML
GEOGRAPHIC ATROPHY	IZERVAY 2 MG/0.1 ML VIAL SUV, P/F, IZERVAY 2 MG/0.1 ML VIAL SUV, P/F, SAMPLE, SYFOVRE

PROCEDURE CODE(S)	Drugs
AGENTS: J2782, J2781	15 MG/0.1 ML VIAL 15 MG /0.1 ML, SYFOVRE 15 MG/0.1 ML VIAL KIT 15 MG /0.1 ML
GIVLAARI: J0223	GIVLAARI 189 MG/ML VIAL
GONADOTROPIN RELEASING HORMONE AGONISTS: J1952, J9217, J1951, J9218, J1950, J1954, J9226, J3315, J3316, J9202	CAMCEVI 42 MG SYRINGE, ELIGARD 7.5 MG SYRINGE B INNER,SUV 7.5 MG (1 MONTH), ELIGARD 7.5 MG SYRINGE KIT OUTER,SUV 7.5 MG (1 MONTH), ELIGARD 7.5 MG SYRINGE KIT SUV 7.5 MG (1 MONTH), ELIGARD 22.5 MG SYRINGE B INNER, SUV, ELIGARD 22.5 MG SYRINGE KIT OUTER, SUV, ELIGARD 22.5 MG SYRINGE KIT SUV, ELIGARD 30 MG SYRINGE B INNER,SUV, ELIGARD 30 MG SYRINGE KIT, ELIGARD 30 MG SYRINGE KIT OUTER,SUV, ELIGARD 45 MG SYRINGE B INNER,SUV, ELIGARD 45 MG SYRINGE KIT OUTER, SUV, ELIGARD 45 MG SYRINGE KIT SUV, FENSOLVI 45 MG SYRINGE B SUV, INNER, FENSOLVI 45 MG SYRINGE KIT SUV, FENSOLVI 45 MG SYRINGE KIT SUV, OUTER, leuprolide 2wk 14 mg/2.8 ml kt mdv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt muv, outer 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt muv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt outer, muv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt outer,mdv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml vl inner, muv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml vl inner,mdv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml vl muv, inner 1 mg/0.2 ml, LUPRON DEPOT 3.75 MG KIT P/F, SUV, LUPRON DEPOT 3.75 MG KIT SUV, P/F, SAMPLE, LUPRON DEPOT 7.5 MG KIT SINGLE DOSE, LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F, LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV, LUPRON DEPOT-4 MONTH KIT SUV, P/F 30 MG, LUPRON DEPOT 45 MG 6MO KIT, LUPRON DEPOT-PED 11.25 MG KIT SUV, LUPRON DEPOT-PED 15 MG KIT LUPROLOC, P/F, SUV, LUPRON DEPOT-PED 45 MG 6MO KIT, LUPRON DEPOT-PED 7.5 MG KIT SUV 7.5 MG (PED), LUPRON DEPOT-PED 11.25 MG 3MO KIT, LUPRON DEPOT-PED 30 MG 3MO KIT, LUTRATE DEPOT 22.5 MG VIAL INNER, SUV, LUTRATE DEPOT 22.5 MG VIAL OUTER, SUV, SUPPRELIN LA 50 MG KIT 50 MG (65 MCG/DAY), TRELSTAR 11.25 MG VIAL INNER, SUV, TRELSTAR 11.25 MG VIAL OUTER, SUV, TRELSTAR 22.5 MG VIAL INNER,SUV, TRELSTAR 22.5 MG VIAL OUTER,SUV, TRELSTAR 3.75 MG VIAL INNER, SUV, TRELSTAR 3.75 MG VIAL OUTER, SUV, TRIPTODUR 22.5 MG KIT SUV,OUTER, TRIPTODUR 22.5 MG VIAL SUV,INNER, VABRINTY 30 MG SYRINGE KIT, ZOLADEX 10.8 MG IMPLANT SYRN, ZOLADEX 3.6 MG IMPLANT SYRN SUV
GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) STEP THERAPY POLICY: Q5130, Q5122, J9361, Q5127, Q5111, Q5120	FYLNETRA 6 MG/0.6 ML SYRINGE, NYVEPRIA 6 MG/0.6 ML SYRINGE, RYZNEUTA 20 MG/ML SYRINGE, STIMUFEND 6 MG/0.6 ML SYRINGE, UDENYCA 6 MG/0.6 ML SYRINGE, UDENYCA 6 MG/0.6 ML AUTOINJECT, UDENYCA 6 MG/0.6 ML ONBODY, ZIEXTENZO 6 MG/0.6 ML SYRINGE SUV, P/F
HEMOPHILIA PROPHYLACTIC AGENTS: J7173, J7170, J7172, J7174	ALHEMO 150 MG/1.5 ML PEN 150 MG/1.5 ML (100 MG/ML), ALHEMO 300 MG/3 ML PEN 300 MG/3 ML (100 MG/ML), ALHEMO 60 MG/1.5 ML PEN 60 MG/1.5 ML (40 MG/ML), HEMLIBRA 105 MG/0.7 ML VIAL, HEMLIBRA 12 MG/0.4 ML VIAL, HEMLIBRA 150 MG/ML VIAL, HEMLIBRA 30 MG/ML VIAL, HEMLIBRA 300 MG/2 ML VIAL 300 MG/2 ML (150 MG/ML), HEMLIBRA 60 MG/0.4 ML VIAL, HYPNAVZI 150 MG/ML PEN, QFITLIA 20 MG/0.2 ML VIAL, QFITLIA 50 MG/0.5 ML PEN
HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA (FH) AGENTS: J1305	EVKEEZA 1,200 MG/8 ML VIAL 150 MG/ML, EVKEEZA 345 MG/2.3 ML VIAL 150 MG/ML
HYPEROXALURIA AGENTS: J0224, C9399	OXLUMO 94.5 MG/0.5 ML VIAL, RIVFLOZA 128 MG/0.8 ML SYRINGE, RIVFLOZA 160 MG/ML SYRINGE, RIVFLOZA 80 MG/0.5 ML VIAL 80 MG/0.5 ML (160 MG/ML)
IMMUNE GAMMA GLOBULIN (IGG): J1552, J1554, J1556, J1551, J1555, J1572, J1460, J1560, J1569, J1566, J1561, J1557, J1559,	ALYGLO 10% (10 G/100 ML) VIAL SUV, P/F, INNER, ALYGLO 10% (10 G/100 ML) VIAL SUV, P/F, OUTER, ALYGLO 10% (20 G/200 ML) VIAL SUV, P/F, INNER, ALYGLO 10% (20 G/200 ML) VIAL SUV, P/F, OUTER, ALYGLO 10% (5 G/50 ML) VIAL SUV, P/F, INNER, ALYGLO 10% (5 G/50 ML) VIAL SUV, P/F, OUTER, ASCENIV 10% VIAL INNER, SUV, P/F, ASCENIV 10% VIAL OUTER, SUV, P/F, BIVIGAM 10 GM/100 ML (10%) VL SUV, P/F, INNER, BIVIGAM 10 GM/100 ML (10%) VL SUV, P/F, OUTER, BIVIGAM 5 GM/50 ML (10%) VIAL P/F, SUV, INNER, BIVIGAM 5 GM/50

PROCEDURE CODE(S)	Drugs
J1575, J1568, J1576, J1459, J1553, J1558	<p>ML (10%) VIAL P/F, SUV, OUTER, CUTAQUIG 16.5% (1 G/6 ML) VIAL INNER, SUV, P/F, CUTAQUIG 16.5% (1 G/6 ML) VIAL OUTER, SUV, P/F, CUTAQUIG 16.5% (1.65 G/10 ML) INNER, SUV, P/F, CUTAQUIG 16.5% (1.65 G/10 ML) OUTER, SUV, P/F, CUTAQUIG 16.5% (2 G/12 ML) VL INNER, SUV, P/F, CUTAQUIG 16.5% (2 G/12 ML) VL OUTER, SUV, P/F, CUTAQUIG 16.5% (3.3 G/20 ML) INNER, SUV, P/F, CUTAQUIG 16.5% (3.3 G/20 ML) OUTER, SUV, P/F, CUTAQUIG 16.5% (4 G/24 ML) VL INNER, SUV, P/F, CUTAQUIG 16.5% (4 G/24 ML) VL OUTER, SUV, P/F, CUTAQUIG 16.5% (8 G/48 ML) VL INNER, SUV, P/F, CUTAQUIG 16.5% (8 G/48 ML) VL OUTER, SUV, P/F, CUVITRU 1 GRAM/5 ML VIAL SUV,INNER,P/F 1 GRAM/5 ML (20 %), CUVITRU 1 GRAM/5 ML VIAL SUV,OUTER,P/F 1 GRAM/5 ML (20 %), CUVITRU 10 GRAM/50 ML VIAL 10 GRAM/50 ML (20 %), CUVITRU 2 GRAM/10 ML VIAL SUV,INNER,P/F 2 GRAM/10 ML (20 %), CUVITRU 2 GRAM/10 ML VIAL SUV,OUTER,P/F 2 GRAM/10 ML (20 %), CUVITRU 4 GRAM/20 ML VIAL SUV,INNER,P/F 4 GRAM/20 ML (20 %), CUVITRU 4 GRAM/20 ML VIAL SUV,OUTER,P/F 4 GRAM/20 ML (20 %), CUVITRU 8 GRAM/ 40 ML VIAL SUV,INNER,P/F 8 GRAM/40 ML (20 %), CUVITRU 8 GRAM/ 40 ML VIAL SUV,OUTER,P/F 8 GRAM/40 ML (20 %), FLEBOGAMMA DIF 10% VIAL P/F, OUTER, 5GM. SUV, FLEBOGAMMA DIF 10% VIAL P/F,10 GM,INNER,SUV, FLEBOGAMMA DIF 10% VIAL P/F,10 GM,OUTER,SUV, FLEBOGAMMA DIF 10% VIAL P/F,20 GM,INNER,SUV, FLEBOGAMMA DIF 10% VIAL P/F,20 GM,OUTER,SUV, FLEBOGAMMA DIF 10% VIAL P/F,5 GM,INNER,SUV, FLEBOGAMMA DIF 5% VIAL 10 GM,INNER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 10 GM,OUTER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 2.5 GM,INNER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 2.5 GM,OUTER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 20 GM,INNER,P/F;SUV, FLEBOGAMMA DIF 5% VIAL 20 GM,OUTER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 5 GM,INNER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 5 GM,OUTER,P/F;SUV, GAMASTAN VIAL INNER, P/F, SUV 15-18 % RANGE, GAMASTAN VIAL OUTER, P/F, SUV 15-18 % RANGE, GAMMAGARD LIQUID 10% VIAL INNER,P/F, SUV, GAMMAGARD LIQUID 10% VIAL OUTER,P/F, SUV, GAMMAGARD LIQUID ERC 10G/100 ML INNER, SUV, P/F 10 %, GAMMAGARD LIQUID ERC 10G/100 ML OUTER, SUV, P/F 10 %, GAMMAGARD LIQUID ERC 5 G/50 ML INNER, SUV, P/F 10 %, GAMMAGARD LIQUID ERC 5 G/50 ML OUTER, SUV, P/F 10 %, GAMMAGARD S-D 10 G (IGA<1) SOL P/F, INNER, SUV 10 GRAM, GAMMAGARD S-D 10 G (IGA<1) SOL P/F, OUTER, SUV 10 GRAM, GAMMAGARD S-D 5 G (IGA<1) SOLN INNER, SUV 5 GRAM, GAMMAGARD S-D 5 G (IGA<1) SOLN OUTER, SUV 5 GRAM, GAMMAKED 1 GRAM/10 ML VIAL SUV, P/F, OUTER 1 GRAM/10 ML (10 %), GAMMAKED 10 GRAM/100 ML VIAL SUV, P/F, INNER 10 GRAM/100 ML (10 %), GAMMAKED 10 GRAM/100 ML VIAL SUV, P/F, OUTER 10 GRAM/100 ML (10 %), GAMMAKED 20 GRAM/200 ML VIAL SUV, P/F, INNER 20 GRAM/200 ML (10 %), GAMMAKED 20 GRAM/200 ML VIAL SUV, P/F, OUTER 20 GRAM/200 ML (10 %), GAMMAKED 5 GRAM/50 ML VIAL SUV, P/F, INNER 5 GRAM/50 ML (10 %), GAMMAKED 5 GRAM/50 ML VIAL SUV, P/F, OUTER 5 GRAM/50 ML (10 %), GAMMAPLEX 10 GRAM/100 ML VIAL INNER,P/F,SUV 10 %, GAMMAPLEX 10 GRAM/100 ML VIAL OUTER,P/F,SUV 10 %, GAMMAPLEX 20 GRAM/200 ML VIAL INNER,P/F,SUV 10 %, GAMMAPLEX 20 GRAM/200 ML VIAL OUTER,P/F,SUV 10 %, GAMMAPLEX 5 GRAM/50 ML VIAL INNER,P/F,SUV 10 %, GAMMAPLEX 5 GRAM/50 ML VIAL OUTER,P/F,SUV 10 %, GAMMAPLEX 10 GRAM/200 ML VIAL INNER, SUV 5 %, GAMMAPLEX 10 GRAM/200 ML VIAL OUTER, SUV 5 %, GAMMAPLEX 20 GRAM/400 ML VIAL P/F,INNER,SUV 5 %, GAMMAPLEX 20 GRAM/400 ML VIAL P/F,OUTER,SUV 5 %, GAMMAPLEX 5 GRAM/100 ML VIAL INNER, SUV 5 %, GAMMAPLEX 5 GRAM/100 ML VIAL OUTER, SUV 5 %, GAMUNEX-C 1 GRAM/10 ML VIAL SUV,INNER 1 GRAM/10 ML (10 %), GAMUNEX-C 1 GRAM/10 ML VIAL SUV,OUTER 1 GRAM/10 ML (10 %), GAMUNEX-C 10 GRAM/100 ML VIAL P/F,SUV,INNER 10 GRAM/100 ML (10 %), GAMUNEX-C 10 GRAM/100 ML VIAL P/F,SUV,OUTER 10 GRAM/100 ML (10 %), GAMUNEX-C 2.5 GRAM/25 ML VIAL SUV,INNER 2.5 GRAM/25 ML (10 %), GAMUNEX-C 2.5 GRAM/25 ML VIAL SUV,OUTER 2.5 GRAM/25 ML (10 %), GAMUNEX-C 20 GRAM/200 ML VIAL P/F,SUV,INNER 20 GRAM/200 ML (10 %), GAMUNEX-C 20 GRAM/200 ML VIAL P/F,SUV,OUTER 20 GRAM/200 ML (10 %), GAMUNEX-C 40 GRAM/400 ML VIAL</p>

PROCEDURE CODE(S)	Drugs
	<p>P/F,SDV,INNER 40 GRAM/400 ML (10 %), GAMUNEX-C 40 GRAM/400 ML VIAL P/F,SDV,OUTER 40 GRAM/400 ML (10 %), GAMUNEX-C 5 GRAM/50 ML VIAL SUV,INNER 5 GRAM/50 ML (10 %), GAMUNEX-C 5 GRAM/50 ML VIAL SUV,OUTER 5 GRAM/50 ML (10 %), HIZENTRA 1 GRAM/5 ML SYRINGE INNER, SUV, P/F 1 GRAM/5 ML (20 %), HIZENTRA 1 GRAM/5 ML SYRINGE OUTER, SUV, P/F 1 GRAM/5 ML (20 %), HIZENTRA 1 GRAM/5 ML VIAL P/F, INNER, SUV 1 GRAM/5 ML (20 %), HIZENTRA 1 GRAM/5 ML VIAL P/F. OUTER, SUV 1 GRAM/5 ML (20 %), HIZENTRA 10 GRAM/50 ML SYRINGE INNER, SUV, P/F 10 GRAM/50 ML (20 %), HIZENTRA 10 GRAM/50 ML SYRINGE OUTER, SUV, P/F 10 GRAM/50 ML (20 %), HIZENTRA 10 GRAM/50 ML VIAL P/F, INNER, SUV 10 GRAM/50 ML (20 %), HIZENTRA 10 GRAM/50 ML VIAL P/F, OUTER, SUV 10 GRAM/50 ML (20 %), HIZENTRA 2 GRAM/10 ML SYRINGE INNER, SUV, P/F 2 GRAM/10 ML (20 %), HIZENTRA 2 GRAM/10 ML SYRINGE OUTER, SUV, P/F 2 GRAM/10 ML (20 %), HIZENTRA 2 GRAM/10 ML VIAL P/F, INNER, SUV 2 GRAM/10 ML (20 %), HIZENTRA 2 GRAM/10 ML VIAL P/F, OUTER, SUV 2 GRAM/10 ML (20 %), HIZENTRA 4 GRAM/20 ML SYRINGE INNER, SUV, P/F 4 GRAM/20 ML (20 %), HIZENTRA 4 GRAM/20 ML SYRINGE OUTER, SUV, P/F 4 GRAM/20 ML (20 %), HIZENTRA 4 GRAM/20 ML VIAL P/F, INNER, SUV 4 GRAM/20 ML (20 %), HIZENTRA 4 GRAM/20 ML VIAL P/F, OUTER, SUV 4 GRAM/20 ML (20 %), HYQVIA 10 GM-800 UNIT PACK 10 GRAM /100 ML (10 %), HYQVIA 2.5 GM-200 UNIT PACK 2.5 GRAM /25 ML (10 %), HYQVIA 20 GM-1,600 UNIT PACK 20 GRAM /200 ML (10 %), HYQVIA 30 GM-2,400 UNIT PACK 30 GRAM /300 ML (10 %), HYQVIA 5 GM-400 UNIT PACK 5 GRAM /50 ML (10 %), OCTAGAM 10% (10 G/100 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (10 G/100 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (2 G/20 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (2 G/20 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (20 G/200 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (20 G/200 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (30 G/300 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (30 G/300 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (5 G/50 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (5 G/50 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% VIAL SUV, P/F, OCTAGAM 5% (1 G/20 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (1 G/20 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% (10 G/200 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (10 G/200 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% (2.5 G/50 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (2.5 G/50 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% (5 G/100 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (5 G/100 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% VIAL 10G,SOL/DET,SUV, OCTAGAM 5% VIAL 1G,SOLV/DETE,SUV, OCTAGAM 5% VIAL 2.5G,SOL/DET,SUV, OCTAGAM 5% VIAL 25G,SOL/DET,SUV, OCTAGAM 5% VIAL 5G,SOL/DET,SUV, PANZYGA 10% (1 G/10 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (1 G/10 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (1 G/10 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (1 G/10 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (10 G/100 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (10 G/100 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (10 G/100 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (10 G/100 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (2.5 G/25 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (2.5 G/25 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (2.5 G/25 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (2.5 G/25 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (20 G/200 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (20 G/200 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (20 G/200 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (20 G/200 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (30 G/300 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (30 G/300 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (30 G/300 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (30 G/300 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (5 G/50 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (5 G/50 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (5 G/50 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (5 G/50 ML) VIAL OUTER,SUV,P/F, PRIVIGEN 10% VIAL SUV,INNER,P/F, PRIVIGEN 10% VIAL SUV,OUTER,P/F, QIVIGY 10% (5 GRAM/50 ML) VIAL INNER, SUV, P/F, XEMBIFY 20% (1 G/5 ML) VIAL INNER, SUV, P/F 1 GRAM/5 ML (20 %), XEMBIFY 20% (1 G/5 ML) VIAL OUTER, SUV, P/F 1 GRAM/5 ML (20 %), XEMBIFY 20% (10 G/50 ML) VIAL INNER, SUV, P/F 10 GRAM/50 ML (20 %), XEMBIFY 20% (10 G/50 ML) VIAL OUTER, SUV, P/F 10 GRAM/50 ML (20 %), XEMBIFY</p>

PROCEDURE CODE(S)	Drugs
	20% (2 G/10 ML) VIAL INNER, SUV, P/F 2 GRAM/10 ML (20 %), XEMBIFY 20% (2 G/10 ML) VIAL OUTER, SUV, P/F 2 GRAM/10 ML (20 %), XEMBIFY 20% (4 G/20 ML) VIAL INNER, SUV, P/F 4 GRAM/20 ML (20 %), XEMBIFY 20% (4 G/20 ML) VIAL OUTER, SUV, P/F 4 GRAM/20 ML (20 %), YIMMUGO 10% (10 GM/100 ML) VL INNER, SUV, P/F, YIMMUGO 10% (10 GM/100 ML) VL OUTER, SUV, P/F, YIMMUGO 10% (20 GM/200 ML) VL INNER, SUV, P/F, YIMMUGO 10% (20 GM/200 ML) VL OUTER, SUV, P/F, YIMMUGO 10% (5 GM/50 ML) VIAL INNER, SUV, P/F
INFUSION THERAPY SITE OF CARE	See Policy for medication list. PRIOR AUTHORIZATION FAX FORM (PDF)
INTERLEUKIN1 INHIBITORS: J2793, J0638	ARCALYST 220 MG VIAL, ILARIS 150 MG/ML VIAL
KETAMINE: J3490	KETALAR 200 MG/20 ML VIAL STERI-VIAL, MUV 10 MG/ML, KETALAR 500 MG/10 ML VIAL 10'S,MDV 50 MG/ML, KETALAR 500 MG/5 ML VIAL STERI-VIAL, MDV 100 MG/ML, ketamine 200 mg/20 ml vial inner, muv 10 mg/ml, ketamine 200 mg/20 ml vial muv, inner 10 mg/ml, ketamine 200 mg/20 ml vial muv, outer 10 mg/ml, ketamine 200 mg/20 ml vial muv 10 mg/ml, ketamine 200 mg/20 ml vial outer, muv 10 mg/ml, ketamine 500 mg/10 ml vial inner, muv 50 mg/ml, ketamine 500 mg/10 ml vial inner,mdv 50 mg/ml, ketamine 500 mg/10 ml vial muv, inner 50 mg/ml, ketamine 500 mg/10 ml vial muv, outer 50 mg/ml, ketamine 500 mg/10 ml vial muv 50 mg/ml, ketamine 500 mg/10 ml vial outer, muv 50 mg/ml, ketamine 500 mg/10 ml vial outer,mdv 50 mg/ml, ketamine 500 mg/10 ml vial outer. muv 50 mg/ml, ketamine 500 mg/5 ml vial inner, muv 100 mg/ml, ketamine 500 mg/5 ml vial inner,mdv 100 mg/ml, ketamine 500 mg/5 ml vial muv, inner 100 mg/ml, ketamine 500 mg/5 ml vial muv, outer 100 mg/ml, ketamine 500 mg/5 ml vial muv 100 mg/ml, ketamine 500 mg/5 ml vial outer, muv 100 mg/ml, ketamine 500 mg/5 ml vial outer,mdv 100 mg/ml
KRYSTEXXA: J2507	KRYSTEXXA 8 MG/50 ML VIAL, KRYSTEXXA 8 MG/ML VIAL SUV, P/F
LANTIDRA: J3590	LANTIDRA INFUSION BAG
LEMTRADA: J0202	LEMTRADA 12 MG/1.2 ML VIAL
LENMELDY: J3391	LENMELDY INFUSION BAG 2 X TO 11.8 X 10EXP6 CELL/ML
LUXTURNA: J3398	LUXTURNA VIAL SDV,P/F,INNER 1.5 X 10EXP11 VG/0.3 ML (FNL), LUXTURNA VIAL SDV,P/F,OUTER 1.5 X 10EXP11 VG/0.3 ML (FNL)
MEDICAL HORMONE THERAPY: 11980: J3145, J1073	AVEED 750 MG/3 ML VIAL 750 MG/3 ML (250 MG/ML), TESTOPEL 75 MG PELLETS INNER, TESTOPEL 75 MG PELLETS OUTER
MEDICAL NUTRITION: B4157, B4161, B4155, B4158, B4159, B4104, B4162, B4149, B4150, B4102, B4103, B4154, B4160, B4152, B4153, S9432, B4185, B4105	ACERFLEX, ALFAMINO INFANT, ALFAMINO JUNIOR, ARGIMENT AT, ARGINAID, BABY'S ONLY ORG LACTORELIEF, BABY'S ONLY ORGANIC DAIRY, BABY'S ONLY ORGANIC DAIRY WHEY, BABY'S ONLY ORGANIC SOY, BANATROL PLUS, BCAD 1, BCAD 2, BEEF-POTATOES-SPINACH, BENEALORIE, BENEFIBER CLEAR SF (DEXTRIN), BENEPROTEIN, BIOLYTE, BOOST, BOOST BREEZE NUTRITIONAL, BOOST GLUCOSE CONTROL, BOOST HIGH PROTEIN, BOOST KID ESSENTIALS, BOOST KID ESSENTIALS W-FIBER, BOOST MAX, BOOST PLUS, BOOST VHC, BOOST WOMEN, CALCILO XD, CERALYTE 50, CERALYTE 50 POTASSIUM FREE, CERALYTE 90, CERALYTE-70, CERASPORT, CERASPORT EX1, CHICKEN-PEAS-CARROTS, CHICKEN-ZUCCHINI-POTATOES, COMPLEAT, COMPLEAT 1.5, COMPLEAT ORGANIC BLEND CHICKEN, COMPLEAT ORGANIC BLENDS PLANT, COMPLEAT PED ORG BLEND CHICKEN, COMPLEAT PED ORG BLENDS PLANT, COMPLEAT PED STANDARD 1.4, COMPLEAT PEDIATRIC, COMPLEAT PEDIATRIC PEPTIDE 1.5, COMPLEAT PEDIATRIC REDUCED CAL, COMPLEAT PEDIATRIC STANDARD 1, COMPLEAT PEPTIDE, COMPLEAT PEPTIDE 1.5, COMPLEAT STANDARD 1.4, COMPLEX ESSENTIAL, COMPLEX JUNIOR MSD, COMPLEX MSD AMINO ACID BLEND, CYCLINEX-1, CYCLINEX-2, DECUB-AMINE, DIABETISOURCE AC, DIARESQ, DUOCAL, EGGS-APPLES-OATS, ELECARE INFANT FORMULA, ELECARE JR, electrolyte-148, electrolyte-a, ELSE TODDLER OMEGA, ELSE TODDLER ORGANIC, ENCALA,

PROCEDURE CODE(S)	Drugs
	<p>ENFAGROW NEUROPRO TODDLR NOGMO, ENFAGROW TODDLER NEXT STEP, ENFAGROW TODDLER NON-GMO, ENFAGROW TODLR NXT STP NON-GMO, ENFAMIL A.R., ENFAMIL ENSPIRE GENTLEASE, ENFAMIL GENTLEASE, ENFAMIL HUMAN MILK FORTIFIER, ENFAMIL INFANT, ENFAMIL NEURO ENFACARE NON-GMO, ENFAMIL NEURO GENTLEASE NONGMO, ENFAMIL NEURO SENSITIVE NONGMO, ENFAMIL NEUROPRO NON-GMO, ENFAMIL PROSOBEE, ENFAMIL PROSOBEE LIPIL, ENFAMIL REGULINE, ENFAPORT, ENSURE, ENSURE ACTIVE MUSCLE HEALTH, ENSURE ACTIVE PROTEIN-MUSCLE, ENSURE CLEAR, ENSURE CLEAR THERAPEUTIC, ENSURE COMPLETE, ENSURE ENLIVE, ENSURE HIGH PROTEIN, ENSURE MUSCLE HEALTH, ENSURE ORIGINAL, ENSURE PLUS, ENTERADE ADVANCED ONCOLOGY, ENTERADE IBS-D, EO28 SPLASH, EQUACARE JR, ESSENTIAL CARE JR, FIBERSOURCE HN, FORTINI INFANT, GA POWDER, GA-1 ANAMIX EARLY YEARS, GLUCERNA 1 CAL, GLUCERNA 1.2 CAL, GLUCERNA 1.5 CAL, GLUCERNA HUNGER SMART, GLUCERNA SHAKE, GLUCERNA SNACK SHAKE, GLUCERNA THERAPEUTIC NUTRITION, GLUTARADE AMINO ACID BLEND, GLUTAREX-1, GLUTAREX-2, GLUTASOLVE, GLYCOSADE, GLYTACTIN BETTERMILK 15-15, GLYTACTIN BETTERMILK 5-5, GLYTACTIN BUILD 10-10, GLYTACTIN BUILD 20-20, GLYTACTIN RTD 15 PE, GLYTACTIN RTD LITE 15, GLYTACTIN SWIRL 15 PE, GLYTACTIN SWIRL 15-15, HCU ANAMIX EARLY YEARS, HCU LOPHLEX, HCU MAXAMUM, HCY 1 POWDER, HCY 2, HI-CAL, HOMACTIN AA PLUS 15 PE, HOMINEX-1, HOMINEX-2, IMPACT ADVANCED RECOVERY, IMPACT PEPTIDE 1.5 CAL, ISOMIL ADVANCE, ISOMIL DF, ISOMIL/IRON, ISOSOURCE 1.5 CAL, ISOSOURCE HN, IVA ANAMIX EARLY YEARS, IVA MAXAMUM, I-VALEX-1, I-VALEX-2, JEVITY 1 CAL, JEVITY 1.2 CAL, JEVITY 1.5 CAL, JUVEN, JUVEN (WITH COLLAGEN), KABIVEN, KALE-QUINOA-BERRIES VEGAN, KATE FARMS GLUCOSE SUPPORT 1.2, KATE FARMS PEDIATRC BLEND MEAL, KATE FARMS PEDIATRIC PEPT 1.0, KATE FARMS PEDIATRIC PEPT 1.5, KATE FARMS PEDIATRIC STAND 1.2, KATE FARMS PEPTIDE 1.0, KATE FARMS PEPTIDE 1.5, KATE FARMS RENAL SUPPORT 1.8, KATE FARMS STANDARD 1.0, KATE FARMS STANDARD 1.4, KETO FORMULA, KETOCAL 2.5/1, KETOCAL 3/1, KETOCAL 4/1, KETOCAL 4/1 (MILK-SOY), KETONEX-1, KETONEX-2, KETOVIE, KETOVIE 3/1, KETOVIE PEPTIDE 4/1, KETOVIE PLANT-BASED 4/1, K-FLO, KIDS PLANT PROTEIN, K-QUIK, LANAFLEX, LIPISTART, LIQUACEL, LIQUID HOPE ORIGINAL FORMULA, LIQUID HOPE PEPTIDE FORMULA, LIQUID HOPE PEPTIDE HP FORMULA, LIQUIGEN, LMD POWDER, LOPHLEX, MCT OIL, MCT PRO-CAL, MMA-PA ANAMIX EARLY YEARS, MMA-PA MAXAMUM, MONOGEN, MSUD ANALOG, MSUD ANAMIX EARLY YEARS, MSUD COOLER15, MSUD GEL POWDER, MSUD LOPHLEX, MSUD MAXAMAID, MSUD MAXAMUM, NANOVM 9-18, NANOVM T-F, NEOCATE INFANT DHA-ARA, NEOCATE JUNIOR, NEOCATE JUNIOR WITH PREBIOTICS, NEOCATE NUTRA, NEOCATE SPLASH, NEOCATE SYNEO INFANT, NEOKE MCT70, NEPRO CARB STEADY, NOURISH ORIGINAL FORMULA, NOURISH PEPTIDE FORMULA, NOVASOURCE RENAL 2 CAL, NUTRAMIGEN DHA-ARA, NUTRAMIGEN TODDLER ENFLORA-LGG, NUTRAMIGEN WITH ENFLORA LGG, NUTRASENTIALS, NUTREN 1.0 WITH FIBER, NUTREN 1.5, NUTREN 2.0, NUTREN JUNIOR, NUTREN JUNIOR FIBER, NUTRISOURCE FIBER, OA 1 POWDER, OA2 POWDER, ORANGE CHICKN-CARROT-BRWN RICE, ORGANIC PEDIASmart, OSMOLITE 1 CAL, OSMOLITE 1.2 CAL, OSMOLITE 1.5 CAL, OXEPA, PEDIALYTE, PEDIALYTE ADVANCED CARE, PEDIALYTE SINGLES, PEDIASURE, PEDIASURE ENTERAL, PEDIASURE ENTERAL W/FIBER 1.0, PEDIASURE GROW-GAIN, PEDIASURE GROW-GAIN WITH FIBER, PEDIASURE HARVEST, PEDIASURE PEPTIDE 1.0 CAL, PEDIASURE PEPTIDE 1.5 CAL, PEDIASURE REDUCED CALORIE, PEDIASURE SIDEKICKS, PEDIASURE SIDEKICKS CLEAR, PEDIASURE WITH FIBER, PEDIATRIC ELECTROLYTE, PEPTAMEN, PEPTAMEN 1.5, PEPTAMEN 1.5 CAL WITH PREBIO1, PEPTAMEN AF, PEPTAMEN INTENSE VHP, PEPTAMEN JUNIOR, PEPTAMEN JUNIOR 1.5, PEPTAMEN JUNIOR FIBER, PEPTAMEN JUNIOR HP, PEPTAMEN JUNIOR PHGG, PEPTAMEN W-PREBIO1, PEPTICATE, PERATIVE, PERIFLEX ADVANCE, PERIFLEX INFANT, PERIFLEX JUNIOR, PERIFLEX LQ PKU, PERIKABIVEN, PFD 2, PFD TODDLER, PHENEX-1, PHENEX-2, PHENYLADE 40, PHENYLADE 60, PHENYLADE AMINO</p>

PROCEDURE CODE(S)	Drugs
	<p>ACIDS, PHENYLADE ESSENTIAL (FLAX), PHENYLADE GMP, PHENYLADE GMP MIX-IN, PHENYLADE GMP READY, PHENYLADE GMP ULTRA, PHENYLADE MTE AMINO ACIDS, phenylalanine, PHENYL-FREE 1, PHENYL-FREE 2 PKU, PHENYL-FREE 2HP PKU, PHLEXY-10 DRINK MIX POWDER, PIVOT 1.5 CAL, PKU COOLER 10, PKU COOLER 15, PKU COOLER 20, PKU EXPLORE5, PKU LOPHLEX, PKU MAXAMUM, PKU PERIFLEX EARLY YEARS, PKU PERIFLEX JUNIOR PLUS, POLYCAL, PREGESTIMIL, PROCEL, PROCEL SINGLES, PRODUCT 3232A, PROMOD PROTEIN, PROMOTE, PROMOTE WITH FIBER, PRO-PHREE, PROPIMEX-1, PROPIMEX-2, PROSOURCE, PROSOURCE NO CARB, PROSOURCE PLUS, PROSOURCE TF, PROSOURCE TF FREE, PROSOURCE ZAC, PRO-STAT AWC, PRO-STAT MAX, PRO-STAT SUGAR FREE, PROTEINEX, PROTEINEX-18, PROVIMIN, PRUNES-PEARS-PUMPKIN, PULMOCARE, PURAMINO DHA-ARA, PURAMINO JR, PURE BLISS ORGANIC, QUINOA-KALE-HEMP, RCF SOY PROTEIN FORMULA BASE, RELIZORB, RENAMENT, RESTORE FUSION RENAL SUPPORT, RESTORE RENAL SUPPORT, S.O.S. 25, SALMON-OATS-SQUASH, SERACAL, SIMILAC ADVANCE, SIMILAC ADVANCE ORGANIC, SIMILAC ADVANCE WITH IRON, SIMILAC ALIMENTUM, SIMILAC EXPERT CARE, SIMILAC EXPERT CARE ALIMENTUM, SIMILAC FOR SPIT-UP, SIMILAC GO AND GROW, SIMILAC GO AND GROW SOY, SIMILAC NEASURE, SIMILAC PM, SIMILAC PRO-ADVANCE NON-GMO, SIMILAC PRO-SENSITIVE NON-GMO, SIMILAC SENSITIVE FUSS AND GAS, SIMILAC SENSITIVE ISOMIL SOY, SIMILAC SOY ISOMIL, SIMILAC SPECIAL CARE 24, SIMILAC SPECIAL CARE 30, SIMILAC SUPPLEMENTATION, SIMILAC TOTAL COMFORT, SIMILAC TOTAL COMFORT NON-GMO, SOD ANAMIX EARLY YEARS, SOL CARB, SUPLENA CARB STEADY, TOLEREX, TURKEY-PEARS-PUMPKIN, TURKEY-SWEET POTATOES-PEACHES, TWOCAL HN, TYLACTIN BUILD 20 PE, TYLACTIN RESTORE 10 PE, TYLACTIN RTD 15 PE, TYR ANAMIX EARLY YEARS, TYR GEL POWDER, TYR LOPHLEX, TYR LOPHLEX GMP MIX-IN, TYR SPHERE20, TYREX-1, TYREX-2, TYROS 1, TYROS 2, UCD ANAMIX JUNIOR, UCD TRIO, ULTRIENT 1.5, UNJURY, VILACTIN AA PLUS 15 PE, VITAL 1.0 CAL, VITAL 1.5 CAL, VITAL AF 1.2 CAL, VITAL HIGH PROTEIN, VITAL PEPTIDE 1.5 CAL, VIVONEX PEDIATRIC, VIVONEX PLUS, VIVONEX RTF, VIVONEX T.E.N., WND 1, WND 2, XLEU ANALOG, XLEU MAXAMAID, XLYS- XTRP ANALOG, XLYS, XTRP MAXAMAID, XLYS, XTRP MAXAMUM, XMET ANALOG, XMET MAXAMAID, XMET XCYS MAXAMAID, XMTVI ANALOG, XMTVI MAXAMAID, XPHE MAXAMAID, XPHE, XTRP MAXAMAID, XPHE, XTYR ANALOG, XPTM ANALOG</p>
<p>MEDICALLY ADMINISTERED MULTIPLE SCLEROSIS AGENTS: J2329, J2350, J2351</p>	<p>BRIUMVI 150 MG/6 ML VIAL 25 MG/ML, OCREVUS 300 MG/10 ML VIAL 30 MG/ML, OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML VIAL</p>
<p>MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMS): J3262, Q5121, Q5156, J0717, J2786, J3247, J3380, J0517, J3245, Q5103, J1745, J2182, J2267, J0129, Q9999, Q9997, Q5104, Q9998, J1602, J2327, J3590, J3358, Q5099, J2356, Q5133, J1628, Q5135, Q5138, J2357, Q5100</p>	<p>ACTEMRA 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), ACTEMRA 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), ACTEMRA 80 MG/4 ML VIAL 80 MG/4 ML (20 MG/ML), AVSOLA 100 MG VIAL, AVTOZMA 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), AVTOZMA 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), AVTOZMA 80 MG/4 ML VIAL 80 MG/4 ML (20 MG/ML), CIMZIA 200 MG/ML SYRINGE KIT, CIMZIA 2X200 MG/ML SYRINGE KIT 2X200MG SYR/BOX, SUV 400 MG/2 ML (200 MG/ML X 2), CIMZIA 2X200 MG VIAL KIT 2X200MG VIAL, SUV, P/F 400 MG (200 MG X 2 VIALS), CIMZIA 2X200 MG/ML(X3)START KT 400 MG/2 ML (200 MG/ML X 2), CINQAIR 100 MG/10 ML VIAL P/F, SUV 10 MG/ML, CINQAIR 100 MG/10 ML VIAL SAMPLE, P/F, SUV 10 MG/ML, COSENTYX 125 MG/5 ML VIAL 25 MG/ML, ENTYVIO 300 MG VIAL, FASENRA 10 MG/0.5 ML SYRINGE, FASENRA 30 MG/ML SYRINGE P/F, SDV, FASENRA 30 MG/ML SYRINGE P/F, SUV, SAMPLE, ILUMYA 100 MG/ML SYRINGE INNER, SUV, P/F, ILUMYA 100 MG/ML SYRINGE OUTER, SUV, P/F, ILUMYA 100 MG/ML SYRINGE SAMPLE, SUV, P/F, ILUMYA 100 MG/ML SYRINGE SAMPLE, SUV, P/F, IMULDOSA 130 MG/26 ML VIAL, INFLECTRA 100 MG VIAL, infliximab 100 mg vial, NUCALA 100 MG/ML AUTO-INJECTOR P/F, SUV, NUCALA 100 MG/ML AUTO-INJECTOR SAMPLE, SUV, NUCALA 100 MG/ML SYRINGE, NUCALA 40 MG/0.4 ML SYRINGE, NUCALA 100 MG/ML POWDER VIAL P/F, SDV, NUCALA 100</p>

PROCEDURE CODE(S)	Drugs
	MG/ML POWDER VIAL SAMPLE, SUV, P/F, OMVOH 300 MG/15 ML VIAL 300 MG/15 ML (20 MG/ML), ORENCIA 250 MG VIAL SUV, P/F, OTULFI 130 MG/26 ML VIAL, PYZCHIVA 130 MG/26 ML VIAL, REMICADE 100 MG VIAL, RENFLEXIS 100 MG VIAL SUV, P/F, INNER, RENFLEXIS 100 MG VIAL SUV, P/F, OUTER, SELARSDI 130 MG/26 ML VIAL, SIMPONI ARIA 50 MG/4 ML VIAL 12.5 MG/ML, SKYRIZI 600 MG/10 ML VIAL 60 MG/ML, STARJEMZA 130 MG/26 ML VIAL, STELARA 130 MG/26 ML VIAL SAMPLE, SUV, P/F, STELARA 130 MG/26 ML VIAL SDV, P/F, STEQEYMA 130 MG/26 ML VIAL, TEZSPIRE 210 MG/1.91 ML PEN 210 MG/1.91 ML (110 MG/ML), TEZSPIRE 210 MG/1.91 ML SYRING SAMPLE, SUV, P/F 210 MG/1.91 ML (110 MG/ML), TEZSPIRE 210 MG/1.91 ML SYRING SUV, P/F 210 MG/1.91 ML (110 MG/ML), TOFIDENCE 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), TOFIDENCE 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), TOFIDENCE 80 MG/4 ML VIAL 80 MG/4 ML (20 MG/ML), TREMFYA 200 MG/20 ML VIAL INNER, SUV, P/F 200 MG/20 ML (10 MG/ML), TREMFYA 200 MG/20 ML VIAL OUTER, SUV, P/F 200 MG/20 ML (10 MG/ML), TYENNE 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), TYENNE 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), TYENNE 80 MG/4 ML VIAL 80 MG/4 ML (20 MG/ML), ustekinumab 130 mg/26 ml vial, ustekinumab-ttwe 130 mg/26 ml vl, WEZLANA 130 MG/26 ML VIAL, XOLAIR 150 MG/1.2 ML POWDER VL P/F, SUV, SAMPLE, XOLAIR 150 MG/1.2 ML POWDER VL SUV, YESINTEK 130 MG/26 ML VIAL
MEDICATIONS FOR GRAFT-VERSUS-HOST-DISEASE POLICY: J9038, J3402, J7354	NIKTIMVO 22 MG/0.44 ML VIAL 50 MG/ML, NIKTIMVO 9 MG/0.18 ML VIAL 50 MG/ML, RYONCIL 100KG-LESS THAN 112.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 112.5KG-LESS THAN 125KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 12.5 KG-LESS THAN 25KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 125KG-LESS THAN 137.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 137.5KG-LESS THAN 150KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 25 KG-LESS THAN 37.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 37.5 KG-LESS THAN 50KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 50 KG-LESS THAN 62.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 62.5 KG-LESS THAN 75KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 75 KG-LESS THAN 87.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 87.5KG-LESS THAN 100KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL LESS THAN 12.5 KG KIT SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL VIAL SUV, P/F, INNER 6.68 X 10EXP6 CELL/ML, YCANTH 0.7% SOLUTION
MEDICATIONS FOR MOLLUSCUM CONTAGIOSUM: J9038, J3402, J7354	NIKTIMVO 22 MG/0.44 ML VIAL 50 MG/ML, NIKTIMVO 9 MG/0.18 ML VIAL 50 MG/ML, RYONCIL 100KG-LESS THAN 112.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 112.5KG-LESS THAN 125KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 12.5 KG-LESS THAN 25KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 125KG-LESS THAN 137.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 137.5KG-LESS THAN 150KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 25 KG-LESS THAN 37.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 37.5 KG-LESS THAN 50KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 50 KG-LESS THAN 62.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 62.5 KG-LESS THAN 75KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 75 KG-LESS THAN 87.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 87.5KG-LESS THAN 100KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL LESS THAN 12.5 KG KIT SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL VIAL SUV, P/F, INNER 6.68 X 10EXP6 CELL/ML, YCANTH 0.7% SOLUTION
MEDICATIONS FOR RARE INDICATIONS: J1302, J9210, C9399, J3590, J1809, J1304, J2998, J3387, J1747, J9376, J3401, J3389	ENJAYMO 1,100 MG/22 ML VIAL 50 MG/ML, GAMIFANT 10 MG/2 ML VIAL 5 MG/ML, GAMIFANT 100 MG/20 ML VIAL 5 MG/ML, GAMIFANT 50 MG/10 ML VIAL 5 MG/ML, KEBILIDI VIAL INNER, SUV, P/F 2.8 X10EXP11 VG/0.5 ML, KEBILIDI VIAL OUTER, SUV, P/F 2.8 X10EXP11 VG/0.5 ML, NULIBRY 9.5 MG VIAL, QALSODY 100 MG/15 ML VIAL 100 MG/15 ML (6.7 MG/ML), RYPLAZIM 68.8 MG VIAL P/F, SUV, INNER, RYPLAZIM 68.8 MG VIAL P/F, SUV, OUTER, SKYSONA INFUSION BAG-CASSETTE 4 X TO 30 X 10EXP6 CELL/ML, SPEVIGO 450 MG/7.5 ML VIAL 60 MG/ML, VEOPOZ 400 MG/2 ML VIAL SUV, P/F, INNER 200 MG/ML,

PROCEDURE CODE(S)	Drugs
	VEOPOZ 400 MG/2 ML VIAL SUV, P/F, OUTER 200 MG/ML, VYJUVEK GEL OUTER 5 X 10EXP9 PFU/2.5 ML, ZEVASKYN SHEET 5.5 X 7.5 CM
NEW DRUG AWAITING ORPTC REVIEW - PRIOR AUTHORIZATION REQUEST: Q5156, C9399, J9277, J9350, J9999, J3490	AVTOZMA 162 MG/0.9 ML SYRINGE, AVTOZMA 162 MG/0.9 ML AUTOINJ, CONTEPO 6 GRAM VIAL INNER, SUV, P/F, CONTEPO 6 GRAM VIAL OUTER, SUV, P/F, ITVISMA VIAL OUTER, SUV, P/F 1.2 X 10EXP14 VG/3 ML, KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML VIAL INNER, SUV, P/F, KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML VIAL OUTER, SUV, P/F, KEYTRUDA QLEX 790 MG-9,600 UNIT/4.8 ML VIAL INNER, SUV, P/F, KEYTRUDA QLEX 790 MG-9,600 UNIT/4.8 ML VIAL OUTER, SUV, P/F, LOARGYS 2 MG/0.4 ML VIAL 5 MG/ML, LUNSUMIO VELO 45 MG/ML VIAL, LUNSUMIO VELO 5 MG/0.5 ML VIAL, RYBREVANT FASPRO 1,600 MG-20,000 UNIT/10 ML VIAL, RYBREVANT FASPRO 2,240 MG-28,000 UNIT/14 ML VIAL, RYBREVANT FASPRO 2,400 MG VIAL, RYBREVANT FASPRO 3,520 MG VIAL, VYKOURA 350 MG/35 ML VIAL 10 MG/ML, VYKOURA 50 MG/5 ML VIAL 10 MG/ML, VYKOURA 500 MG/50 ML VIAL 10 MG/ML
OHTUVAYRE: J7601	OHTUVAYRE 3 MG/2.5 ML INHAL SUS INNER, OHTUVAYRE 3 MG/2.5 ML INHAL SUS OUTER
OMISIRGE: C9399	OMISIRGE INFUSION KIT
OPHTHALMIC PROSTAGLANDIN IMPLANTS: J7351, J7355	DURYSTA 10 MCG IMPLANT, IDOSE TR 75 MCG IMPLANT
OPHTHALMIC VEGF INHIBITORS: J0179, J0177, J2779, J2777	BEOVU 6 MG/0.05 ML SYRINGE, EYLEA HD 8 MG/0.07 ML VIAL P/F,SUV, INNER, EYLEA HD 8 MG/0.07 ML VIAL P/F,SUV, OUTER, EYLEA HD 8 MG/0.07 ML VIAL SUV, SAMPLE, INNER, EYLEA HD 8 MG/0.07 ML VIAL SUV, SAMPLE, OUTER, SUSVIMO 10 MG/0.1 ML VIAL, SUSVIMO 10 MG/0.1 ML KIT, VABYSMO 6 MG/0.05 ML SYRINGE, VABYSMO 6 MG/0.05 ML VIAL SAMPLE, INNER, SUV, VABYSMO 6 MG/0.05 ML VIAL SAMPLE, OUTER, SUV, VABYSMO 6 MG/0.05 ML VIAL SUV, P/F
ORAL RINSES: J3490, A9156	GELCLAIR ORAL GEL PACKET, MUGARD ORAL WOUND RINSE
OSTEOANABOLIC AGENTS: J3111	EVENITY (105 MG/1.17 ML) 210 MG DOSE - 2 SYRINGES 210MG/2.34ML (105MG/1.17MLX2), EVENITY 105 MG/1.17 ML SYRINGE
PAPZIMEOS POLICY:	PAPZIMEOS VIAL INNER, SUV, P/F 5 X 10EXP11 PU/ML, PAPZIMEOS VIAL OUTER, SUV, P/F 5 X 10EXP11 PU/ML
PCSK9 INHIBITORS: J1306	LEQVIO 284 MG/1.5 ML SYRINGE SUV, P/F, LEQVIO 284 MG/1.5 ML SYRINGE SUV, P/F, SAMPLE
PITUITARY DISORDER THERAPIES: J1932, J1930, J2353, J2502	lanreotide 120 mg/0.5 ml syrng, lanreotide 60 mg/0.2 ml syring, lanreotide 90 mg/0.3 ml syring, octreotide acet er 10 mg im vial suv, inner, octreotide acet er 10 mg im vial suv, outer, octreotide acet er 10 mg im vl inner, suv, octreotide acet er 10 mg im vl outer, suv, octreotide acet er 20 mg im vl inner, suv, octreotide acet er 20 mg im vl outer, suv, octreotide acet er 30 mg im vl inner, suv, octreotide acet er 30 mg im vl outer, suv, SANDOSTATIN LAR DEPOT 10 MG KT SUV,OUTER, SANDOSTATIN LAR DEPOT 10 MG VL SUV,INNER, SANDOSTATIN LAR DEPOT 20 MG KT OUTER,SUV, SANDOSTATIN LAR DEPOT 20 MG VL INNER,SUV, SANDOSTATIN LAR DEPOT 30 MG KT OUTER,SUV, SANDOSTATIN LAR DEPOT 30 MG VL INNER,SUV, SIGNIFOR LAR 10 MG KIT OUTER, SUV, SIGNIFOR LAR 10 MG VIAL INNER, SUV, SIGNIFOR LAR 20 MG KIT OUTER, SUV, SIGNIFOR LAR 20 MG VIAL INNER, SUV, SIGNIFOR LAR 30 MG KIT OUTER, SUV, SIGNIFOR LAR 30 MG VIAL INNER, SUV, SIGNIFOR LAR 40 MG KIT OUTER, SUV, SIGNIFOR LAR 40 MG VIAL INNER, SUV, SIGNIFOR LAR 60 MG KIT OUTER, SUV, SIGNIFOR LAR 60 MG VIAL INNER, SUV, SOMATULINE DEPOT 120 MG/0.5 ML SUV, SOMATULINE DEPOT 60 MG/0.2 ML SUV, SOMATULINE DEPOT 90 MG/0.3 ML
PREVMIS:	PREVMIS 240 MG/12 ML VIAL INNER, P/F, SDV, PREVMIS 240 MG/12 ML VIAL OUTER, P/F, SDV, PREVMIS 480 MG/24 ML VIAL INNER, P/F, SDV, PREVMIS 480 MG/24 ML VIAL OUTER, P/F, SDV
PROPHYLACTIC HEREDITARY	CINRYZE 500 UNIT VIAL INNER, SUV, P/F 500 UNIT (5 ML), CINRYZE 500 UNIT VIAL-DILUENT OUTER, SUV, P/F 500 UNIT (5 ML)

PROCEDURE CODE(S)	Drugs
ANGIOEDEMA THERAPY: J0598	
PROVENGE: Q2043	PROVENGE INFUSION BAG INNER, SUV, P/F 50 MILLION CELL/250 ML, PROVENGE INFUSION BAG OUTER, SUV, P/F 50 MILLION CELL/250 ML
PULMONARY HYPERTENSION: J1325, S0155, J3285, J3490, J7686	epoprostenol sodium 0.5 mg vL, epoprostenol sodium 1.5 mg vL, FLOLAN 0.5 MG VIAL, FLOLAN 1.5 MG VIAL, PH 12 DILUENT FOR FLOLAN SUV, OUTER PH 11.7 - 12.3, REMODULIN 100 MG/20 ML VIAL 5 MG/ML, REMODULIN 20 MG/20 ML VIAL 1 MG/ML, REMODULIN 200 MG/20 ML VIAL 10 MG/ML, REMODULIN 50 MG/20 ML VIAL 2.5 MG/ML, REMODULIN 8 MG/20 ML VIAL 0.4 MG/ML, REVATIO 10 MG/12.5 ML VIAL, sildenafil 10 mg/12.5 ml vial, treprostinil 100 mg/20 ml vial 5 mg/ml, treprostinil 20 mg/20 ml vial 1 mg/ml, treprostinil 200 mg/20 ml vial 10 mg/ml, treprostinil 50 mg/20 ml vial 2.5 mg/ml, TYVASO 1.74 MG/2.9 ML SOLUTION 1.74 MG/2.9 ML (0.6 MG/ML), TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML, TYVASO INHALATION REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML), TYVASO INHALATION STARTER KIT 1.74 MG/2.9 ML, UPTRAVI 1,800 MCG VIAL, VELETRI 0.5 MG VIAL, VELETRI 1.5 MG VIAL STERILE, SUV
RADICAVA: J1301	edaravone 30 mg/100 ml bag inner, single use, edaravone 30 mg/100 ml bag inner, suv, edaravone 30 mg/100 ml bag inner, single use, edaravone 30 mg/100 ml bag outer, single use, edaravone 30 mg/100 ml bag outer, suv, edaravone 30 mg/100 ml bag suv, inner, edaravone 30 mg/100 ml bag suv, outer, edaravone 30 mg/100 ml vial suv, inner, edaravone 30 mg/100 ml vial suv, outer, edaravone 60 mg/100 ml bag, edaravone 60 mg/100 ml vial, RADICAVA 30 MG/100 ML BAG INNER, SUV, RADICAVA 30 MG/100 ML BAG OUTER, SDV
REBLOZYL RYTELO: J0896, J0870	REBLOZYL 25 MG VIAL, REBLOZYL 75 MG VIAL, RYTELO 188 MG VIAL, RYTELO 47 MG VIAL
RETHYMIC: J3590	RETHYMIC IMPLANT
RITUXIMAB: Q5123, J9312, J9311, Q5119, Q5115	RIABNI 100 MG/10 ML VIAL 10 MG/ML, RIABNI 500 MG/50 ML VIAL 10 MG/ML, RITUXAN 100 MG/10 ML VIAL 10 MG/ML, RITUXAN 500 MG/50 ML VIAL 10 MG/ML, RITUXAN HYCELA 1,400 MG-23,400 1400 MG/11.7 ML (120 MG/ML), RITUXAN HYCELA 1,600 MG-26,800 1600 MG/13.4 ML (120 MG/ML), RUXIENCE 100 MG/10 ML VIAL 10 MG/ML, RUXIENCE 500 MG/50 ML VIAL 10 MG/ML, TRUXIMA 100 MG/10 ML VIAL 10 MG/ML, TRUXIMA 500 MG/50 ML VIAL 10 MG/ML
SAPHNELO: J0491	SAPHNELO 300 MG/2 ML VIAL 300 MG/2 ML (150 MG/ML)
SCENESSE: J7352	SCENESSE 16 MG IMPLANT
SELF-ADMINISTERED DRUG (SADS) EXCLUSION	See Policy link for drug list
SPRAVATO G2082, G2083: J0013	SPRAVATO 28 MG NASAL SPRAY, SPRAVATO 56 MG DOSE PACK 56 MG (28 MG X 2), SPRAVATO 84 MG DOSE PACK 84 MG (28 MG X 3)
SYLVANT: J2860	SYLVANT 100 MG VIAL, SYLVANT 400 MG VIAL
T-CELL THERAPY: Q2055, J9999, Q2058, J9039, Q2054, Q2056, J9286, J1323, J9321, J9026, J9274, Q2042, J9350, C9307, J3055, Q2053, Q2057, J9380, Q2041	ABECMA INFUSION BAG 300X10EXP6 TO 510X10EXP6 CELL, AMTAGVI CASSETTE SINGLE USE,P/F,OUTER 7.5 X 10EXP9 TO 72X 10EXP9 CELL, AMTAGVI INFUSION BAG SINGLE USE,P/F,INNER 7.5 X 10EXP9 TO 72X 10EXP9 CELL, AUCATZYL 410 X 10E6 DOSE OUTER, BLINCYTO 35 MCG VIAL, BLINCYTO 35 MCG VL W-STABILIZER, BREYANZI VIAL 1.5 X TO 70 X 10EXP6 CELL/ML, BREYANZI CD4 COMPONENT VIAL(S) 1.5 X TO 70 X 10EXP6 CELL/ML, BREYANZI CD8 COMPONENT VIAL(S) 1.5 X TO 70 X 10EXP6 CELL/ML, CARVYKTI INFUSION BAG-CASSETTE 0.5 X 10EXP6 TO 1 X 10EXP8 CELL, COLUMVI 10 MG/10 ML VIAL 1 MG/ML, COLUMVI 2.5 MG/2.5 ML VIAL 1 MG/ML, ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML, ELREXFIO 44 MG/1.1 ML VIAL INNER,SUV,P/F,SAMPLE 40 MG/ML, ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML, ELREXFIO 44 MG/1.1 ML VIAL OUTER,SUV,P/F,SAMPLE 40 MG/ML, ELREXFIO 76 MG/1.9 ML VIAL INNER, SUV, P/F 40 MG/ML, ELREXFIO 76 MG/1.9 ML VIAL OUTER, SUV, P/F 40 MG/ML, EPKINLY 4 MG/0.8 ML

PROCEDURE CODE(S)	Drugs
	<p>VIAL, EPKINLY 48 MG/0.8 ML VIAL, IMDELLTRA 1 MG VIAL INNER, SUV, P/F, IMDELLTRA 1 MG VIAL OUTER, SUV, P/F, IMDELLTRA 10 MG VIAL INNER, SUV, P/F, IMDELLTRA 10 MG VIAL OUTER, SUV, P/F, KIMMTRAK 100 MCG/0.5 ML VIAL, KYMRIAH INFUSION BAG 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL, LUNSUMIO 1 MG/ML VIAL, LUNSUMIO 30 MG/30 ML VIAL 1 MG/ML, LYNOZYFIC 200 MG/10 ML VIAL INNER, SUV, P/F 20 MG/ML, LYNOZYFIC 5 MG/2.5 ML VIAL OUTER, SUV, P/F 2 MG/ML, TALVEY 3 MG/1.5 ML VIAL 2 MG/ML, TALVEY 40 MG/ML VIAL, TECARTUS CASSETTE SINGLE-USE,P/F, OUTER 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL, TECARTUS INFUSION BAG SINGLE-USE,P/F, INNER 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL, TECELRA INFUSION BAG-CASSETTE 2.68X10EXP9 TO 10X10EXP9 CELL, TECVAYLI 153 MG/1.7 ML VIAL 90 MG/ML, TECVAYLI 30 MG/3 ML VIAL 10 MG/ML, YESCARTA CASSETTE OUTER, P/F, SUV, YESCARTA INFUSION BAG INNER, P/F, SUV</p>
TEPEZZA: J3241	TEPEZZA 500 MG VIAL
THERAPIES FOR SPINAL MUSCULAR ATROPHY: J2326, J3399	<p>SPINRAZA 12 MG/5 ML VIAL, ZOLGENSMA 10.1-10.5 KG (8.3 ML X 7 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 10.6-11.0 KG (5.5 ML X 2 AND 8.3 ML X 6 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 11.1-11.5 KG (5.5 ML X 1 AND 8.3 ML X 7 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 11.6-12.0 KG (8.3 ML X 8 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 12.1-12.5 KG (5.5 ML X 2 AND 8.3 ML X 7 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 2.6-3.0 KG (8.3 ML X 2 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 3.1-3.5 KG (5.5 ML X 2 AND 8.3 ML X 1 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 3.6-4.0 KG (5.5 ML X 1 AND 8.3 ML X 2 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 4.1-4.5 KG (8.3 ML X 3 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 4.6-5.0 KG (5.5 ML X 2 AND 8.3 ML X 2 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 5.1-5.5 KG (5.5 ML X 1 AND 8.3 ML X 3 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 5.6-6.0 KG (8.3 ML X 4 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 6.1-6.5 KG (5.5 ML X 2 AND 8.3 ML X 3 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 6.6-7.0 KG (5.5 ML X 1 AND 8.3 ML X 4 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 7.1-7.5 KG (8.3 ML X 5 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 7.6-8.0 KG (5.5 ML X 2 AND 8.3 ML X 4 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 8.1-8.5 KG (5.5 ML X 1 AND 8.3 ML X 5 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 8.6-9.0 KG (8.3 ML X 6 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 9.1-9.5 KG (5.5 ML X 2 AND 8.3 ML X 5 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 9.6-10.0 KG (5.5 ML X 1 AND 8.3 ML X 6 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML</p>
THROMBOCYTOPENIA MEDICATIONS: J3590, J2802	CABLIVI 11 MG KIT, NPLATE 125 MCG VIAL, NPLATE 250 MCG VIAL, NPLATE 500 MCG VIAL
TOTAL PARENTERAL NUTRITION (TPN): J3490, B4164 - B5200	<p>AMINOSYN II 10% IV SOLUTION MULTI-USE, AMINOSYN II 15% IV SOLUTION MUV, AMINOSYN-PF 10% IV SOLUTION P/F, MULTI-USE, AMINOSYN-PF 7% IV SOLUTION SINGLE USE, P/F, CLINIMIX 5%-15% SOLUTION INNER, SUV, CLINIMIX 5%-15% SOLUTION OUTER, SUV, CLINIMIX 5%-15% SOLUTION SINGLE USE, CLINIMIX 4.25%-10% SOLUTION, CLINIMIX 4.25%-5% SOLUTION INNER, SUV, CLINIMIX 4.25%-5% SOLUTION OUTER, SUV, CLINIMIX 4.25%-5% SOLUTION SINGLE USE, CLINIMIX 5%-20% SOLUTION INNER, SUV, CLINIMIX 5%-20% SOLUTION OUTER, SUV, CLINIMIX 5%-20% SOLUTION SINGLE USE, CLINIMIX 6%-5% SOLUTION INNER,SINGLE-USE 6-5 %, CLINIMIX 6%-5% SOLUTION OUTER,SINGLE-USE 6-5 %, CLINIMIX 8%-10% SOLUTION INNER,SINGLE-USE 8-10 %, CLINIMIX 8%-10% SOLUTION OUTER,SINGLE-USE 8-10 %, CLINIMIX 8%-14% SOLUTION SUV, INNER 8-14 %, CLINIMIX 8%-14% SOLUTION SUV, OUTER 8-14 %, CLINIMIX E 2.75%-5% SOLUTION INNER, SUV, CLINIMIX E 2.75%-5% SOLUTION OUTER, SUV, CLINIMIX E 2.75%-5% SOLUTION SINGLE USE, CLINIMIX E 4.25%-10% SOLUTION INNER, SUV, CLINIMIX E 4.25%-10% SOLUTION OUTER, SUV, CLINIMIX E 4.25%-10% SOLUTION SINGLE USE, CLINIMIX E 4.25%-5% SOLUTION INNER, SUV, CLINIMIX E 4.25%-5% SOLUTION OUTER, SUV, CLINIMIX E 4.25%-</p>

PROCEDURE CODE(S)	Drugs
	<p>5% SOLUTION SINGLE USE, CLINIMIX E 5%-15% SOLUTION INNER, SUV, CLINIMIX E 5%-15% SOLUTION OUTER, SUV, CLINIMIX E 5%-15% SOLUTION SINGLE USE, CLINIMIX E 5%-20% SOLUTION INNER, SUV, CLINIMIX E 5%-20% SOLUTION OUTER, SUV, CLINIMIX E 5%-20% SOLUTION SINGLE USE, CLINIMIX E 8%-10% SOLUTION INNER,SINGLE-USE 8-10 %, CLINIMIX E 8%-10% SOLUTION OUTER,SINGLE-USE 8-10 %, CLINIMIX E 8%-14% SOLUTION INNER,SINGLE-USE 8-14 %, CLINIMIX E 8%-14% SOLUTION OUTER,SINGLE-USE 8-14 %, CLINISOL 15% SOLUTION, CLINOLIPID 20% (100 GM/500 ML) SUV,INNER, CLINOLIPID 20% (100 GM/500 ML) SUV,OUTER, CLINOLIPID 20% (20 GM/100 ML) SUV,INNER, CLINOLIPID 20% (20 GM/100 ML) SUV,OUTER, CLINOLIPID 20% (200 GM/1,000 ML) SUV,INNER, CLINOLIPID 20% (200 GM/1,000 ML) SUV,OUTER, CLINOLIPID 20% (50 GM/250 ML) SUV, OUTER, CLINOLIPID 20% (50 GM/250 ML) SUV,INNER, INTRALIPID 20% IV FAT EMUL MULTI USE,P/F,INNER, INTRALIPID 20% IV FAT EMUL MULTI USE,P/F,OUTER, INTRALIPID 20% IV FAT EMUL SINGLE USE,P/F,INNER, INTRALIPID 20% IV FAT EMUL SINGLE USE,P/F,OUTER, INTRALIPID 30% IV FAT EMUL MULTI USE,P/F,INNER, INTRALIPID 30% IV FAT EMUL MULTI USE,P/F,OUTER, NUTRILIPID 20% IV FAT EMULSION MDV, NUTRILIPID 20% IV FAT EMULSION SINGLE USE, OMEGAVEN 10 GM/100 ML EMULSION SUV,INNER 10 %, OMEGAVEN 10 GM/100 ML EMULSION SUV,OUTER 10 %, OMEGAVEN 5 GM/50 ML EMULSION SUV,INNER 10 %, OMEGAVEN 5 GM/50 ML EMULSION SUV,OUTER 10 %, PLENAMINE 15% SOLUTION MULTI-USE, PREMASOL 10% IV SOLUTION, PROSOL 20% INJECTION, SMOFLIPID 20% IV FAT EMULSION MUV, INNER, SMOFLIPID 20% IV FAT EMULSION MUV,OUTER, SMOFLIPID 20% IV FAT EMULSION SINGLE USE,INNER, SMOFLIPID 20% IV FAT EMULSION SINGLE USE,OUTER, SMOFLIPID 20% IV FAT EMULSION SUV, P/F, INNER, SMOFLIPID 20% IV FAT EMULSION SUV, P/F, OUTER, TRAVASOL 10% SOLN VIAFLEX, TROPHAMINE 10% IV SOLUTION, VITALIPID N INFANT AMPULE SUV, INNER 69 MCG-1 MCG-0.64 MG-20 MCG/ML, VITALIPID N INFANT AMPULE SUV, OUTER 69 MCG-1 MCG-0.64 MG-20 MCG/ML, VITLIPID N ADULT AMPULE SUV, INNER 990 MCG-5 MCG-9.1 MG/10 ML, VITLIPID N ADULT AMPULE SUV, OUTER 990 MCG-5 MCG-9.1 MG/10 ML, VITLIPID N INFANT AMPULE SUV, INNER 69 MCG-1 MCG-0.64 MG-20 MCG/ML, VITLIPID N INFANT AMPULE SUV, OUTER 69 MCG-1 MCG-0.64 MG-20 MCG/ML</p>
<p>TRANSTHYRETIN (TTR) LOWERING AGENTS: J0225, J0222</p>	<p>AMVUTTRA 25 MG/0.5 ML SYRINGE, ONPATTRO 10 MG/5 ML VIAL 2 MG/ML</p>
<p>TYSABRI, TYRUKO: Q5134, J2323</p>	<p>TYRUKO 300 MG/15 ML VIAL, TYSABRI 300 MG/15 ML VIAL SUV, P/F</p>
<p>TZIELD: J9381</p>	<p>TZIELD 2 MG/2 ML VIAL 1 MG/ML</p>
<p>UPLIZNA: J1823</p>	<p>UPLIZNA 100 MG/10 ML VIAL INNER, SUV, P/F 10 MG/ML, UPLIZNA 100 MG/10 ML VIAL OUTER, SUV, P/F 10 MG/ML</p>
<p>XIAFLEX: J0775</p>	<p>XIAFLEX 0.9 MG VIAL</p>
<p>ZEVTERA: J0681</p>	<p>ZEVTERA 667 MG VIAL SUV, INNER, ZEVTERA 667 MG VIAL SUV, OUTER</p>