

## Physician Administered Drugs Requiring Prior Authorization: Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan

- Effective May 1<sup>st</sup>, 2023, these provider-administered medications will now require prior authorization.
- **The MetroPlus Prior Authorization Form can be found [here](#).**

HCPCS Code	Description
J3590	Unclassified biologics
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J0135	INJECTION, ADALIMUMAB, 20 MG
J3262	INJECTION, TOCILIZUMAB, 1 MG
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
J9218	LEUPROLIDE ACETATE, PER 1 MG
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG
Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG
Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG
Q5120	INJECTION, PEGFILGRASTIM-BMEZ (ZIEXTENZO), BIOSIMILAR, 0.5 MG
Q5122	INJECTION, PEGFILGRASTIM-APGF (NYVEPRIA), BIOSIMILAR, 0.5 MG
J2182	INJECTION, MEPOLIZUMAB, 1 MG
J2357	INJECTION, OMALIZUMAB, 5 MG
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
J0401	INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG
J1944	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG
J1943	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG
J2794	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG
J2350	INJECTION, OCRELIZUMAB, 1 MG
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG
J9271	INJECTION, PEMBROLIZUMAB, 1 MG
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG
J2902	INJECTION, ATEZOLIZUMAB, 10 MG

J9299	INJECTION, NIVOLUMAB, 1 MG
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG
J9173	INJECTION, DURVALUMAB, 10 MG
J9043	INJECTION, CABAZITAXEL, 1 MG
J9306	INJECTION, PERTUZUMAB, 1 MG
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG
J1930	INJECTION, LANREOTIDE, 1 MG
J9301	INJECTION, OBINUTUZUMAB, 10 MG
J9312	INJECTION, RITUXIMAB, 10 MG
J2562	INJECTION, PLERIXAFOR, 1 MG
J3380	INJECTION, VEDOLIZUMAB, 1 MG
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
J9145	INJECTION, DARATUMUMAB, 10 MG
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG
J2323	INJECTION, NATALIZUMAB, 1 MG
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG
J9055	INJECTION, CETUXIMAB, 10 MG
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG
J9308	INJECTION, RAMUCIRUMAB, 5 MG
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG
Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG
J0517	INJECTION, BENRALIZUMAB, 1 MG
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG
J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG
J9047	INJECTION, CARFILZOMIB, 1 MG
Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG
J0490	INJECTION, BELIMUMAB, 10 MG
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
J0897	INJECTION, DENOSUMAB, 1 MG
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G., LIQUID), 500 MG
J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG
C9086	INJECTION, ANIFROLUMAB-FNIA, 1 MG

J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG
J0178	INJECTION, AFLIBERCEPT, 1 MG
Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG
Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG
J9041	INJECTION, BORTEZOMIB, 0.1 MG
J2505	INJECTION, PEGFILGRASTIM, 6 MG
J9022	INJECTION, ATEZOLIZUMAB, 10 MG
J2356	INJECTION, TEZEPelumAB-EKKO, 1 MG
J9395	INJECTION, FULVESTRANT, 25 MG
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
J2778	INJECTION, RANIBIZUMAB, 0.1 MG
J9155	INJECTION, DEGARELIX, 1 MG
J9035	INJECTION, BEVACIZUMAB, 10 MG
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)
Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM
J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
Q5105	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)
J1628	INJECTION, GUSELKUMAB, 1 MG
J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
C9257	INJECTION, BEVACIZUMAB, 0.25 MG
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
J3245	INJECTION, TILDRAKIZUMAB, 1 MG

## Physician Administered Drugs Requiring Prior Authorization: Medicare

- The MetroPlus Prior Authorization Form can be found [here](#).

Brand	Generic	HCPCS Code	Billing Unit
<b>Not Otherwise Specified (NOS)</b>			
Prescription drug, oral, non chemotherapeutic, nos			J8499
Prescription drug, oral, chemotherapeutic, nos			J8999
<b>Humira</b>	adalimumab	J0135	1 Unit = 20 mg
<b>N/A</b>	adenosine for therapeutic use	J0150	1 Unit = 6 mg
<b>Lioresal</b>	baclofen	J0476	1 Unit = 50 mcg
<b>Probuphine Implant Kit</b>	Buprenorphine implant	J0570	1 Unit = 74.2 mg
<b>Subutex</b>	Buprenorphine	J0571	1 Unit = 1 mg
<b>Bunavail; Suboxone; Zubsolv</b>	Buprenorphine/naloxone	J0572	1 Unit =
<b>Bunavail; Suboxone; Zubsolv</b>	Buprenorphine/naloxone	J0573	1 Unit = 1 mg
<b>Bunavail; Suboxone; Zubsolv</b>	buprenorphine/naloxone	J0574	1 Unit = 1 mg
<b>Suboxone; Zubsolv</b>	Buprenorphine/naloxone	J0575	1 Unit = 1 mg
<b>Pregnyl</b>	chorionic gonadotropin	J0725	1 Unit = 1000 IU
<b>Prolia; Xgeva</b>	denosumab	J0897	1 Unit = 1 mg
<b>Depo-Provera</b>	medroxyprogesterone acetate	J1050	1 Unit = 1 mg
<b>Depo-Testosterone</b>	testosterone cypionate	J1071	1 Unit = 1 mg
<b>Vimizim</b>	elosulfase alfa	J1322	1 Unit = 1 mg
<b>Enbrel</b>	etanercept	J1438	1 Unit = 25 mg
<b>Privigen</b>	immune globulin (human) IV 10% liquid	J1459	1 Unit = 500 mg
<b>Bivigam</b>	immune globulin intravenous (Human)	J1556	1 Unit = 500 mg
<b>Gammaplex</b>	immune globulin intravenous	J1557	1 Unit = 500 mg

Brand	Generic	HCPCS Code	Billing Unit
	(human), 5%, 10% liquid		
<b>Hizentra</b>	immune globulin subcutaneous (human)	J1559	1 Unit = 100 mg
<b>Gammaked; Gamunex-C</b>	immune globulin (human), 10% caprylate/chromatography purified	J1561	1 Unit = 500 mg
<b>Vivaglobin</b>	Immune Globulin Subcutaneous (Human)	J1562	1 Unit = 100 mg
<b>Gammagard S/D; Carimune NF</b>	IVIG lyophilized	J1566	1 Unit = 500 mg
<b>Octagam</b>	immune globulin intravenous (human)	J1568	1 Unit = 500 mg
<b>Gammagard</b>	immune globulin infusion (human)	J1569	1 Unit = 500 mg
<b>Flebogamma; Flebogamma DIF</b>	immune globulin intravenous (human)	J1572	1 Unit = 500 mg
<b>Hyqvia</b>	immune globulin infusion 10% (human) with recombinant human hyaluronidase	J1575	1 Unit = 100 mg
<b>Copaxone</b>	glatiramer acetate	J1595	1 Unit = 20 mg
<b>Panzyga</b>	Immune Globulin (Human)	J1599	1 Unit = 500 mg
<b>Boniva</b>	ibandronate sodium	J1740	1 Unit = 1 mg
<b>Remicade</b>	infliximab	J1745	1 Unit = 10 mg
<b>Betaseron; Extavia</b>	interferon beta-1b	J1830	1 Unit = 0.25mg
<b>Increlex</b>	mecasermin	J2170	1 Unit = 1 mg
		J2324	1 Unit =
<b>Ocrevus</b>	ocrelizumab	J2350	1 Unit = 1 mg
<b>Xolair</b>	omalizumab	J2357	1 Unit = 5 mg
<b>Kanuma</b>	sebelipase alfa	J2840	1 Unit = 1 mg

Brand	Generic	HCPCS Code	Billing Unit
<b>Delatestryl</b>	testosterone enanthate	J3121	1 Unit = 1 mg
<b>Aveed</b>	testosterone undecanoate	J3145	1 Unit = 1 mg
<b>Thyrogen</b>	thyrotropin alpha	J3240	1 Unit = 0.9mg
<b>Remodulin</b>	treprostinil	J3285	1 Unit = 1 mg
<b>Bravelle</b>	urofollitropin	J3355	1 Unit = 75 IU
<b>N/A</b>	Laetrile, amygdalin	J3570	1 Unit =
<b>Qutenza</b>	Capsaicin	J7336	1 Unit = 1 sq cm
<b>Thymoglobulin</b>	anti-thymocyte globulin [rabbit]	J7511	1 Unit = 25 mg
<b>Sandimmune; Gengraf, Neoral</b>	Cyclosporine	J7515	1 Unit = 25 mg
<b>SandIMMUNE</b>	Cyclosporine	J7516	1 Unit = 250 mg
<b>CellCept</b>	Mycophenolate mofetil	J7517	1 Unit = 250 mg
<b>Myfortic</b>	Mycophenolic acid	J7518	1 Unit = 180 mg
<b>Rapamune</b>	Sirolimus	J7520	1 Unit = 1 mg
<b>Prograf</b>	Tacrolimus	J7525	1 Unit = 5 mg
<b>Zortress</b>	Everolimus	J7527	1 Unit = 0.25 mg
<b>CellCept Intravenous, Rezureck, Lupkynis, Astagraf XL; Envarsus XR</b>	mycophenolate mofetil HCl, belumosudil, voclosporin, tacrolimus ER	J7599	1 Unit =
<b>N/A</b>	Levalbuterol (powder)	J7607	1 Unit = 0.5 mg
<b>N/A</b>	acetylcysteine inhalation	J7608	1 Unit = 1 GM
<b>N/A</b>	N/A	J7609	1 Unit =
<b>N/A</b>	N/A	J7610	1 Unit =
<b>N/A</b>	Beclomethasone	J7622	1 Unit =1 mg
<b>N/A</b>	N/A	J7624	1 Unit =
<b>Pulmicort Respules</b>	Budesonide	J7626	1 Unit = 0.5 mg
<b>N/A</b>	N/A	J7629	1 Unit =
<b>N/A</b>	N/A	J7634	1 Unit =
<b>N/A</b>	N/A	J7635	1 Unit =

Brand	Generic	HCPCS Code	Billing Unit
N/A	N/A	J7636	1 Unit =
N/A	N/A	J7637	1 Unit =
N/A	N/A	J7638	1 Unit =
<b>Pulmozyme</b>	Dornase alfa	J7639	1 Unit = 1 mg
N/A	N/A	J7641	1 Unit =
N/A	N/A	J7642	1 Unit =
N/A	N/A	J7643	1 Unit =
N/A	N/A	J7680	1 Unit =
N/A	N/A	J7681	1 Unit =
N/A	N/A	J7683	1 Unit =
N/A	N/A	J7684	1 Unit =
N/A	Tobramycin	J7685	1 Unit =
<b>Tyvaso</b>	Treprostinil	J7686	1 Unit = 1.74 mg
<b>Rinvoq, Glynase, Tamiflu, Glyset, Kerendia</b>	Upadacitinib, glyburide micronized, oseltamivir phosphate, miglitol, finerenone	J8499	1 Unit =
<b>Cesamet</b>	Nabilone	J8650	1 Unit = 1 mg
		J8999	1 Unit =
<b>Actimmune</b>	interferon, gamma 1-b	J9216	1 Unit = 3000000 IU
<b>Vantas</b>	Histrelin implant	J9225	1 Unit = 50 mg
<b>Rituxan</b>	rituximab	J9310	1 Unit = 10 mg

### 2023: Physician Administered Drugs Requiring Step Therapy

- Effective 1/1/2023, select provider-administered medications will require step therapy through preferred medications within the same medical class.
- Each class of injectable therapies listed below will include preferred therapies that do not require a step therapy, however requests for non-preferred therapies will generally require history of use of a preferred therapy within the same class, among other criteria.
- Select preferred products continue to require a prior authorization.
- **The MetroPlus Prior Authorization Form can be found [here](#).**

## CHP: Effective January 1, 2023

Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Multiple Sclerosis</b>				
<b>Lemtrada</b>	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Ocrevus</b>	ocrelizumab	J2350	1 Unit = 1 mg	<i>Preferred</i>
<b>Tysabri</b>	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred</i>

## Medicare Part B: Effective January 1, 2023

Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Acromegaly</b>				
<b>Sandostatin</b>	octreotide	J2353	1 Unit = 1 mg	<i>Preferred</i>
<b>Signifor</b>	pasireotide	J2502	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Somatuline Depot</b>	lanreotide	J1930	1 Unit = 1 mg	<i>Preferred</i>
<b>Somavert</b>	pegvisomant	J3490	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Alpha-1 Antitrypsin Deficiency</b>				
<b>Aralast</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Glassia</b>	alpha 1 proteinase inhibitor (human) (glassia)	J0257	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Prolastin-C</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Preferred</i>
<b>Zemaira</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Autoimmune</b>				
<b>Actemra</b>	tocilizumab	J3262	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Avsola</b>	Infliximab-axxq	Q5121	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Cimzia</b>	certolizumab pegol	J0717	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Entyvio</b>	vedolizumab	J3380	1 Unit = 1 mg	<i>Preferred</i>
<b>Illumya</b>	tildrakizumab	J3245	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Inflectra</b>	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred</i>
<b>Orencia</b>	abatacept	J0129	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Remicade</b>	infliximab	J1745	1 Unit = 10 mg	<i>Preferred</i>
<b>Renflexis</b>	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Simponi Aria</b>	golimumab	J1602	1 Unit = 1 mg	<i>Preferred</i>



Brand	Generic	HCPCS Code	Billing Unit	Status
Stelara	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Avastin/Biosimilars (Oncology)</b>				
Avastin	bevacizumab	J9035	1 Unit = 10mg	<i>Preferred</i>
Mvasi	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred</i>
Zirabev	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	<i>Non-Preferred</i>
<b>Botulinum Toxins</b>				
Botox	onabotulinumtoxina	J0585	1 Unit = 1 unit	<i>Non-Preferred</i>
Dysport	abobotulinumtoxina	J0586	1 Unit = 5 units	<i>Preferred</i>
Myobloc	rimabotulinumtoxina	J0587	1 Unit = 100 units	<i>Non-Preferred</i>
Xeomin	incobotulinumtoxin	J0588	1 Unit = 1 unit	<i>Preferred</i>
<b>Hematologic Erythropoiesis - Stimulating Agents (ESA)</b>				
Aranesp	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	<i>Preferred</i>
Aranesp	darbepoetin alfa (for esrd on dialysis)	J0882	1 Unit = 1 mcg	<i>Preferred</i>
Epogen	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Non-Preferred</i>
Epogen	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	<i>Non-Preferred</i>
Procrit	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Preferred</i>
Procrit	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	<i>Preferred</i>
Mircera	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	<i>Non-Preferred</i>
Mircera	epoetin beta (for non-esrd use)	J0888	1 Unit = 1 mcg	<i>Non-Preferred</i>
Retacrit	epoetin alfa, biosimilar (for esrd on dialysis)	Q5105	1 Unit = 100 units	<i>Non-Preferred</i>
Retacrit	epoetin alfa, biosimilar (for non- esrd use)	Q5106	1 Unit = 1000 units	<i>Non-Preferred</i>
<b>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</b>				
Fulphilia	pegfilgrastim-jmdb, biosimilar	Q5108	1 Unit = 0.5 mg	<i>Preferred</i>
Neulasta	pegfilgrastim	J2505	1 Unit = 6 mg	<i>Preferred</i>
Nyvepria	pegfilgrastim-apgf, biosimilar	Q5122	1 Unit = 0.5 mg	<i>Non-Preferred</i>

Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Udenyca</b>	pegfilgrastim-cbqv, biosimilar	Q5111	1 Unit = 0.5 mg	<i>Non-Preferred</i>
<b>Ziextenzo</b>	pegfilgrastim-bmez, biosimilar	Q5120	1 Unit = 0.5 mg	<i>Non-Preferred</i>
<b>Hematologic, Neutropenia Colony Stimulating Factors - Short Acting</b>				
<b>Granix</b>	TBO-filgrastim	J1447	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Leukine</b>	sargramostim	J2820	1 Unit = 50mcg	<i>Non-Preferred</i>
<b>Neupogen</b>	filgrastim	J1442	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Nivestym</b>	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Zarxio</b>	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	<i>Preferred</i>
<b>Lysosomal Storage Disorders (Gaucher's Disease)</b>				
<b>Cerezyme</b>	imiglucerase	J1786	1 Unit = 10 units	<i>Non-Preferred</i>
<b>Elelyso</b>	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Preferred</i>
<b>VPRIV</b>	velaglucerase alfa	J3385	1 Unit = 100 units	<i>Non-Preferred</i>
<b>Multiple Sclerosis (Infused)</b>				
<b>Lemtrada</b>	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Tysabri</b>	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred</i>
<b>Osteoarthritis, Viscosupplements</b>				
<b>Durolane</b>	hyaluronan or derivative	C9465	1 Unit = 1 dose	<i>Non-Preferred</i>
<b>Euflexxa</b>	hyaluronan or derivative	J7323	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
<b>Gel-One</b>	hyaluronan or derivative	J7326	1 Unit = 1 dose (30mg/3mL)	<i>Non-Preferred</i>
<b>Gelsyn-3</b>	hyaluronan or derivative	J7328	1 Unit = 0.1mg	<i>Non-Preferred</i>
<b>Genvisc 850</b>	hyaluronan or derivative	J7320	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Hyalgan</b>	hyaluronan or derivative	J7321	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
<b>Hymovis</b>	hyaluronate sodium	J7322	1 Unit = 1mg	<i>Non-Preferred</i>
<b>Monovisc</b>	hyaluronate sodium, stabilized	J7327	1 Unit = 1 dose (88mg/4mL)	<i>Preferred</i>
<b>OrthoVisc</b>	hyaluronate sodium	J7324	1 Unit = 1 dose (30mg/2mL)	<i>Preferred</i>
<b>Synvisc</b>	hyaluronan or derivative	J7325	1 Unit = 1 mg	<i>Preferred</i>
<b>Synvisc-One</b>	derivative			

Brand	Generic	HCPCS Code	Billing Unit	Status
Trivisc	hyaluronan or derivative	J7329	1 Unit = 1 mg	<i>Non-Preferred</i>
Visco-3	hyaluronan or derivative	J7333	1 Unit = 1 dose (25mg/5mL)	<i>Non-Preferred</i>
<b>Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents</b>				
Eligard	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Preferred</i>
Eligard	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Preferred</i>
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Preferred</i>
Lupron Depot	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Lupron Depot	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Non-Preferred</i>
Trelstar	triptorelin pamoate	J3315	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Zoladex	goserelin acetate	J9202	1 Unit = 3.6 mg	<i>Non-Preferred</i>
<b>Retinal Disorders Agents</b>				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred</i>
Beovu	Brolucizumab-dblI	J0179	1 Unit = 1mg	<i>Non-Preferred</i>
Eylea	aflibercept	J0178	1 Unit = 1 mg	<i>Non-Preferred</i>
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Non-Preferred</i>
<b>Rituxan Products</b>				
Rituxan	rituximab	J9312	1 Unit = 10 mg	<i>Preferred</i>
Rituxan Hycela	rituximab and hyaluronidase	J9311	1 Unit = 10 mg	<i>Preferred</i>
Ruxience	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	<i>Non-Preferred</i>
Riabni	rituximab-arrx	Q5123	1 Unit = 10mg	<i>Non-Preferred</i>
Truxima	rituximab-abbs, biosimilar	Q5115	1 Unit = 10 mg	<i>Preferred</i>
<b>Severe Asthma</b>				
Cinqair	reslizumab	J2786	1 Unit = 1mg	<i>Non-Preferred</i>
Fasenra	benralizumab	J0517	1 Unit = 1mg	<i>Non-Preferred</i>
Nucala	mepolizumab	J2182	1 Unit = 1mg	<i>Preferred</i>
Xolair	omalizumab	J2357	1 Unit = 5mg	<i>Preferred</i>
<b>Trastuzumab Products</b>				
Herceptin	trastuzumab	J9355	1 Unit = 10 mg	<i>Preferred</i>
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	1 Unit = 10mg	<i>Preferred</i>
Herzuma	trastuzumab-pkrb	Q5113	1 Unit = 10mg	<i>Non-Preferred</i>
Kanjinti	trastuzumab-anns	Q5117	1 Unit = 10mg	<i>Preferred</i>

<b>Brand</b>	<b>Generic</b>	<b>HCPCS Code</b>	<b>Billing Unit</b>	<b>Status</b>
<b>Ogivri</b>	trastuzumab-dkst	Q5114	1 Unit = 10mg	<i>Non-Preferred</i>
<b>Ontruzant</b>	trastuzumab-dttb	Q5112	1 Unit = 10mg	<i>Non-Preferred</i>
<b>Trazimera</b>	trastuzumab-qypp	Q5116	1 Unit = 10mg	<i>Preferred</i>