

January 1, 2026

MEDICAL SPECIALTY DRUG PREAUTHORIZATION REQUIREMENTS

Use this list for the lines of business in the columns below: Commercial managed products,
Commercial managed products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.

Requests for the drugs on this list are handled by the Medical Specialty Drug unit: Phone 1-800-499-1275 and Fax 1-800-306-0188.

Updates Are Highlighted In Grey

- > The following Medical Specialty Drugs are covered under the Medical Benefit (when administered by a health care professional) and require preauthorization. Regardless of the preauthorization requirement under the member contract, claims for the following medical specialty drugs will deny or suppend for review across all lines of business if preauthorization is not obtained.

 > Please refer to our website frequently for updates to this list as new drugs are added as they receive FDA approval and are available for use.

 - > The provider or specialty pharmacy rendering the service is responsible for ensuring that the required preauthorization has been obtained.
- > Commercial Self Funded Plans: Refer to the Injectable Medications Benefit for coverage details (any coverage exclusions for certain drugs listed with a drug category will be noted under Injectable Medications).
- > ^ Stelars & Skyriz IV loading doses do not require a prior authorization under the medical benefit. Please obtain prior authorization approval for ongoing SQ therapy PRIOR to administering any IV loading dose(s) to ensure appropriate care for your member.

 † Lemtrada is indicated for relapsing forms of multiple sclerosis only. If seeking treatment with Campath (also alemtuzumab), Campath is no longer commercially available. A restricted distribution program may allow access for appropriate patients. Information is available through the Campath Distribution Program at 1-877-487-487.

A. Please note: Any associated inpatient admission related to the administration of this medication may require prior authorization and must be requested separately via our Medical Intake teams:

Commercial and Medicare: Call: 800-383-4658, or Fax: 877-203-3401

Safety Net Call: 646-693-6410, or Fax: 8447-793-8401

> Drugs without a permanent HCPCS code assigned yet are listed as NONE (C codes are for facility billing only).

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recove Program
CAR-T	Abecma 🙏	Q2055	Required	Required	Required	Required	Required	Required	Required	Required
	Abraxane	J9264	Required	Required	Required	Required	Required	Required	Required	Required
	Actemra IV C	J3262	Required	Required	Required	Required	Required	Required		Required
	Acthar Gel C	J0801	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Actimmune C	J9216	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Adakveo	J0791	Required	Required	Required	Required	Required	Required	Required	Required
	Adcetris	J9042	Required	Required	Required	Required	Required	Required	Managed Medicaid Required Required Required Required Required Required	Required
Gene Therapy	Adstiladrin	J9029	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Aduhelm	J0172	Required	Required	Required	Required	Required	Required	Required	Required
risjerie	Advate	J7192	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Adynovate	J7207	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required		Required
Orphan Drug	Adzynma	J7171	Required	Required	Required	Required	Required	Required		Required
	Afstyla	J7210	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Ajovy C	J3031	Required	Required	Required	Required	Required	Required		Required
Orphan Drug	Aldurazyme	J1931	Required	Required	Required	Required	Required	Required		Required
Orphan Drug	Alhemo C	J7173	Required	Required	Required		Required	Required		Required
						Required				
	Alphanate	J7186	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required		Required
	Alphanine	J7193	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Alprolix	J7201	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required		Required
	Altuviiio	J7214	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Alyglo	J1552	Required	Required	Required	Required	Required	Required		Required
	Alymsys	Q5126	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Amondys- 45	J1426	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Amtagvi 🚜	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Amvuttra	J0225	Required	Required	Required	Required	Required	Required	Required	Required
	Anktiva	J9028	Required	Required	Required	Required	Required	Required	Required	Required
	Apretude	J0739	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Aralast	J0256	Required	Required	Required	Required	Required	Required		Required
Orphan Drug	Arzerra	J9302	Required	Required	Required	Required	Required	Required		Required
	Asceniv	J1554	Required	Required	Required	Required	Required	Required		Required
Orphan Drug	Asparlas	J9118	Required	Required	Required	Required	Required	Required		Required
CAR-T	Aucatzyl 🙏	Q2058	Required	Required	Required	Required	Required	Required		Required
CAIL I	Avastin® **	J9035	Required	Required	Required	Required	Required	Required		Required
	Aveed	J3145	Required	Required	Required		Required	Required		Required
		J9184	Required	Required	Required	Required	Required	Required		Required
	Avgemsi	Q5121	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required		NOT Required
	Avsola					NOT Required				
	Avtozma ⊆	Q5156	Required	Required	Required	Required	Required	Required		Required
	Avzivi	NONE	Required	Required	Required	Required	Required	Required		Required
	Axtle	J9292	Required	Required	Required	Required	Required	Required		Required
	Azmiro	J1072	Required	Required	Required	Required	Required	Required	Required	Required
	Bavencio	J9023	Required	Required	Required	Required	Required	Required		Required
	Bebulin	J7194	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required		Required
Notice Book	Beizray	J9174	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Beleodaq	J9032	Required	Required	Required	Required	Required	Required	Required	Required
	Belrapzo	J9036	Required	Required	Required	Required	Required	Required	Required	Required
	Bendamustine	J9033, J9036	Required	Required	Required	Required	Required	Required		Required
	Bendeka	J9034	Required	Required	Required	Required	Required	Required		Required
	Benefix	J7195	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Benlysta C	J0490	Required	Required	Required	Required	Required	Required		Required
Orphan Drug	Berinert C	J0597	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Besponsa	J9229	Required	Required	Required	Required	Required	Required		Required
Orphan Drug	Besremi C	NONE	Required	Required	Required	Required	Required	Required		Required
Gene Therapy	Beqvez	J1414	Required	Required	Required	Required	Required	Required	Required	Required
	Beyfortus	90380/90381	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Bildyos	NONE	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Bildyos			Required	Required	Required	Required	Required	Required	Required
	Bilprevda	NONE	Required	Bur turk	Book to d			D	5	D
	Bilprevda Bivigam	J1556	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Bilprevda Bivigam Bizengri	J1556 J9382	Required Required	Required	Required	Required	Required	Required	Required	Required
MA Program Orphan Drug	Bilprevda Bivigam Bizengri Bkemv	J1556 J9382 Q5152	Required Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Bilprevda Bivigam Bizengri Bkemv Blenrep	J1556 J9382 Q5152 NONE	Required Required Required Required	Required Required Required	Required Required Required	Required Required Required	Required Required Required	Required Required Required	Required Required Required	Required Required Required
	Bilprevda Bivigam Bizengri Bkemv	J1556 J9382 Q5152	Required Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required

Drug Category	Drug Brand Name	Drug Code	Commercial	Commercial	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery
Drug category		(HCPCS/CPT)	Fully Insured	Self Funded		(VYV)	Child Health Plus	Essential Plan	Managed Medicaid	Program
CAR-T	Boruzu Breyanzi 🙏	J9054 Q2054	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Brineura Briumvi	J0567 J2329	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Byooviz	Q5124	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
Orphan Drug	Cablivi C Camcevi	C9047 J1952	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Carimune	J1566	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Carvykti 🙏	Q2056	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Casgevy 🚓	J3392	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug Orphan Drug	Ceprotin Cerezyme	J2724 J1786	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Cimzia C	J0717	Required	Required	Required	Required Required	Required	Required	Required	Required
Ornhan Drug	Cinqair C	J2786 J0598	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Cinryze C Cinvanti	J0185	Required	Required	Required	Required Required	Required	Required	Required	Required
MA Program	Coagadex	J7175	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
MA Program	Columvi 🏂 Conexxence	J9286 Q5158	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Corifact Cortrophin C	J7180 J0802	NOT Required Required	NOT Required Required	NOT Required Required	Required	NOT Required Required	NOT Required Required	Required Required	Required Required
	Cosela	J1448	Required	Required	Required	Required Required	Required	Required	Required	Required
	Cosentyx SC C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Cosentyx IV Crysvita	J3247 J0584	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Cutaquig	J1551	Required	Required	Required	Required	Required	Required	Required	Required
	Cuvitru Cyramza	J1555 J9308	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug,										
MA Program	Danyelza	J9348	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Darzalex	J9145	Required	Required	Required	Required	Required	Required	Required	Required
	Darzalex Faspro Datroway	J9144 J9011	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Daxxify	J0589	Required	Required	NOT Required	Required	Required	Required	Required	Required
	Docivyx Durolane	J9172 J7318	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Dysport	J0586	Required	Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug Orphan Drug	Edaravone Elahere	J1301 J9063	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Elaprase	J1743	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Elelyso	J3060	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Elevidys	J1413	Required	Required	Required	Required	Required	Required	Required	Required
	Elfabrio	J2508	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Eligard Elitek	J9217 J2783	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required
Orphan Drug	Eloctate	J7205	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug,	Elrexfio	J1323	Required	Required	Required	Required	Required	Required	Required	Required
MA Program		****		· ·	, and the second		· ·		·	·
Orphan Drug Orphan Drug	Elzonris Empaveli	J9269 NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Empliciti	J9176	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Emrelis	J9326	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Encelto	J3403	Required	Required	Required	Required	Required	Required	Required	Required
	Enflonsia Enhertu	90382 J9358	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required
Orphan Drug	Enjaymo	J1302	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Enspryng Entraio C	NONE J3380	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
	Entyvio C Epkinly 🐇	J9321	Required	Required	Required	Required Required	Required	Required	Required	Required
Orphan Drug	Epoprostenol (generic flolan)	J1325 J1325	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Epoprostenol (generic Veletri) Epysqli	Q5151	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Erwinaze	J9019	Required	Required	Required	Required	Required	Required	Required	Required
	Esperoct Euflexxa	J7204 J7323	NOT Required NOT Required	NOT Required NOT Required	NOT Required NOT Required	Required NOT Required	NOT Required NOT Required	NOT Required NOT Required	Required Required	Required Required
0.4	Evenity	J3111	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug Orphan Drug,	Evkeeza	J1305	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Exondys 51	J1428	Required	Required	Required	Required	Required	Required	Required	Required
	Eylea 2 mg	J0178	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Eylea HD Fabrazyme C	J0177 J0180	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
Jipilan Dluq	Fasenra C	J0517	Required	Required	Required	Required Required	Required	Required	Required	Required
	Feiba Fensolvi C	J7198 J1951	NOT Required Required	NOT Required Required	NOT Required NOT Required	Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required
	Feraheme	Q0138	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
Ornhan Drug	Flebogamma Flolan	J1572 J1325	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Focinvez	J1325 J1434	Required	Required	Required	Required Required	Required	Required	Required	Required
Orphan Drug,	Falata:	10207	Described	Desciond	Descriped	D (2 (4 (22))	Desciond	Descriped	Descrived	Described
MA Program	Folotyn	J9307	Required	Required	Required	Required (2/1/23)	Required	Required	Required	Required
	Fosaprepitant (Teva/Actavis	J1456	Required	Required	Required	Required	Required	Required	Required	Required
	505bs) Fulphila C	Q5108	Required	Required	Required	Required	Required	Required	Required	Required
	Furoscix	J1941	Required	Required	Required	Required	Required	Required	Required	Required
	Fyarro Fylnetra C	J9331 Q5130	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Gamifant 🙏	J9210	Required	Required	Required	Required	Required	Required	Required	Required
	Gammagard	J1569 J1566	Required	Required Required	Required Required	Required	Required	Required	Required Required	Required
	Gammaked Gammaplex	J1561 J1557	Required Required	Required	Required	Required Required	Required Required	Required Required	Required	Required Required
	Gamunex	J1561	Required	Required	Required	Required	Required	Required	Required	Required
	Gamunex C Gazyva	J1561 J9301	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Gel-One	J7326	Required	Required	Required	Required	Required	Required	Required	Required
	Gel-Syn Genvisc850	J7328 J7320	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Givlaari	J0223	Required	Required	Required	Required Required	Required	Required	Required	Required
	Glassia	J0257	Required	Required	Required	Required	Required	required	Required	Required
C =	Granix C	J1447	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Hemgenix	J1411	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Hemlibra Hemofil	J7170 J7190	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required NOT Required	Required NOT Required	Required Required	Required Required
	- ionioni									Deguired
Orphan Drug	Hepzato 🙏	J9248	Required	Required	Required	Required	Required	Required	Required	Required

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery
	Herceptin	J9355	Required	Required	Required	Required	Required	Required	Required	Program Required
	Hercessi Herceptin Hylecta	Q5146 J9356	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Herzuma Hizentra	Q5113 J1559	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Humate-P	J7187 J7321	NOT Required	NOT Required	NOT Required	Required	NOT Required Required	NOT Required	Required	Required
	Hyalgan Hydroxyprogesterone caproate	J1729	Required Required	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required
	Hymovis Hymovis One	J7322 J7322	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Hympavzi Hyqvia	J7172 J1575	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Idelvion	J7202	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Ilaris Ilumya	J0638 J3245	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug Orphan Drug	Imaavy Imdelltra	J9256 J9026	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Imfinzi	J9173	Required	Required	Required	Required	Required	Required	Required	Required
	Infugem Imjudo	J9198 J9347	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Immune Globulin Products Immune Globulin Products	90283 90284	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Imuldosa C	Q5098	Required	Required	Required	Required	Required	Required	Required	Required
	Inflectra Infliximab	Q5103 J1745	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required
	Injectafer Inlexzo	J1439 NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Requried	Required Required
Orphan Drug	Istodax	J9315 J9319	Required	Required	Required	Required	Required	Required	Required	Required
	Ivra Ixinity	NONE J7213	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required NOT Required	Required NOT Required	Required Required	Required Required
Orphan Drug	Izervay Jelmyto	J2782 J9281	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
OLDURALI DLAC	Jemperli	J9272	Required	Required	Required	Required	Required	Required	Required	Required
	Jeuveau Jivi	None 37208	NOT Required NOT Required	NOt Required NOT Required	NOT Required NOT Required	Required Required	Required NOT Required	Required NOT Required	Required Required	Required Required
	Jobevne Jubbonti	Q5160 NONE	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Kadcyla	J9354	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug Orphan Drug	Kalbitor Kanuma	J1290 J2840	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Gene Therapy, MA Program	Kebilidi 🐇	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Keytruda	J9271	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Keytruda Qlex Kimmtrak	NONE J9274	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Anti-Amyloid	Kisunla	J0175	Required	Required	Required	Required	Required	Required	Required	Required
Agent	Koate/Koate DVI	J7190	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Kogenate FS Kovaltry	J7192 J7211	NOT Required NOT Required	NOT Required NOT Required	NOT Required NOT Required	Required Required	NOT Required NOT Required	NOT Required NOTRequired	Required Required	Required Required
Orphan Drug CAR-T	Krystexxa Kymriah 🚜	J2507 Q2042	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Kyprolis	J9047	Required	Required	Required	Required Required	Required	Required	Required	Required
Orphan Drug	Kyxata Lamzede	C9308 J0217	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Lantidra Lasix Onyu C	NONE NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Gene Therapy	Lenmeldy ***	J3391	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid	Lemtrada for MS ‡	J0202	Required	Required	Required	Required	Required	Required	Required	Required
Agent	Leqembi Leqvio	J0174 J1306	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Leuprolide Depot	J1954	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Libtayo Loqtorzi	J9119 J3263	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Braq	Lucentis	J2778	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
Orphan Drug	Lumizyme Lumoxiti	J0221 J9313	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug, MA Program	Lunsumio	J9350	Required	Required	Required	Required	Required	Required	Required	Required
	Lupron Depot PED Lutrate Depot	J1950/J9217 J1954	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT required Required	NOT required Required
Gene Therapy	Luxturna	J3398	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Lyfgenia 🙏	J3394	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lymphir	J9161	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lynozyfic	C9307	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Margenza Mepsevii	J9353 J3397	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Monjuvi	J9349	Required	Required	Required	Required	Required	Required	Required	Required
	Mononine Monovisc	J7193 J7327	NOT Required Required	NOT Required Required	NOT Required Required	Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required
Orphan Drug	Mylotarg Myobloc	J9203 J0587	Required Required	Required Required	Required NOT Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Naglazyme	J1458 J1442	Required	Required	Required	Required	Required	Required Required	Required	Required
Orphan Drug	Neupogen C Nexviazyme	J0219	Required Required	Required Required	Required Required	Required Required	Required Required	Required	Required Required	Required Required
Orphan Drug	Niktimvo Nivestym C	J9038 Q5110	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Novoeight	J7182 J7189	NOT Required NOT Required	NOT Required NOT Required	NOT Required NOT Required	Required	NOT Required NOT Required	NOT Required	Required	Required
Orphan Drug	Novoseven RT Nplate	J2802	Required	Required	Required	Required Required	Required	NOT Required Required	Required Required	Required Required
Orphan Drug	Nucala C Nulibry	J2182 J1809	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
p.ir Drug	Nuwiq	J7209	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Nypozi Nyvepria C	Q5148 Q5122	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Obizur Ocrevus	J7188 J2350	NOT Required Required	NOT Required Required	NOT Required NOT Required	Required NOT Required	NOT Required Required	NOT Required Required	Required Required	Required Required
	Ocrevus Zunovo	J2351	Required	Required	NOT Required	NOT Required	Required	Required	Required	Required
	Octagam	J1568 NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Octreotide Acetate ER									
Orphan Drug	Octreotide Acetate ER Ogivri Ohtuvayre	Q5114 J7601	Required NOT Required	Required NOT Required	Required Required	Required Required	Required NOT Required	Required NOT Required	Required NOT Required	Required NOT Required

Drug Category	Drug Brand Name	Drug Code	Commercial	Commercial	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery
.,	Omvoh	(HCPCS/CPT) J2267	Fully Insured Required	Self Funded Required	Required	(VYV) Required	Child Health Plus Required	Essential Plan Required	Managed Medicaid NOT Required	Program NOT Required
Orpan Drug	Onapgo	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Oncaspar Onivyde	J9266 J9205	Required Required	Required Required	Required	Required	Required Required	Required Required	Required	Required Required
Orphan Drug	Onpattro	J0222	Required	Required	Required Required	Required Required	Required	Required	Required Required	Required
	Ontruzant Opdivo	Q5112 J9299	Required Required	Required	Required	Required	Required Required	Required Required	Required Required	Required Required
	Opdivo Qvantig	J9289	Required	Required Required	Required Required	Required Required	Required	Required	Required	Required
Orphan Drug	Opdualag	J9298 J0129	Required Required	Required Required	Required	Required	Required Required	Required Required	Required Required	Required Required
	Orencia C Orthovisc	J7324	Required	Required	Required Required	Required Required	Required	Required	Required	Required
	Osenvelt	Q5157	Required	Required	Required	Required	Required	Required	Required	Required
	Ospomyv Otulfi C	Q5159 Q9999	NOT Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
_	Oxlumo	J0224	Required	Required	Required	Required	Required	Required	Required	Required
Teva	Paclitaxel Protein-Bound Padcev	J9264 J9177	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Palforzia	Rx Benefit	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Palynziq C Panglobulin	NONE J1566	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
	Panzyga	J1576	Required	Required	Required	Required Required	Required	Required	Required	Required
Gene Therapy, Orphan Drug	Papzimeos	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Pavblu	Q5147	Required	Required	Required	Required	Required	Required	Required	Required
	Pemfexy Pemgarda	J9304 Q0224	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Pemrydi Rtu	J9324	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Pedmark Phesgo	J0208 J9316	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Piasky	J1307	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Polivy Pombiliti	J9309 J1203	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug Orphan Drug	Portrazza	J9295	Required	Required	Required	Required Required	Required	Required	Required	Required
	Posfrea	J2468	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug,	Poteligeo Pralatrexate	J9204 NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
MA Program						·	*	· ·		
Orphan Drug	Prevymis Privigen	J1459	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Profilnine	J7194	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Prolastin-C Prolia	J0256 J0897	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Provenge	Q2043	Required	Required	Required	Required	Required	Required	Required	Required
	Pyzchiva SC C Pyzchiva IV Loading Dose	Q9996 Q9997	Required	Required Required	Required	Required	Required Required	Required Required	Required	Required
Orphan Drug, MA Program	Qalsody	J1304	Required Required	Required	Required Required	Required Required	Required	Required	Required Required	Required Required
	Ofitlia C	J7174	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Radicava C	J1301	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Rebinyn Reblozyl	J7203 J0896	NOT Required Required	NOT Required Required	NOT Required Required	Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required
Orphan Drug	Rebyota	J1440	Required	Required	Required	Required	Required	Required	Required	Required
	Recombinate	J7192 Q5125	NOT Required	NOT Required	NOT Required	Required Required	NOT Required	NOT Required Required	Required Required	Required
	Releuko C Remicade	J1745	Required Required	Required Required	Required Required	Required	Required Required	Required	Required	Required Required
	Remodulin	J3285	Required	Required	Required	Required	Required	Required	Required	Required
Allogenic processed	Renflexis Rethymic ***	Q5104 NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
thymus tissue agent Orphan Drug	Revcovi	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Braq	Riabni	Q5123	Required	Required	Required	Required	Required	Required	Required	Required
Ornhan Drug	Rituxan Rituxan Hycela	J9312 J9311	Required	Required	Required	Required	Required	Required Required	Required	Required
Orphan Drug		NONE	Required	Required	Required	Required	Required		Required	Required
Orphand Drug	Rivfloza C Rixubis	J7200	Required	Required NOT Required	Required	Required	Required NOT Required	Required NOT Required	Required Required	Required
C Ti			NOT Required		NOT Required	Required		•	•	Required
Gene Therapy	Roctavian	J1412	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Rolvedon C Romidepsin	J1449 NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Romidepsin	J9318	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug Orphan Drug	Ruconest C Ryoncil &	J0596 J3402	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Rybrevant	J9061	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug Hypoplasmino	Rylaze	J9021	Required	Required	Required	Required	Required	Required	Required	Required
genemia agent	Ryplazim C	J2998	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug Orphan Drug	Rytelo Rystiggo	J0870 J9333	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Ryzneuta	J9361	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Sandostatin LAR C Saphnelo	J2353 J0491	Required Required	Required Required	Required Required	Required	Required	Required Required	Required Required	Required
Orphan Drug	Sapnneio	J0491 J9227	Required	Required	Required	Required Required	Required Required	Required	Required	Required Required
Orphan Drugs	Scenesse Selarsdi C	J7352 O9998	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
	Jeiaisui €	J7212	NOT Required	NOT Required	NOT Required	Required Required	NOT Required	NOT Required	Required	Required
	SevenFact				Required	Required Required	Required Required	Required	Required	Required
Orphan Drug	Signifor LAR C	J2502	Required	Required	Required		Reduited	Required	Required	Required
Orphan Drug			Required Required NOT Required	Required Required NOT Required	Required NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
Orphan Druq Gene Therapy, MA Program	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only	J2502 J1602 J2327 J3387	Required NOT Required Required	Required NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	Required	NOT Required Required	NOT Required Required
Gene Therapy, MA Program Sodiu	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only Skysona & m Thiosulfate (Hope Pharmaceu	J2502 J1602 J2327 J3387 J0209	Required NOT Required Required NOT Required	Required NOT Required Required NOT Required	NOT Required Required NOT Required	NOT Required Required NOT Required	NOT Required Required NOT Required	Required NOT Required	Required NOT required	Required NOT required
Gene Therapy, MA Program	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only ^ Skysona & m Thiosulfate (Hope Pharmaceu Soliris	J2502 J1602 J2327 J3387 J0209 J1299	Required NOT Required Required NOT Required Required Required	Required NOT Required Required NOT Required Required Required	NOT Required Required NOT Required Required	NOT Required Required NOT Required Required	NOT Required Required NOT Required Required	Required NOT Required Required	Required NOT required Required	Required NOT required Required
Gene Therapy, MA Program Sodiu Orphan Druq Orphan Druq	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only Skysona ** m Thiosulfate (Hope PharmaceL Soliris Somatuline Depot Spevigo	J2502 J1602 J2327 J3387 J0209 J1299 J1930 J1747	Required NOT Required Required NOT Required Required NOT Required Required Required	Required NOT Required Required NOT Required Required NOT Required Required Required	NOT Required Required NOT Required Required NOT Required Required	NOT Required Required NOT Required	NOT Required Required NOT Required Required NOT Required Required	Required NOT Required Required NOT Required Required Required	Required NOT required Required NOT required Required	Required NOT required Required NOT required Required
Gene Therapy, MA Program Sodiu Orphan Drug	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only Skysona Thiosulfate (Hope Pharmacet Soliris Somatuline Depot Spevigo Spirraza	J2502 J1602 J2327 J3387 J0209 J1299 J1930 J1747 J2326	Required NOT Required Required NOT Required Required NOT Required Required Required Required Required	Required NOT Required Required NOT Required Required NOT Required Required Required Required	NOT Required Required NOT Required Required NOT Required Required Required	NOT Required Required NOT Required Required NOT Required Required Required	NOT Required Required NOT Required Required NOT Required Required Required	Required NOT Required Required NOT Required Required Required Required	Required NOT required Required NOT required Required Required Required	Required NOT required Required NOT required Required Required Required
Gene Therapy, MA Program Sodiu Orphan Druq Orphan Druq	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only Skysona ** m Thiosulfate (Hope PharmaceL Soliris Somatuline Depot Spevigo	J2502 J1602 J2327 J3387 J0209 J1299 J1930 J1747	Required NOT Required Required NOT Required Required NOT Required Required Required	Required NOT Required Required NOT Required Required NOT Required Required Required	NOT Required Required NOT Required Required NOT Required Required	NOT Required Required NOT Required Required NOT Required Required Required Required Required	NOT Required Required NOT Required Required NOT Required Required	Required NOT Required Required NOT Required Required Required	Required NOT required Required NOT required Required	Required NOT required Required NOT required Required
Gene Therapy, MA Program Sodiu Orphan Druq Orphan Druq	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only Skysona ** m Thiosulfate (Hope Pharmaceu Soliris Somatuline Depot Spevigo Spirraza Spravato Spravato Spravato Spravato	J2502 J1602 J2327 J3387 J0209 J1299 J1930 J1747 J2326 G2082 G2082 G2083 S0013	Required NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required Required Required Required	Required NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required Required Required Required	NOT Required Required NOT Required Required Required Required Required Required Required Required Required	NOT Required Required NOT Required Required Required Required Required Required Required Required Required	NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required	Required NOT Required Required NOT Required Required Required Required Required Required Required Required	Required NOT required Required NOT required	Required NOT required Required NOT required Required Required Required Required Required Required Required Required
Gene Therapy, MA Program Sodiu Orphan Druq Orphan Druq	Signifor LAR C Simponia Aria C Skyrizi IV Loading Dose only Skysona Thiosulfate (Hope Pharmacet Soliris Somatuline Depot Spevigo Spirraza Spravato Spravato	J2502 J1602 J2327 J3387 J0209 J1299 J1930 J1747 J2326 G2082 G2083	Required NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required Required Required	Required NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required Required	NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required	NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required Required	NOT Required Required NOT Required Required NOT Required Required Required Required Required Required Required	Required NOT Required Required NOT Required Required Required Required Required Required	Required NOT required Required NOT required Required Required Required Required Required	Required NOT required Required NOT required Required Required Required Required Required

Drug Category	Drug Brand Name	Drug Code	Commercial	Commercial	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery
	Stelara IV Loading Dose only	J3358	Fully Insured	Self Funded		(VYV)	Child Health Plus	Essential Plan	Managed Medicaid	Program
	^^		NOT Required	NOT required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
	Steqeyma C Stimufend	Q5099 Q5127	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Stoboclo Sunlenca	Q5157 J1961	NOT Required NOT Required	NOT Required NOT Required	NOT Required NOT Required	Required	Required NOT Required	Required NOT Required	Required NOT Required	Required NOT Required
	Supartz	J7321	Required	Required	Required	NOT Required Required	Required	Required	Required	Required
Orphan Drug	Supprelin LA C Syfovre	J9226 J2781	Required Required	Required Required	NOT Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Sylvant Synagis	J2860 90378	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Synojoynt Synvisc	J7331 J7325	Required NOT Required	Required NOT Required	Required NOT Required	Required	Required NOT Required	Required NOT Required	Required Required	Required Required
	Synvisc One	J7325	NOT Required	NOT Required	NOT Required	NOT Required NOT Required	NOT Required	NOT Required	Required	Required
Orphan Drug,	Takhzyro C	30593	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Talvey 🚓	J3055	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Taxol Tecartus 🙏	J9267 Q2053	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT required Required	NOT required Required
Gene therapy	Tecelra	Q2057	Required	Required	Required	Required	Required	Required	Required	Required
, MA Program		-				· ·	,			•
	Tecentriq Tecentriq Hybreza	J9022 J9024	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug,	Tecvayli	J9380	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Temsiroliums	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Tepezza	J3241	Required Required	Required	Required	Required	Required	Required Required	Required	Required
	Tepylute Testopel	J9341 J1073	Required	Required Required	Required Required	Required Required	Required Required	Required	Required Required	Required Required
Orphan Drug	Tevimbra Tezspire C	J9329 J2356	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Tivdak Tofidence	J9273 Q5133	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Torisel Treanda	J9330 J9033	Required Required	Required Required	Required Required	Required	Required Required	Required Required	Required Required	Required Required
	Tremfya C	J1628	Required	Required	Required	Required Required	Required	Required	Required	Required
	Treprostinil Tretten	J3285 J7181	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required NOT Required	Required NOT Required	Required Required	Required Required
	Triluron TriVisc	J7332 J7329	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Triptodur C Trodelvy	J3316 J9317	Required Required	Required Required	NOT Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Trogarzo	J1746	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Tyenne C Tyruko	Q5135 Q5124	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Tysabri Tyvaso Neb Solution	J2323 J7686	NOT Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Tzield Ultomiris	J9381 J1303	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Unloxcyt Uplizna	J9275 J1823	Required Required	Required Required	Required	Required	Required Required	Required Required	Required Required	Required
Orphan Drug	Uptravi 🟂	NONE	Required	Required	Required Required	Required Required	Required	Required	Required	Required Required
	Ustekinumab- Aauz C Ustekinumab C	Q9999 J3357	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Ustekinumab-Aekn C Ustekinumab-ttwe C	NONE NONE	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
	Vabrinty Vabysmo	NONE J2777	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required
	Vectibix	J9303	Required	Required	Required	Required	Required	Required	Required	Required
	Vegzelma Veletri	Q5129 J1325	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Venofer Veopoz	J1756 J9376	NOT Required NOT Required	NOT Required NOT Required	NOT Required NOT Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT required Required	NOT required Required
Orphan Drug	Ventavis	Q4074	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Viltepso	J1427	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vimizim	J1322	Required	Required	Required	Required	Required	Required	Required	Required
	Visco-3 Vivimusta	J7321 J9056	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Vonvendi VPRIV	J7179 J3385	NOT Required Required	NOT Required Required	NOT Required Required	Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required
Orphan Drug	Vyalev C Vyepti	J7356 J3032	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Gene Therapy	Vyjuvek	J3401	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyloy	J1326	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Vyondys-53	J1429	Required	Required	Required	Required	Required	Required	Required	Required
air alogidili	Vyvgart	J9332	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyvgart Hytrulo Vyxeos	J9334 J9153	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
- priori Diuq	Wezlana C	Q5138	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Wilate Winrevair C	J7183 NONE	NOT Required Required	NOT Required Required	NOT Required Required	Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required
	Wyost Xembify	NONE J1558	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Xenpozyme Xeomin	J0218 J0588	Required NOT Required	Required NOT Required	Required NOT Required	Required Required	Required Required	Required NOT Required	Required Required	Required Required
Orphan Drug	Xgeva Xiaflex	J0897 J0775	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
o.pnan brug	Xolair C	J2357	Required	Required	Required	Required	Required	Required	Required	Required
	Xyntha Solofuse Ycanth	J7185 NONE	NOT Required Required	NOT Required Required	NOT Required Required	Required Required	NOT Required Required	NOT Required Required	Required Required	Required Required
	Yervoy Yesintek C	J9228 Q5100	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Yeztugo Yondelis	J0799 J9352	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required	NOT Required Required
CAR-T	Yescarta 🙏	Q2041	Required	Required	Required	Required	Required	Required	Required	Required
	Yimmugo Zaltrap	NONE J9400	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Orphan Drug	Zemaira Zepzelca	J0256 J9223	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required
Gene Therapy	Zevaskyn	J3389	Required	Required	Required	Required	Required	Required	Required	Required
·	Ziextenzo C Ziihera ≛	Q5120 J9276	Required	Required	Required	Required	Required	Required	Required	Required
MA Program		19770	Required	Required	Required	Required	Required Required	Required	Required	Required

		Drug Code	Commercial	Commercial		HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net
Drug Category	Drug Brand Name	(HCPCS/CPT)	Fully Insured	Self Funded	Medicare	(VYV)	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program
	Zinplava	J0565	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Zoladex	J9202	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	Required	Required
Gene Therapy	Zolgensma 🙏	J3399	Required	Required	Required	Required	Required	Required	Required	Required
	Zusduri	J9282 J1748	Required	Required	Required	Required Required	Required	Required	Required	Required
	Zymfentra	J1/48	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Zynlonta	J9359	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Zynteglo 🚓	J3393	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Zynyz	J9345	Required	Required	Required	Required	Required	Required	Required	Required
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