

Healthfirst Pharmacy

Medications Requiring Prior Authorization Under the Medical Benefit

Last Revised 03/01/2024

- It is the policy of Healthfirst to require prior authorization for medical claims for all medications listed within this document.
- Some devices and supplies will also require prior authorization if listed.
- All drugs requested by non-participating providers shall require prior authorization.
- All drugs that are self-administered are covered as part of the Pharmacy Benefit. Prior authorization will be required to be covered as a Medical Benefit.
- Any drug that does not have an indication supported by FDA or Compendia requires authorization. Acceptable Compendia are Micromedex DrugDex and NCCN (National Comprehensive Cancer Network).

Ways to Submit Prior Authorization:

- **Online via the Provider Portal at HFProviderPortal.org** – Log in to the Provider Portal, click on the "Online Authorization Request" tab, then click "Begin". Once member is identified, select "Outpatient" as Request Type, then select "Outpatient Pharmacy" as Authorization Type.
- **By calling Provider Services at 1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.
- **By faxing to 1-212-801-3223** (Note: DO NOT use for pharmacy benefit authorizations via CVS Caremark).

How to Use This Resource:

- **Line of Business Affected** – Identifies the lines of business that require a prior authorization for each respective code
- **Code** – Lists the Healthcare Common Procedure Coding System (HCPCS) code used to identify injectable drugs
- **1 Billable Unit Equal to** – Can be used to calculate the billable units required on the authorization request by identifying the total drug dose and dividing it by the billable units (BU)
 - **Example:** Spinraza, nusinersen (J2326) 1 BU = 0.1 mg

Authorization request: Spinraza 12 mg intrathecally every four months, dates of service for one year

- 12 mg / 0.1 mg = 120 BU per dose
- 120 BU x 3 administrations for one year = 360 BU
- Prior authorization should request 360 BU for the dates of service

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Prior authorizations are required when prescribing the specialty drugs listed below to be covered as a Medical Benefit. This applies to the following list of Healthfirst lines of business (LOB) for each respective code (unless otherwise noted).

- Medicare Advantage and Managed Long-Term Care Plans: 65 Plus (65+), Increased Benefits Plan (IBP), Life Improvement Plan (LIP), CompleteCare (CC), Connection Plan (CNX), Signature HMO (Sig-H), Signature PPO (Sig-P)
- Individual and Family Plans: Child Health Plus (CHP), Essential Plans (EP), Medicaid Managed Care (MMC), Personal Wellness Plan (PWP), Leaf and Leaf Premier Plans (QHP), Pro and Pro Plus EPO (EPO)
- Note: This does not impact Senior Health Partners.

The Healthfirst Step Therapy (ST) program encourages the use of Preferred Products (PP). Requests for Preferred Products (specified in the Preferred Status column where applicable) require the patient to meet the Medical Policy criteria (see specific Medical Policy criteria for requirements). Requests for Non-Preferred Products require the patient to meet the Medical Policy criteria, as well as the Step Therapy Exception Criteria, prior to the approval of a Non-Preferred Product. Refer to the Preferred Status column for applicable classes/codes.

Biosimilar Resources for Providers

Biosimilars are biologically engineered, highly similar versions of “reference” biologics that are used to treat diseases including rheumatoid arthritis, multiple sclerosis, cancers, and several other conditions. Biosimilars play a pivotal role in lowering overall medication spend, and Healthfirst actively utilizes biosimilars to further progress toward our mission of improved member access and affordability. It is our goal to ensure that our providers have the necessary tools to receive the most updated information surrounding biosimilar interchangeability and appropriateness. Please see the resources listed below for more detailed information on biosimilar products.

FDA Resources:

- <https://www.fda.gov/drugs/biosimilars/biosimilar-product-information>
- <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials>
- <https://www.fda.gov/media/161628/download>
- <https://www.fda.gov/media/151058/download>
- <https://purplebooksearch.fda.gov>

Learning Tracks & CEs

- <https://www.biosimilarshandbook.org/medical-professional-learning-track/>
- https://www.medscape.org/viewarticle/983483?ecd=par_fda_distr_mscpeduhttps://www.medscape.org/viewarticle/979176?src=acdmpart_fda_979176

Miscellaneous:

- <https://biosimilarscouncil.org/biosimilars-toolkit/>
- <https://www.cvsspecialty.com/resource-center/biosimilars.html>

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Healthfirst Specialty Pharmacy/Home Infusion Network

Facility Name	Phone	Fax
Accredo Health	1-800-803-2523	1-877-329-4605
American Outcome Management	1-800-746-9089	1-800-528-9860
CVS Coram	1-718-308-2083	1-949-465-9310
NuFactor	1-800-323-6832	1-855-270-7347
Option Care (Trinity)	1-718-961-1634	1-718-762-8741
Optum - Obstetrical Homecare Services	1-800-999-0225	1-678-260-2793
PromptCare	1-877-776-6782	1-800-889-0862
Amerita of New York	1-516-725-5944	1-516-280-1073
QuickRX Specialty Infusion - Blondell	1-347-691-3494	1-347-691-3496
Basic Home Infusion	1-888-822-7428	1-201-475-9630
Americare Pharmaceutical Services	1-516-292-7948	1-516-696-3048
Orsini Pharmaceuticals	1-800-410-8575	1-847-734-1822
Biomed Pharmaceuticals Inc. DBA Soleo	1-800-395-6143	1-800-395-6149

Healthfirst Delegated Vendors:

EyeMed® - reviews prior authorizations for ophthalmic HCPCS codes. Refer to column "Delegated Vendor" for applicable codes. To complete the required Prior Authorization form with EyeMed®, go to eyemed.filebound.com/portal/2265.

eviCore - effective **Feb. 21, 2023**, Healthfirst will require prior authorization for more than 200 Medical Oncology Program drugs. Providers can find the most current list of medical oncology drugs requiring prior authorization at <https://www.eviCore.com/resources/healthplan/healthfirst#solutiondocs>

(> select Medical Oncology > select CPT Code List).

To see current prior authorization requirements for all services, including those managed by our delegated vendors such as eviCore, go to the Procedure Code Lookup Tool in the Online Authorization section in the Healthfirst Provider Portal at HFProviderPortal.org.

Healthfirst will continue to view drugs and/or supportive therapies relating to CAR-T treatments or clinical trials. Please continue to request for these prior authorizations through Healthfirst.

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Miscellaneous Codes	Unclassified drugs	C9399 J3490 J3590 J7599 J8499 J8999 J9999	1 per NDC package size		eviCore eviCore eviCore eviCore eviCore eviCore eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Antineoplastic / Immunologic / Adjunctive						
Abecma	Idecabtagene vicleucel	Q2055	up to 460 million autologous anti-bcma car-positive viable T-cells			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Abraxane	paclitaxel protein-bound particles	J9264	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Adstiladrin	nadofaragene firadenovec-vnccg	J9029	per therapeutic dose		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Alimta	Pemetrexed	J9305	10 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Alymsys	bevacizumab-maly, biosimilar	Q5126	10 mg	Non-preferred, PP=Mvasi, Zirabev (for oncology indications only)	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Avastin	bevacizumab	J9035	10 mg	Non-preferred, PP=Mvasi, Zirabev (for oncology indications only)	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Belrapzo	Bendamustine	J9036	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Bendeka	Bendamustine	J9034	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Antineoplastic / Immunologic / Adjunctive						
Blincyto	Blinatumomab	J9039	1 mcg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Bortezomib injection (Maia)	bortezomib (Maia), not therapeutically equivalent to J9041	J9051	0.1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Breyanzi	lisocabtagene maraleucel	Q2054	up to 110 million autologous anti-cd19 car-positive viable T-cells			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Cabazitaxel injection (Sandoz)	cabazitaxel (Sandoz), not therapeutically equivalent to J9043	J9064	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Carvykti	ciltacabtagene autoleucel	Q2056	up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Chimeric antigen receptor therapy	Chimeric antigen receptor T-cell (CAR T) therapy, CAR T-cell administration, autologous	0540T	1			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Darzalex	daratumumab	J9145	10 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Darzalex Faspro	Daratumumab and Hyaluronidase-fihj	J9144	10 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Antineoplastic / Immunologic / Adjunctive						
Enhertu	fam-trastuzumab deruxtecan-nxki (biosimilar)	J9358	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Faslodex	Fulvestrant	J9395	25 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Herceptin	Trastuzumab	J9355	10 mg	Non-preferred, PP=Kanjinti, Trazimera	eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	10 mg	Non-preferred, PP=Kanjinti, Trazimera	eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Herzuma	trastuzumab-pkrb, biosimilar	Q5113	10 mg	Non-preferred, PP=Kanjinti, Trazimera	eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Jevtana	Cabazitaxel	J9043	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Kadcyla	ado-trastuzumab emt (biosimilar)	J9354	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Kanjinti	trastuzumab-anns (biosimilar)	Q5117	10 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Keytruda	pembrolizumab	J9271	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Kymriah	tisagenlecleucel	Q2042	up to 600 million CAR-positive viable T-cells			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Antineoplastic / Immunologic / Adjunctive						
Lemtrada	alemtuzumab	J0202	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Mvasi	bevacizumab-awwb, biosimilar	Q5107	10 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ogivri	trastuzumab-dkst, biosimilar	Q5114	10 mg	Non-preferred, PP=Kanjinti, Trazimera	eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Oncaspar	pegaspargase	J9266	1 per single dose vial		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ontruzant	trastuzumab-dttb, biosimilar	Q5112	10 mg	Non-preferred, PP=Kanjinti, Trazimera	eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Opdivo	nivolumab	J9299	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Paclitaxel protein-bound particles injection (teva)	paclitaxel protein-bound particles (teva), not therapeutically equivalent to J9264	J9258	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Padcev	enfortumab vedotin-ejfv	J9177	0.25 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Pemetrexed (pemrydi rtu) injection	pemetrexed (pemrydi rtu)	J9324	10 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Perjeta	pertuzumab	J9306	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Antineoplastic / Immunologic / Adjunctive						
Provenge	Sipuleucel-T	Q2043	minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Riabni	rituximab-arrx (biosimilar)	Q5123	10 mg	Non-preferred, PP=Ruxience, Truxima	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Rituxan	rituximab	J9312	10 mg	Non-preferred, PP=Ruxience, Truxima	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Rituxan Hycela	rituximab and hyaluronidase	J9311	10 mg	Non-preferred, PP=Ruxience, Truxima	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ruxience	rituximab-pvvr (biosimilar)	Q5119	10 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tecartus	brexucabtagene autoleucel	Q2053	up to 200 million autologous anti-cd19 car positive viable T-cells			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tecentriq	atezolizumab	J9022	10 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tecvayli	teclistamab-cqyv	J9380	0.5 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Antineoplastic / Immunologic / Adjunctive						
Trazimera	trastuzumab-qyyp, biosimilar	Q5116	10 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Treanda	bendamustine	J9033	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Truxima	rituximab-abbs (biosimilar)	Q5115	10 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vegzelma	Injection, bevacizumab-adcd, biosimilar	Q5129	10 mg	Non-preferred, PP=Mvasi, Zirabev (for oncology indications only) (step does not apply to Medicare/CompleteCare, Signature PPO)	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Velcade	bortezomib	J9041	0.1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Yervoy	ipilimumab	J9228	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Yescarta	axicabtagene ciloleucel	Q2041	up to 200 million CAR-positive viable T-cells			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Zaltrap	ziv- afiblercept	J9400	1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Antineoplastic / Immunologic / Adjunctive						
Zirabev	bevacizumab-bvzr (biosimilar)	Q5118	10 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Antiretroviral Agents						
Cabenuva	cabotegravir and rilpivirine	J0741	2 mg/3 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Sunlenca	lenacapavir	J1961	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Trogarzo	ibalizumab-uiyk	J1746	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Antiviral / Anti-Infective						
Synagis	Respiratory syncytial virus	90378	50 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Cardiovascular						
Evkeeza	evinacumab-dgnb	J1305	5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Folan, Veletri	epoprostenol	J1325	0.5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Leqvio	inclisiran	J1306	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Cardiovascular						
Milrinone lactate	milrinone lactate	J2260	5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Papaverin generic	papaverin hcl	J2440	up to 60 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Phentolamine generic	phentolamine mesylate	J2760	up to 5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Remodulin	treprostinil	J3285	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Revatio	sildenafil citrate	S0090	25 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tyvaso	treprostinil, non-compounded unit	J7686	1.74 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Central Nervous System Agents						
Rystiggo	rozanolixizumab-noli	J9333	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vyvgart	efgartigimod alfa-fcab	J9332	2 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334	2 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Dermatological Agents						
Vyjuvek	beremagene geperpavec-svdt	J3401	per therapeutic dose			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Endocrine-Metabolic						
Authorized generic by Cipla	Injection, lanreotide, (cipla)	J1932	1 mg	Non-preferred PP=Somatuline depot	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Amvuttra	vutrisiran	J0225	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Aveed	testosterone undecanoate	J3145	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Caverject, Edex	alprostadil	J0270	1.25 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Delatestryl, Xyosted	testosterone enanthate	J3121	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Depo-testosterone	testosterone cypionate	J1071	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Evenity	romosozumab-aqqg	J3111	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Forteo	teriparatide	J3110	10 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Endocrine-Metabolic						
Krystexxa	Pegloticase injection	J2507	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Makena	hydroxy-progesterone caproate	J1726	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Makena	hydroxy-progesterone caproate (not otherwise specified)	J1729	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Muse	alprostadil urethral suppository	J0275	per unit, per dose			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Onpattro	patisiran	J0222	0.1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Prolia, Xgeva	denosumab	J0897	1 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Reclast, Zometa	zoledronic acid	J3489	1 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Sandostatin	octreotide, non-depot	J2354	25 mcg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
SandoSTATIN LAR Depot	octreotide depot	J2353	1 mg	Non-preferred, PP=Somatuline depot	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Endocrine-Metabolic						
Somatulin depot	lanreotide	J1930	1 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Supprelin LA	histrelin implant	J9226	50 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tepezza	tepotumumab-trbw	J3241	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Triptodur	tripotorelin	J3316	3.75 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Xipere	triamcinolone acetonide	J3299	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Zoladex*	goserelin acetate implant	J9202	3.6 mg		eviCore (oncology indications only)	MMC, PWP
Enzyme						
Cerezyme	imuglucerase	J1786	10 units			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Elaprase	idursulfase	J1743	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Elelyso	taliglucerase alfa	J3060	10 units	Non-preferred, PP=Cerezyme (step does not apply to Medicare/CompleteCare, Signature PPO)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Enzyme						
Fabrazyme	agalsidase beta	J0180	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Lumizyme	alglucosidase alfa	J0221	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Naglazyme	galsulfase	J1458	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Nexviazyme	avalglucosidase alfa-ngpt	J0219	4 mg			LOB: CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vimizim	elosulfase alfa	J1322	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vpriv	velaglucerase alfa	J3385	100 units	Non-preferred, PP=Cerezyme (step does not apply to Medicare/CompleteCare, Signature PPO)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Xenpozyme	Injection, olipudase alfa-rpcp	J0218	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Xiaflex	Injection, collagenase, clostridium histolyticum	J0775	0.01 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Gastrointestinal Agents						
Givlaari	givosiran	J0223	0.5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Genitourinary Agents						
Oxlumo	Injection, lumasiran	J0224	0.5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hematopoietic Agents						
Aranesp	darbepoetin alfa (non-esrd use)	J0881	1 mcg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Epogen, Procrit	epoetin alfa (for non-esrd use)	J0885	1,000 units	Non-preferred= Epogen, PP=Aranesp, Procrit, Retacrit	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Fulphila	pegfilgrastim-jmdb (bio-similar)	Q5108	0.5 mg	Non-preferred, PP=Neulasta, Nyvepria, Udenyca	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Fylnetra	Injection, pegfilgrastim-pbbk, biosimilar	Q5130	0.5 mg	Non-preferred, PP=Neulasta, Nyvepria, Udenyca	eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Granix	tbo-filgrastim	J1447	1 mcg	Non-preferred, PP=Nivestym, Zarxio	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Leukine	sargramostim	J2820	50 mcg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Mircera	epoetin beta (for non-esrd use)	J0888	1 mcg	Non-preferred, PP=Aranesp, Procrit, Retacrit		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Neulasta	pegfilgrastim, excludes biosimilar	J2506	0.5 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Hematopoietic Agents						
Neupogen	Filgrastim (excludes biosimilars)	J1442	1 mcg	Non-preferred, PP=Nivestym, Zarxio	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Nivestym	filgrastim-aafi (biosimilar)	Q5110	1 mcg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Nplate	romiplostim	J2796	10 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Nyvepria	Injection, pegfilgrastim-ap-gf, biosimilar	Q5122	0.5 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Retacrit	epoetin alfa-epbx, biosimilar (retacrit) (for esrd on dialysis)	Q5105	100 units			CHP, EP, QHP, MMC, PWP, CC, CNX, EPO
Retacrit	epoetin alfa-epbx (biosimilar, for non-esrd use)	Q5106	1,000 units		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Releuko	Injection, filgrastim-ayow (biosimilar)	Q5125	1 mcg	Non-preferred, PP=Nivestym, Zarxio	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Rolvedon	Injection, eflapegrastim-xnst	J1449	0.1 mg		eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Stimufend	Injection, pegfilgrastim-fpgk, biosimilar	Q5127	0.5 mg	Non-preferred, PP=Neulasta, Nyvepria, Udenyca	eviCore	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Hematopoietic Agents						
Udenyca	Injection, pegfilgrastim-cbqv (biosimilar)	Q5111	0.5 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Zarxio	filgrastim-sndz (biosimilar)	Q5101	1 mcg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ziextenzo	pegfilgrastim-bmez (biosimilar)	Q5120	0.5 mg	Non-preferred, PP=Neulasta, Nyvepria, Udenyca	eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hemophilia and Related Bleeding Disorders						
Adakveo	crizanlizumab-tmca	J0791	5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Advate, Helixate FS, Kogenate, Recombinate	Recombinant, Factor VIII, not otherwise specified	J7192	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Adynovate	Recombinant, PEGylated Factor VIII	J7207	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Afstyla	Recombinant Factor VIII	J7210	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Alphanate	Human, antihemophilic factor VIII/Von Willebrand factor complex	J7186	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Alphanine, Mononine	Non-recombinant, Factor IX	J7193	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Hemophilia and Related Bleeding Disorders						
Alprolix	Recombinant Factor IX, Fc fusion protein	J7201	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Altuvio	factor viii/von willebrand factor complex, recombinant	J7214	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Andexxa	coagulation factor xa (recombinant), inactivated-zhzo	J7169	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Bafloxxie	prothrombin complex concentrate (human)	C9159	1 per i.u. of factor ix activity			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
BeneFIX	Recombinant, Factor IX, not otherwise specified	J7195	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Coagadex	Human, Factor X	J7175	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Coagadex, Jivi	Hemophilia clot factor, not otherwise classified	J7199	NOC code			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Coriflex	Human, Factor XIII	J7180	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Eloctate	Recombinant Factor VIII, Fc fusion protein	J7205	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Hemophilia and Related Bleeding Disorders						
Esperoct	Recombinant, Glycopegylated-exei, Factor VIII	J7204	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Feiba NF	Anti-inhibitor Coagulant Complex	J7198	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hemgenix	Injection, etranacogene dezaparvovec-drlb	J1411	per therapeutic dose			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hemlibra	emicizumab-kxwh	J7170	0.5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Humate-P	Von Willebrand factor complex	J7187	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Idelvion	Recombinant Factor IX, albumin fusion protein	J7202	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ixinity	Recombinant, Factor IX	J7213	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Jivi	Recombinant, pegylated-aucI, Factor VIII	J7208	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Kcentra	Prothrombin complex concentrate (human)	J7168	1 per i.u. of factor ix activity			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Hemophilia and Related Bleeding Disorders						
Koate, Koate-DVI, Hemofil M	Human, Factor VIII	J7190	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Kovaltry	Recombinant Factor VIII	J7211	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Novoeight	Recombinant, Factor VIII	J7182	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
NovoSeven RT	Recombinant, Factor VIII	J7189	1 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Nuwiq	Recombinant Factor VIII	J7209	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Obizur	Recombinant, Factor VIII	J7188	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Profilnine	Factor IX, complex	J7194	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Rebinyn	Recombinant, Factor IX, glycopegylated	J7203	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Reblozyl	luspatercept-aamt	J0896	0.25 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Hemophilia and Related Bleeding Disorders						
Rixubis	Human Recombinant, Factor IX	J7200	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Roctavian	valoctocogene roxaparvovec-rvox	J1412	per therapeutic dose			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Sevenfact	Factor via (antihemophilic factor, recombinant)-jncw	J7212	1 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tretten	Recombinant, Factor XIII A-subunit	J7181	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vonvendi	Recombinant, Von Willebrand factor	J7179	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Wilate	Von Willebrand factor complex	J7183	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Xyntha	Recombinant, Factor VIII	J7185	1 i.u			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Immune Globulin, IVIG						
Asceniv	immune globulin, IVIG	J1554	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Bivigam	immune globulin, IVIG	J1556	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Immune Globulin, IVIG						
Cutaquig	immune globulin, IVIG	J1551	100 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Cuvitru	immune globulin, IVIG	J1555	100 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Flebogamma	immune globulin, IVIG	J1572	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Gammagard	immune globulin, IVIG	J1569	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Gammaplex	immune globulin, IVIG	J1557	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Gamunex-c, Gammaked	immune globulin, IVIG	J1561	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hizentra	immune globulin, IVIG	J1559	100 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hyqvia	immune globulin, IVIG	J1575	100 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Immune globulin, powder	immune globulin, powder	J1566	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Immune Globulin, IVIG						
Immune globulin, injection	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified	J1599	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Octagam	immune globulin, IVIG	J1568	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Panzyga	immune globulin, IVIG	J1576	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Privigen	immune globulin, IVIG	J1459	500 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Xembify	immune globulin	J1558	100 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Immunological Agents / Immune Modulator						
Berinert	C-1 esterase inhibitor (human)	J0597	10 units			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Cinryze	C-1 esterase (human)	J0598	10 units			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Haegarda	c-1 esterase inhibitor (human)	J0599	10 units			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Immunological Agents / Immune Modulator						
Orencia	abatacept	J0129	10 mg	Non-preferred, PP= Actemra (RA, JIA), Cimzia (RA, PsA), Simponi Aria (RA, PsA, JIA),		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ruconest	C-1 esterase inhibitor (recombinant)	J0596	10 units			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Immunological Agents / Monoclonal Antibody						
Actemra	tocilizumab	J3262	1 mg		eviCore (oncology indications only)	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Aduhelm	aducanumab-avwa	J0172	2 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Avsola	infliximab-axxq (biosimilar)	Q5121	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Benlysta	belimumab	J0490	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Briumvi	ublituximab-xiiy	J2329	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Cimzia	certolizumab pegol	J0717	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Immunological Agents / Monoclonal Antibody						
Entyvio	vedolizumab	J3380	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Gamifant	emapalumab-lzsg	J9210	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ilumya	tildrakizumab	J3245	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Inflectra	infliximab-dyyb (biosimilar)	Q5103	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Leqembi	lecanemab-irmb	J0174	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ocrevus	ocrelizumab	J2350	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Remicade, Infliximab (authorized generic)	infliximab, including authorized generic (excludes biosimilar)	J1745	10 mg	Non-preferred, PP=Inflectra, Avsola		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Renflexis	infliximab-abda (biosimilar)	Q5104	10 mg	Non-preferred, PP=Inflectra, Avsola		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Saphnelo	anifrolumab-fnia	J0491	1 mg	Non-preferred, PP=Benlysta		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Immunological Agents / Monoclonal Antibody						
Simponi Aria	golimumab	J1602	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Skyrizi	risankizumab-rzaa (intravenous)	J2327	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Soliris	eculizumab	J1300	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Spevigo	Injection, spesolimab-sbzo	J1747	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Stelara	ustekinumab (subcutaneous)	J3357	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Stelara	ustekinumab (intravenous)	J3358	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tysabri	natalizumab	J2323	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tzield	Injection, teplizumab-mzwv	J9381	5 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ultomiris	ravulizumab-cwvz	J1303	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Immunological Agents / Monoclonal Antibody						
Uplizna	inebilizumab-cdon	J1823	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vyepti	eptinezumab-jjmr	J3032	1 mg	Non-preferred, PP=Aimovig, Ajovy, Emgality		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Musculoskeletal Agents						
Maci	Autologous cultured chondrocytes, implant	J7330	1 per NDC package size			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Amondys 45	casimersen	J1426	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Botox	onabotulinumtoxinA	J0585	1 unit			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Musculoskeletal Agents						
Daxxify	daxibotulinumtoxinA-lanm	C9160	1 unit			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Dysport	abobotulinumtoxinA	J0586	5 units			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Elevidys	deLandistrogene moxeparvovec-rokl	J1413	per therapeutic dose			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Exondys 51	eteplirsen	J1428	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Myobloc	rimabotulinumtoxina	J0587	100 units	Non-preferred, PP=Botox, Xeomin, Dysport		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Spinraza	nusinersen	J2326	0.1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Musculoskeletal Agents						
Viltepso	viltolarsen	J1427	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vyondys 53	golodirsen	J1429	10 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Xeomin	Incobotulinumtoxin a	J0588	1 unit			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Neuromuscular Agents						
Zolgensma	onasemnogene abeparvovec-xioi	J3399	up to 5x10^15 vector genomes			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Ophthalmic Agents						
Beovu	brolucizumab-dbl	J0179	1 mg		EyeMed	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Byooviz	ranibizumab-nuna (biosimilar)	Q5124	0.1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Cimerli	Injection, ranibizumab-eqrn, biosimilar	Q5128	0.1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Eylea	aflibercept	J0178	1 mg		EyeMed	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Eylea HD	aflibercept hd	C9161	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Izervay	avacincaptad pegol	C9162	0.1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Lucentis	ranibizumab	J2778	0.1 mg		EyeMed	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Ophthalmic Agents						
Luxturna	voretigene neparvovec-rzyl	J3398	1 billion vector genomes			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Retisert	fluocinolone acetonide, intravitreal implant	J7311	0.01 mg		EyeMed	CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Susvimo	ranibizumab, intravitreal implant	J2779	0.1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Syfovre	pegcetacoplan	J2781	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Vabysmo	faricimab-svoa	J2777	0.1mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Osteoarthritis						
Durolane	Hyaluronan or derivative	J7318	1 mg	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Euflexxa	Hyaluronan or derivative	J7323	per dose (20mg/2ml)	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Osteoarthritis						
Gel-One	hyaluronate sodium, cross-linked	J7326	per dose (30mg/3ml)	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Gelsyn-3	hyaluronate sodium	J7328	0.1 mg	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Genvisc	hyaluronate sodium	J7320	1 mg	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hyalgan, Supartz Visco-3	hyaluronate sodium	J7321	per dose (Hyalgan = 20mg/2ml) (Supartz = 25mg/2.5ml) (Visco-3 = 25mg/2.5ml)	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Hymovis	hyaluronate sodium	J7322	1 mg	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Osteoarthritis						
Monovisc	hyaluronate sodium, stabilized	J7327	per dose (88mg/ 4ml)			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
OrthoVisc	hyaluronate sodium	J7324	per dose (30mg/ 2ml)			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Synjojoyt	hyaluronate sodium 1%	J7331	1 mg	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/ CompleteCare/ Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Synvisc, Synvisc-One	hyaluronan or derivative	J7325	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Triluron	hyaluronate sodium	J7332	1 mg	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/ CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Trivisc	Hyaluronan or derivative	J7329	1 mg	Non-preferred, PP=Monovisc, Orthovisc, Synvisc, Synvisc One (Medicare/ CompleteCare, Signature PPO only)		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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Brand	Generic	Code	1 Billable Unit Equals	Preferred Status, PP=preferred product(s)	Delegated Vendor	LOB
Respiratory Agents						
Cinqair	reslizumab	J2786	1 mg	Non-preferred, PP=Fasenra, Nucala		CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Fasenra	benralizumab	J0517	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Nucala	mepolizumab	J2182	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Propel	Stent, non-coronary, temporary, with delivery system (propel)	S1091	370 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Sinuva	Mometasone furoate sinus implant	J7402	10 mcg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Tezspire	tezepelumab-ekko	J2356	1 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO
Xolair	omalizumab	J2357	5 mg			CHP, EP, QHP, Sig-H, Sig-P, MMC, PWP, CC, CNX, EPO

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*Zoladex® (goserelin implant) is a practitioner-administered drug manufactured by TerSera Therapeutics LLC. Effective October 1, 2021, TerSera Therapeutics LLC voluntarily withdrew from participation in the Medicaid Drug Rebate Program (MDRP).

As a result, New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) stopped providing coverage for most drugs manufactured by TerSera Therapeutics LLC.

Zoladex® (goserelin implant) is available through a Patient Assistance Program (PAP) from the manufacturer free of charge for those who qualify. For program applications and additional information, providers must visit <https://www.zoladexhcp.com/access-support/> or contact TerSera Support Source at **1-855-686-8725**.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").

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