



**Medical Drugs Requiring Preauthorization/Preapproval (Y, N), Quantity Limit (Allowed Amount PER Claim)
Diabetic Supplies Formulary/Non-formulary (Formulary, NF)**

Code	Drug Name	Medicare	Medicaid	Commercial & PSA	Quantity Limit	Comments (operational direction--workflow)
J0401	Abilify Maintena (aripiprazole)	N	Y	N		
J9264	Abraxane (paclitaxel protein-bound, 1mg)	N	N	N	728mg (728)	
J3262	Actemra (tocilizumab, 1mg)	Y	Y	Y	800mg (800)	
J0800	HP Acthar (corticotropin, up to 40 units)	Y	N	N	120 units (3)	
J9216	Actimmune (interferon gamma 1b)	Y	Y	Y		
J2504	Adagen (pegademase bovine, 25 IU)	Y	Y	Y	4,500 IU (180)	
J9042	Adcetris (brentuximab vedotin, 1mg)	Y	Y	Y	180mg (180)	
J7192	Advate, Helixate FS, Kogenate FS, Recombinate, Antihemophilic Factor, per IU	Y	Y	Y		
J7199	Adynovate (Antihemophilic Factor VIII)	Y	Y	Y		
J1931	Aldurazyme (laronidase, 0.1mg)	Y	Y	Y	87mg (870)	
J9305	Alimta (pemetrexed, 10mg)	Y	Y	Y	1,400mg (140)	
J7186	Alphanate (Antihemophilic Factor, per IU)	Y	Y	Y	9,000 IU (9,000)	
J7193	Alphanine SD, Mononine (Antihemophilic Factor, per IU)	Y	Y	Y	15,000 IU (15,000)	
UNCLASSIFIED	Alprolix	Y	Y	Y		
J0881	Aranesp (darbepoetin alpha)	N	N	Y		PA required as of 10/22/2016
J0882	Aranesp (darbepoetin alpha, for ESRD on dialysis)	N	N	N		Managed by Health Services if being used in conjunction with Hemodialysis or Peritoneal Dialysis.
J2793	Arcalyst (rilonacept)	Y	Y	Y		
UNCLASSIFIED	Aristada (aripiprazole lauroxil)	Y	Y	Y		*See J3490, J3590, J9999
C9470	Aristada (aripiprazole lauroxil)	Y	Y	Y		
J9302	Arzerra (ofatumumab, 10mg)	Y	Y	Y	2,000mg (200)	
J9035	Avastin (bevacizumab, 10mg) with drug claims > \$500	*Y	*Y	Y		*J9035 for Chemotherapy
UNCLASSIFIED	Avastin (bevacizumab, 10mg) with drug claims > \$600	**Y	**Y	Y	2,250mg (225)	*Avastin only requires PA for drug claims that will be >\$600 **J9035 replaced 1/1/2016 for eye injections.
C9257	Avastin(bevacizumab, 0.25mg)with drug claims > \$600	**Y	**Y	Y	2.5mg (10)	Avastin only requires PA for claims that will be >\$600 **J9035 replaced 1/1/2016 for eye injections.
J1826	Avonex, Rebif (interferon beta-1a, 30mcg)	N	N	N	44mcg (2)	
Q3027	Avonex, Rebif (interferon beta-1a, 1mcg)	N	N	N	44mcg (44)	
Q3028	Avonex, Rebif (interferon beta-1a, 1mcg)	N	N	N	44mcg (44)	
J0714	Avycaz (ceftazidime/avibactam)	Y	Y	Y		
J7195	Benefix (Coagulation Factor IX, Recombinant, per IU)	Y	Y	Y	15,000 IU (15,000)	
J9032	Beleodaq (belinostat)	Y	Y	Y		
J9033	Bendeka (bendamustine)	Y	Y	Y		
J0490	Benlysta (belimumab, 10mg)	Y	Y	Y	1,500mg (150)	
J0597	Berinert (C1 Esterase Inhibitor, 10 units)	Y	Y	Y	3,000 units (300)	
J1556	Bivigam (Human Immune Globulin, 500mg)	Y	Y	Y	120,000mg (240)	
J9039	Blinicyto (blinatumomab)	Y	Y	Y		
J0585	Botox (onabotulinumtoxinA, 1 unit)	Y	Y	Y	400mg (400)	
UNCLASSIFIED	Buphenyl (sodium phenylbutyrate)	Y	Y	Y		*See J3490, J3590, J9999
J1566	Carimune (Human Immune Globulin, 500mg)	Y	Y	Y	150,000mg (300)	
J7699	Cayston (aztreonam lysine)	Y	Y	Y		
J0692	cefepime, per 500mg	N	N	N	60,000mg (120)	
J0696	ceftriaxone, 1G	N	N	N	56G (56)	
J1786	Cerezyme (imiglucerase, 10 units)	Y	Y	Y	9,000 units (900)	
J0717	Cimzia (certolizumab)	Y	Y	Y		
UNCLASSIFIED	Cinqair (reslizumab)	Y	Y	Y		*See J3490, J3590, J9999
C9481	Cinqair (reslizumab)	Y	Y	Y		
UNCLASSIFIED	Coagadex (Factor X)	Y	Y	Y		*See J3490, J3590, J9999
UNCLASSIFIED	Compounded Medications	Y	Y	Y		**Call Pharmacy Services for plan specific information.
J7999	Compounded Drug	Y	Y	Y		**PA required for claims >\$600



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Code	Drug Name	Medicare	Medicaid	Commercial & PSA	Quantity Limit	Comments (operational direction--workflow)
S4993	Contraceptive Pills (for birth control), each packet	N	Y	N	4 packs or up to 100 day supply	*To be billed per packet**PA required for claims >\$500
J0598	Cinryze (C1 Esterase Inhibitor, 10 units)	Y	Y	Y	9,000 units (900)	
J7180	Corifact (Antihemophilic Factor XIII)	Y	Y	Y		
J1833	Cresemba (isavuconazonium)	Y	Y	Y		
J9308	Cyramza (ramucirumab)	Y	Y	Y		
J0894	Dacogen (decitabine)	N	N	Y		
UNCLASSIFIED	Darzalex (daratumumab)	Y	Y	Y		*See J3490, J3590, J9999
C9476	Darzalex (daratumumab)	Y	Y	Y		
UNCLASSIFIED	Defitelio (defibrotide)	Y	Y	Y		
J9171	docetaxel, 1mg	N	N	N	280mg (280)	
J7340	Duopa (carbidopa/levodopa enteral suspension)	Y	Y	Y		
J0586	Dysport (abobotulinumtoxinA)	Y	Y	Y		
B4150	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4152	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4153	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4154	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4155	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4157	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4158	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4159	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4160	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
B4161	Enteral Nutrition	Y	Y	Y		Medicare, Medicaid: Requests managed by Pharmacy Services; Commercial, PSA: Requests managed by Health Services
J1743	Elaprase (idursulfase, 1mg)	Y	Y	Y	75mg (75)	
J3060	Elelyso (taliglucerase alfa)	Y	Y	Y		
J7205	Eloctate (Antihemophilic Factor VIII, Fc Fusion Protein)	Y	Y	Y		
UNCLASSIFIED	Empliciti (elotuzumab)	Y	Y	Y		*See J3490, J3590, J9999
C9477	Empliciti (elotuzumab)	Y	Y	Y		
J3380	Entyvio (vedolizumab)	Y	Y	Y		
J9055	Erbix (cetuximab, 10mg)	Y	Y	Y	1120mg (112)	
J9019	Erwinaze (aparaginase)	Y	Y	Y		
J9245	Evomela, Alkeran (melphalan)	Y	Y	Y		
J0178	Eylea (afibercept, 1mg)	Y	Y	Y	2mg per eye (2 per eye)	
J0180	Fabrazyme (agalsidase beta, 1mg)	Y	Y	Y	150mg (150)	
C9137	Factor VIII	Y	Y	Y		
J7198	Feiba NF (Antiinhibitor Coagulant Complex)	Y	Y	Y		
J1744	Firazyr (icatibant)	Y	Y	Y		
J9155	Firmagon (degarelix acetate)	N	N	Y		
J1572	Flebogamma (Human Immune Globulin, 500mg)	Y	Y	Y	150,000mg (300)	
J1325	Flolan, Veletri (epoprostenol)	Y	Y	Y		
S0128	Follistim AQ (follitropin beta 75 IU)	N	Y	N	600 IU (8)	PA if claim over \$500
J1324	Fuzeon (enfuvirtide)	Y	N	Y		
J0641	levoleucovorin calcium, 0.5mg	N	N	N	280mg (560)	
J1569	Gammagard (Human Immune Globulin, 500mg)	Y	Y	Y	360,000mg (720)	
J1557	Gammaplex (Human Immune Globulin, 500mg)	Y	Y	Y	150,000mg (300)	
J1599	Gamastan (Human Immune Globulin)	Y	Y	Y		



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J1561	Gamunex, Gammaked (Human Immune Globulin, 500mg)	Y	Y	Y	300,000mg (600)	
J9301	Gazyva (obinutuzumab)	Y	Y	Y		
J9201	gemcitabine HCL, 200mg	N	N	N	3,500mg(18)	
J0257	Glassia (alpha1-proteinase inhibitor, 10mg)	Y	Y	Y	3,600mg (3600)	
S0126	Gonal-F (follitropin alfa, 75 IU)	N	N	N	450 IU (6)	
J1447	Granix (tbo-filgrastim injection)	Y	Y	Y		
J9179	Halaven (eribulin mesylate, 0.1mg)	N	N	N	3.92mg (39.2)	
J7190	Hemofil M, Monoclote P, Koate (Antihemophilic Factor, Human per IU)	Y	Y	Y	7,500 IU (7,500)	
J7180	Corifact (Hemophilia Factors)	Y	Y	Y		
J7181	Tretten (Hemophilia Factors)	Y	Y	Y		
J7182	NovoEight (factor VIII Antihemophilic Factor, per IU)	Y	Y	Y	90,000 IU (90,000)	
J7188	Obizur (Hemophilia Factors, per IU)	Y	Y	Y	9,000 IU (9,000)	
J7189	NovoSeven (Hemophilia Factors)	Y	Y	Y		
J7191	Hemophilia Factors	Y	Y	Y		
J7194	Bebulin, Profilnine (Hemophilia Factors)	Y	Y	Y		
J7196	Atryn (Hemophilia Factors)	Y	Y	Y		
J7197	Thrombate (Hemophilia Factors)	Y	Y	Y		
J7198	Feiba (Hemophilia Factors)	Y	Y	Y		
J7199	Adynovate (Hemophilia Factors)	Y	Y	Y		
J7200	Rixubis (Antihemophilic Factor IX, per IU)	Y	Y	Y	15,000 IU (15,000)	
J7201	Aloprolix (Hemophilia Factors)	Y	Y	Y		
J9355	Herceptin (trastuzumab, 10mg)	Y	Y	Y	1,200mg (120)	
J1559	Hizentra (Human Immune Globulin, 100mg)	*Y	Y	Y	120,000mg (1,200)	
B4164 - B5200	Home TPN	Y	Y	Y	N/A	Requests managed by Health Services
J7187	Humate P (Antihemophilic Factor/vonWillebrand Factor, per IU)	Y	Y	Y	12,000 IU (12,000)	
J7321-Supartz/Supartz FX or Hyalgan	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J7322-Synvisc	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J7323-Euflexxa	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J7324 Orthovisc	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J7325-Synvisc/Synvisc One	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J7326-Gel-One	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J7327-Monovisc	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J7328-Gel-Syn	Hyaluronic Acid Injection	N	Y	N		Commercial, PSA: No authorization required for knee injections. PA required for all other indications.
J0638	Ilaris (canakinumab)	Y	Y	Y		
J7313	Iluvien (flucinolone acetone implant)	Y	Y	Y		
UNCLASSIFIED	Imlygic (talimogene laherparepvec)	Y	Y	Y		*See J3490, J3590, J9999
C9472	Imlygic (talimogene laherparepvec)	Y	Y	Y		
J9214	Intron-A (interferon alfa2b, 1 MILLION units)	Y	Y	Y	84,000,000 units(84)	
J2426	Invega Sustenna (paliperidone)	Y	Y	Y		
J2426	Invega Trinza (paliperidone)	Y	Y	Y		
J8565	Iressa (gefitinib)	Y	Y	Y		
J9043	Jevtana (cabazitaxel)	Y	Y	Y		



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J9354	Kadcyla (ado-trastuzumab)	Y	Y	Y		
J1290	Kalbitor (ecallantide)	Y	Y	Y		
UNCLASSIFIED	Kanuma (sebelipase alfa)	Y	Y	Y		
C9478	Kanuma (sebelipase alfa)	Y	Y	Y		
J7682	Kitabis Pak, Bethkis (tobramycin)	Y	Y	Y		
J9271	Keytruda (pembrolizumab)	Y	Y	Y		
J7190	Koate DVI (Antihemophilic Factor)	Y	Y	Y		
J7194	Konyne-80 (Antihemophilic Factor IX)	Y	Y	Y		
J2507	Krystexxa (pegloticase)	Y	Y	N		
J0202	Lemtrada (alemtuzumab) - 1 mg strength	Y	Y	Y		
J2820	Leukine (sargramostim)	Y	Y	Y		
J0221	Lumizyme (alglucosidase alfa, 10mg)	Y	Y	Y	3,000mg (300)	
J9217	Lupron Depot (leuprolide acetate (for depot suspension) per 7.5mg)	N	N	Y	45mg (6)	PA required as of 10/22/2016
J1950	Lupron Depot (leuprolide acetate (for depot suspension) per 3.75mg)	N	N	Y	45mg (12)	PA required as of 10/22/2016
J9218	leuprolide acetate, 1mg	Y	N	Y	30mg (30)	PA required as of 10/22/2016
J2778	Lucentis (ranibizumab, 0.1mg)	Y	Y	Y	0.5mg (5 each eye)	
J1725	Makena (hydroxyprogesterone Caproate 250mg/mL oil), Hydroxyprogesterone Caproate 1.25GM/5mL Solution	Y	Y	Y		Compounded, generic 17-alpha hydroxyprogesterone is covered without PA
S0122	Menopur, Repronex (menotropins, 75 IU)	N	N	N	450 IU (6)	
J2185	meropenem, per 100mg	N	N	N	60,000mg (120)	
J2562	Mozobil (plerixafor, 1mg)	Y	Y	Y	40mg (40)	
J0587	Myobloc (rimabotulinumtoxinA)	Y	Y	Y		
J0220	Myozyme (alglucosidase alfa, 10mg)	Y	Y	Y	3,000mg (300)	
J1458	Naglazyme (galsulfase, 1mg)	Y	Y	Y	150mg (150)	
J2505	Neulasta (pegfilgrastin), per 6 mg	Y	Y	Y	12mg (2)	
J1442	Neupogen (filgrastim), per 1mcg	Y	Y	Y	21,000mcg (21,000)	
J7189	Novoseven RT (Coagulation Factor VIIa)	Y	Y	Y		
J2796	Nplate (romiplostim, 10mcg)	N	N	Y	1,500mcg (150)	
UNCLASSIFIED	Nucala (mepolizumab)	Y	Y	Y		*See J3490, J3590, J9999
J7188	Obizur (Hemophilia Factor VIII)	Y	Y	Y	9,000 IU (9,000)	
J1568	Octagam (Human Immune Globulin, 500mg)	Y	Y	Y	150,000mg (300)	
J3490	Omidria (phenylephrine/ketorolac)	Y	Y	Y		
J9266	Oncaspar (pegaspargase, per SDV)	Y	Y	Y	2 vials (2)	*SDV=Single Dose Vial
J9999	Onivyde (irinotecan HCL)	Y	Y	Y		*See J3490, J3590, J9999
J9299	Opdivo (nivolumab)	Y	Y	Y		
J0129	Orencia (abatacept, 10mg) Intravenous Injection	Y	Y	Y	1,000mg (100)	
UNCLASSIFIED	Orencia (abatacept, 10mg) SQ Injection	Y	Y	Y	1,000mg (100)	
UNCLASSIFIED	Orfadin (nitisinone)	*N	Y	Y		*Not covered under B
J9263	oxaliplatin, 0.5mg	N	N	N	238mg (476)	
J7312	Ozurdex (dexamethasone intravitreal implant)	Y	Y	Y		
J9306	Perjeta (pertuzumab)	Y	Y	Y		
UNCLASSIFIED	Portrazza (necitumumab)	Y	Y	Y		*See J3490, J3590, J9999
C9475	Portrazza (necitumumab)	Y	Y	Y		
J1459	Privigen (Human Immune Globulin, 500mg)	Y	Y	Y	150,000mg (300)	
UNCLASSIFIED	Probuphine (buprenorphine implant)	Y	Y	Y		
J0256	Prolastin-C, Zemaira, Aralast (alpha1-proteinase inhibitor, 10mg)	Y	Y	Y	3,600mg (3600)	
J0897	Prolia (denosumab, 1mg)	Y	Y	Y	120mg (120)	
J0885	Procrit (epoetin alpha)	N	N	Y		PA required as of 10/22/2016
J0887	epoetin beta (ESRD ON Dialysis)	N	N	N		Managed by Health Services if being used in conjunction with Hemodialysis or Peritoneal Dialysis.
J0888	epoetin beta (non ESRD)	N	N	Y		PA required as of 10/22/2016
Q4081	Procrit, Epogen (epoetin alpha)	N	N	N		Managed by Health Services if being used in conjunction with Hemodialysis or Peritoneal Dialysis.
Q2043	Provence (sipuleucel-T, per infusion)	Y	Y	Y	3 Infusions (3)	
J7639	Pulmozyme (dornase alpha)	N	Y	Y		



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J3489	Zometa, Reclast (zoledronic acid, 1mg)	N	N	N	5mg (5)	
J1745	Remicade (Infliximab, 10mg)	Y	Y	Y	1,500mg (150)	
J3285	Remodulin (treprostinil, 1mg)	Y	Y	Y	242mg (242)	
J9310	Rituxan (rituximab, 100mg)	Y	Y	Y	1,400mg (14)	
J0596	Ruconest (C1 esterase inhibitor)	Y	Y	Y		
J2354	Sandostatin (octreotide acetate, 25mcg)	Y	N	Y	1,500mcg (60)	PA required as of 10/22/2016
J2353	Sandostatin LAR (octreotide acetate, 1mg)	Y	Y	Y	40mg (40)	
J2502	Signifor LAR (pasireotide diasparate)	Y	Y	Y		
J1602	Simponi Aria (golimumab)	Y	Y	Y		
UNCLASSIFIED	Simponi (golimumab)	Y	Y	Y		
J1300	Soliris (eculizumab, 10mg)	Y	Y	Y	1,200mg (120)	
J2941	somatropin (all brands)	Y	Y	Y		
J3357	Stelara (ustekinumab, 1mg)	Y	Y	Y	90mg (90)	
J9226	Supprelin LA (histrelin implant, 50mg)	Y	Y	Y	50mg (50)	
J2860	Sylvant (siltuximab)	Y	Y	Y		
90378	Synagis (palivizumab)	Y	Y	Y		
J9262	Synribo (omacetaxine)	Y	Y	Y		
UNCLASSIFIED	Tecentriq (atezolizumab)	Y	Y	Y		
C9483	Tecentriq (atezolizumab)	Y	Y	Y		
S0189	Testopel (testosterone pellet)	N	Y	Y		
UNCLASSIFIED	Testopel (testosterone pellet)	N	Y	Y		*See J3490, J3590, J9999
J7511	Thymoglobulin (antithymocyte globulin rabbit)	Y	Y	Y		
J9330	Torisel (temsirolimus, 1mg)	N	N	N	50mg (50)	
J9033	Treanda (bendamustine, 1mg)	Y	Y	Y	336mg (336)	
J3315	Trelstar Depot, Trelstar LA, Trelstar MIX	Y	Y	Y		
J2323	Tysabri (natalizumab, 1mg)	Y	Y	Y	300mg (300)	
J7686	Tyvaso (treprostinil inhaled)	Y	Y	Y		
J3490	Unclassified Drugs	Y	Y	Y		Only requires PA for claims that will be ≥\$500
J3590	Unclassified Drugs	Y	Y	Y		Only requires PA for claims that will be ≥\$500
J7799	Unclassified Drug	Y	Y	Y		Only requires PA for claims that will be ≥\$500
J7999	Unclassified Drug	Y	Y	Y		Only requires PA for claims that will be ≥\$600
J9999	Unclassified Drugs	Y	Y	Y		Only requires PA for claims that will be ≥\$500
UNCLASSIFIED	Unituxin (dinutuximab)	Y	Y	Y		*See J3490, J3590, J9999
UNCLASSIFIED	Varizig (varicella zoster immune globulin)	Y	Y	Y		*See J3490, J3590, J9999
J9303	Vectibix (panitumumab, 10mg)	Y	Y	Y	900mg (90)	
J9041	Velcade (bortezomib, 0.1mg)	Y	Y	Y	4.48mg (44.8)	
Q4074	Ventavis (Iloprost)	Y	Y	Y		
J9025	Vidaza (azacitidine, 1mg)	Y	Y	Y	280mg (280)	
J1322	Vimizim (elosulfase alfa)	Y	Y	Y		
J7699	Virazole (ribavirin inhalation)	Y	Y	Y		
J2315	Vivitrol (naltrexone depot)	Y	Y	Y		
J1562	Vivaglobin (Human Immune Globulin)	*Y	Y	Y		
J3385	Vpriv (velaglucerase alfa, 100 units)	Y	Y	Y	9,000 units (90)	
J7183	Wilate VWF (Antihemophilic Factor, per IU)	Y	Y	Y		
J0588	Xeomin (incobotulinumtoxinA)	Y	Y	Y		
J0897	Xgeva (denosumab, 1mg)	Y	Y	Y	120mg (120)	
A9606	Xofigo (radium 223)	Y	Y	Y		
J2357	Xolair (omalizumab, 5mg)	Y	Y	Y	750mg (150)	
J7185	Xyntha (Antihemophilic Factor, per IU)	Y	Y	Y	9,000 IU (9,000)	
UNCLASSIFIED	Yondelis (trabectedin)	Y	Y	Y		*See J3490, J3590, J9999
C9480	Yondelis (trabectedin)	Y	Y	Y		
J9228	Yervoy (ipilimumab, 1mg)	Y	Y	Y	1,500mg (1,500)	
J9400	Zaltrap (ziv-aflibercept)	Y	Y	Y		
Q5101	Zarxio (filgrastim)	Y	Y	Y		
J8499	Oral Prescription Drug, NOS, Non-Chemo (Zavesca)	N	Y	Y		Only requires PA for claims that will be ≥ \$500
UNCLASSIFIED	Zykadia (Ceritinib)	Y	Y	Y		*See J3490, J3590, J9999
Diabetic Test Strips	One Touch	Formulary	Non-Formulary	Formulary	Comm/PSA: 300/30	Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	One Touch Ultra	Formulary	Non-Formulary	Formulary	Comm/PSA: 300/30	Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	One Touch Verio	Formulary	Non-Formulary	Formulary	Comm/PSA: 300/30	Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle



**Medical Drugs Requiring Preauthorization/Preapproval (Y, N), Quantity Limit (Allowed Amount PER Claim)
Diabetic Supplies Formulary/Non-formulary (Formulary, NF)**

Code	Drug Name	Medicare	Medicaid	Commercial & PSA	Quantity Limit	Comments (operational direction--workflow)
Diabetic Test Strips	Freestyle	Non-Formulary	Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Freestyle Lite	Non-Formulary	Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Freestyle InsulinX	Non-Formulary	Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Accu-check Smart	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Advocate Redicode	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Agamatrix Keynote	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Agamatrix Presto	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Ascensia Autodisc	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Bayer Breeze	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Bayer Contour	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Bayer Contour Next	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	BG Star	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Caresens N	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Clever Chek	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Clever Chek Voice	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Clever Chek Auto CD	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Confirm/Micr	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Easy Talk	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Easy Touch	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	EasyMax	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Embrace	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Fora D10	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Fora V12	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Fora V30A	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle



**Medical Drugs Requiring Preauthorization/Preapproval (Y, N), Quantity Limit (Allowed Amount PER Claim)
Diabetic Supplies Formulary/Non-formulary (Formulary, NF)**

Code	Drug Name	Medicare	Medicaid	Commercial & PSA	Quantity Limit	Comments (operational direction--workflow)
Diabetic Test Strips	GE100	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Glucocard Express	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Glucocard Vital	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Glucocard 01	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Glucocard 01 Sensor	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Infinity	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Kroger	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Nova Max	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	On Call Plus	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Precision Xtra	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Prodigy	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Prodigy Auto	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	RA Truetest	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Relion Prime	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Relion Ultima	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Smart Sense	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Solus V2	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Truetest	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	TrueTrack	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Ultima	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	UltraTrk Pro	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle
Diabetic Test Strips	Wavesense	Non-Formulary	Non-Formulary	Non-Formulary		Exclusive Preferred diabetic test strip Medicare, Commercial, PSA = One Touch Medicaid = Freestyle