

Oscar Clinical Guideline: (Commercial) Preferred Physician-Administered Specialty Drugs (CG052, Ver. 22)

## (Commercial) Preferred Physician-Administered Specialty Drugs

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

### Summary

The Plan's Preferred Medication List encourages the utilization of clinically appropriate and cost-effective physician-administered specialty drugs. The [Medical Preferred Drug List](#) Table below lists both the preferred and non-preferred medications within a therapeutic class or drug group.

In most cases, the preferred medications must be used first as long as they are considered safe and effective for use by your provider. Preferred medications are selected based upon clinical effectiveness and safety in alignment with FDA-approved labeling or medically accepted compendia-supported literature or treatment guidelines that represent best practices. Requests for non-preferred medications may be subject to the Plan's **Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria**, and this criteria is available upon request. Approval for non-preferred medications may be provided if the member has tried and failed, or is unable to use the Plan's preferred drug(s). Qualifying exceptions may include, but are not limited to the following:

1. The member has a documented trial and failure, inadequate response, intolerance, or contraindication to ALL preferred drug(s), as applicable; **or**

2. The member has a risk factor(s) for poor response to the preferred drug(s); **or**
3. The member is not a candidate for the preferred drug(s) based on the member's condition(s), individual needs, treatment history, or accepted standards of medical practice.

For more information or to request an exception, please contact the Plan.

### Medical Preferred Drug List

<b>Drug Class</b>	<b>Preferred Medications*</b>	<b>Non-Preferred Medications<sup>1/2*</sup></b>
<b>ACTH and Analogs</b>	<ul style="list-style-type: none"> <li>❖ Acthar Gel (corticotropin)</li> </ul>	
<b>Agents for Polyneuropathy - Anti-Transthyretin Small Interfering Ribonucleic Acid (siRNA) Agent</b>	<ul style="list-style-type: none"> <li>❖ Amvuttra (vutrisiran)</li> <li>❖ Onpattro (patisiran)</li> </ul>	
<b>Alpha-1 Antitrypsin Deficiency</b>	<ul style="list-style-type: none"> <li>❖ Prolastin-C (alpha1-proteinase inhibitor [human])</li> </ul>	<ul style="list-style-type: none"> <li>❖ Aralast (alpha1-proteinase inhibitor [human])</li> <li>❖ Glassia (alpha1-proteinase inhibitor [human])</li> <li>❖ Zemaira (alpha1-proteinase inhibitor [human])</li> </ul>
<b>Autoimmune - (Select) Agents for autoimmune conditions</b>	<ul style="list-style-type: none"> <li>❖ Cimzia (certolizumab pegol)</li> <li>❖ Entyvio (vedolizumab)</li> <li>❖ Ilumya (tildrakizumab-asmn)</li> <li>❖ Simponi Aria (golimumab)</li> <li>❖ Stelara (ustekinumab) IV</li> </ul>	<ul style="list-style-type: none"> <li>❖ Actemra (tocilizumab)</li> <li>❖ Cosentyx (secukinumab)</li> <li>❖ Omvoh (mirikizumab-mrkz)</li> <li>❖ Orencia (abatacept)</li> <li>❖ Skyrizi (risankizumab-rzaa)</li> </ul>
<b>Autoimmune - Infliximab Products</b>	<ul style="list-style-type: none"> <li>❖ Avsola (infliximab-axxq)</li> <li>❖ Inflectra (infliximab-dyyb)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Infliximab</li> <li>❖ Remicade (infliximab)</li> <li>❖ Renflexis (infliximab-abda)</li> </ul>
<b>Bevacizumab (Alymsys, Avastin, Avzivi, Mvasi, Vegzelma, Zirabev) for Cancer Indications (i.e., Avastin/Biosimilars for Oncology)</b>	<ul style="list-style-type: none"> <li>❖ Mvasi (Bevacizumab-awwb)</li> <li>❖ Zirabev (Bevacizumab-bvzr)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Avastin (Bevacizumab)</li> <li>❖ Alymsys (Bevacizumab-maly)</li> <li>❖ Avzivi (bevacizumab-tnjn)</li> <li>❖ Vegzelma (bevacizumab-adcd)</li> </ul>

<b>Botulinum Toxins</b>	<ul style="list-style-type: none"> <li>❖ Botox (onabotulinumtoxinA)</li> <li>❖ Dysport (abobotulinumtoxinA)</li> <li>❖ Xeomin (incobotulinumtoxinA)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Daxxify (daxibotulinumtoxinA-lanm)</li> <li>❖ Myobloc (rimabotulinumtoxinB)</li> </ul>
<b>Breast Cancer-Antineoplastic Monoclonal Antibodies Targeting HER2/neu</b>	<ul style="list-style-type: none"> <li>❖ Enhertu (fam-trastuzumab deruxtecan-nxki)</li> <li>❖ Kadcylla (ado-trastuzumab emt)</li> <li>❖ Perjeta (pertuzumab)</li> <li>❖ Phesgo (pertuzumab / trastuzumab / hyaluronidase-zzxf)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Margenza (margetuximab-cmkb)</li> </ul>
<b>Complement Inhibitors</b>	<ul style="list-style-type: none"> <li>❖ Soliris (eculizumab)</li> <li>❖ Ultomiris (ravulizumab-cwvz)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Empaveli (pegcetacoplan)</li> </ul>
<b>Fertility Regulators - FSH</b>	<ul style="list-style-type: none"> <li>❖ Gonal-F (follitropin alfa)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Follistim AQ (follitropin beta)</li> </ul>
<b>Gene Therapy for Hemophilia A</b>	<ul style="list-style-type: none"> <li>❖ Roctavian (valoctocogene roxaparvovec-rvox)</li> </ul>	
<b>Gonadotropin-Releasing Hormone Agonists</b>	<ul style="list-style-type: none"> <li>❖ Fensolvi (leuprolide acetate)</li> <li>❖ Lupron Depot-Ped (leuprolide acetate for depot suspension)</li> <li>❖ Supprelin LA (histrelin acetate)</li> <li>❖ Triptodur (triptorelin)</li> </ul>	
<b>Gonadotropin-Releasing Hormone Agonists for Prostate Cancer</b>	<ul style="list-style-type: none"> <li>❖ Eligard (leuprolide acetate)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Camcevi (leuprolide)</li> <li>❖ Lupron Depot (leuprolide acetate)</li> <li>❖ Trelstar (triptorelin pamoate)</li> <li>❖ Zoladex (goserelin acetate)</li> </ul>
<b>Hematologic, Erythropoiesis-Stimulating Agents (ESA)</b>	<ul style="list-style-type: none"> <li>❖ Aranesp (darbepoetin alfa)</li> <li>❖ Procrit (epoetin alfa)</li> <li>❖ Retacrit (epoetin alfa-epbx)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Epogen (epoetin alfa)</li> <li>❖ Mircera (methoxy polyethylene glycol-epoetin beta)</li> </ul>

<b>Hematologic, Neutropenia Colony Stimulating Factors, Long-Acting</b>	<ul style="list-style-type: none"> <li>❖ Fulphila (pegfilgrastim-jmdb)</li> <li>❖ Neulasta (pegfilgrastim)</li> <li>❖ Neulasta Onpro (pegfilgrastim)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Fylnetra (pegfilgrastim-pbbk)</li> <li>❖ Nyvepria (pegfilgrastim-ppgf)</li> <li>❖ Rolvedon (eflapegrastim-xnst)</li> <li>❖ Ryzneuta (efbemalenograstim alfa)</li> <li>❖ Stimufend (pegfilgrastim-fpgk)</li> <li>❖ Ziextenzo (pegfilgrastim-bmez)</li> <li>❖ Udenyca (pegfilgrastim-cbqv)</li> </ul>
<b>Hematologic, Neutropenia Colony Stimulating Factors, Short-Acting</b>	<ul style="list-style-type: none"> <li>❖ Zarxio (filgrastim-sndz)</li> <li>❖ Nivestym (filgrastim-aafi)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Granix (tbo-filgrastim) Injection</li> <li>❖ Leukine (sargramostim)</li> <li>❖ Neupogen (filgrastim)</li> <li>❖ Releuko (filgrastim-ayow)</li> </ul>
<b>Hematological Agents, Other - Aminolevulinate Synthase 1-Directed Small Interfering Ribonucleic Acid (siRNA)</b>	<ul style="list-style-type: none"> <li>❖ Givlaari (givosiran)</li> </ul>	
<b>Hemophilia - Factor IX</b>	<ul style="list-style-type: none"> <li>❖ Alprolix (Coagulation Factor IX (Recombinant), Fc Fusion Protein)</li> <li>❖ BeneFIX [coagulation factor IX (recombinant)]</li> <li>❖ Idelvion [Coagulation Factor IX (Recombinant), Albumin Fusion Protein (rIX-FP)]</li> <li>❖ Rebinyn (Coagulation Factor IX (Recombinant), GlycoPEGylated)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Ixinity [coagulation factor IX (recombinant)]</li> <li>❖ Rixubis[Coagulation Factor IX (Recombinant)]</li> </ul>
<b>Hemophilia - Factor VIII, Long-Acting</b>	<ul style="list-style-type: none"> <li>❖ Adynovate (antihemophilic factor (recombinant), PEGylated)</li> <li>❖ Altuviiiio (antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl)</li> <li>❖ Eloctate (antihemophilic factor (recombinant), Fc fusion protein)</li> <li>❖ Jivi (antihemophilic factor</li> </ul>	<ul style="list-style-type: none"> <li>❖ Esperoct [antihemophilic factor (recombinant)]</li> </ul>

	(recombinant)	
<b>Hemophilia - Factor VIII</b>	<ul style="list-style-type: none"> <li>❖ Advate [antihemophilic factor (recombinant)]</li> <li>❖ Afstylia [Antihemophilic Factor (Recombinant), Single Chain]</li> <li>❖ Kogenate FS (antihemophilic factor (recombinant))</li> <li>❖ Kovaltry (antihemophilic Factor (Recombinant))</li> <li>❖ Novoeight (antihemophilic factor (recombinant), glycopegylated-exei)</li> <li>❖ Nuwiq (Antihemophilic Factor (Recombinant))</li> <li>❖ Xyntha (antihemophilic factor [recombinant])</li> </ul>	<ul style="list-style-type: none"> <li>❖ Recombinate [Antihemophilic Factor (Recombinant)]</li> </ul>
<b>Hereditary Angioedema</b>	<ul style="list-style-type: none"> <li>❖ Ruconest (C1 esterase inhibitor [recombinant]) for Intravenous Injection</li> </ul>	<ul style="list-style-type: none"> <li>❖ Berinert (C1 Esterase Inhibitor, Human)</li> </ul>
<b>Immunotherapies for Reactive and Obstructive Airway Diseases</b>	<ul style="list-style-type: none"> <li>❖ Dupixent (dupilumab)</li> <li>❖ Fasentra (benralizumab)</li> <li>❖ Nucala (mepolizumab)</li> <li>❖ Tezspire (tezepelumab-ekko)</li> <li>❖ Xolair (omalizumab)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Cinqair (reslizumab)</li> </ul>
<b>Immune globulin IV (IVIG)</b>	<ul style="list-style-type: none"> <li>❖ Asceniv (immune globulin intravenous [human])</li> <li>❖ Bivigam (immune globulin intravenous [human])</li> <li>❖ Cutaquig (immune globulin subcutaneous human) [</li> <li>❖ Flebogamma DIF (immune globulin intravenous [human])</li> <li>❖ Gammagard Liquid (immune globulin intravenous and subcutaneous [human])</li> <li>❖ Gammagard S/D (immune globulin intravenous [human])</li> <li>❖ Gammaked (immune</li> </ul>	

	<p>globulin intravenous and subcutaneous [human])</p> <ul style="list-style-type: none"> <li>❖ Gammaplex (immune globulin intravenous [human])</li> <li>❖ Gamunex-C (immune globulin [human])</li> <li>❖ Octagam (immune globulin intravenous [human])</li> <li>❖ Panzyga (immune globulin intravenous [human] - ifas)</li> <li>❖ Privigen (immune globulin intravenous [human])</li> </ul>	
<b>Injectable Iron Supplements</b>	<ul style="list-style-type: none"> <li>❖ INFeD (iron dextran complex)</li> <li>❖ Ferrlecit (sodium ferric gluconate complex in sucrose)</li> <li>❖ Venofer (iron sucrose)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Feraheme (ferumoxytol)</li> <li>❖ Injectafer (ferric carboxymaltose)</li> <li>❖ Monoferric (ferric derisomaltose)</li> </ul>
<b>Long-Acting Reversible Contraceptives</b>	<ul style="list-style-type: none"> <li>❖ Kyleena (levonorgestrel)</li> <li>❖ Mirena (levonorgestrel)</li> <li>❖ Skyla (levonorgestrel)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Liletta (levonorgestrel)</li> <li>❖ Nexplanon (etonogestrel)</li> </ul>
<b>Lysosomal Storage Disorders - Gaucher Disease</b>	<ul style="list-style-type: none"> <li>❖ Cerezyme (Imiglucerase)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Elelyso (taliglucerase alfa)</li> <li>❖ VPRIV (velaglucerase alfa for injection)</li> </ul>
<b>Multiple Myeloma - Small Molecule Antineoplastic Proteasome Inhibitors</b>	<ul style="list-style-type: none"> <li>❖ Ninlaro (ixazomib)</li> <li>❖ Velcade (bortezomib)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Kyprolis (carfilzomib)</li> </ul>
<b>Multiple Sclerosis (Infused)</b>	<ul style="list-style-type: none"> <li>❖ Briumvi (ublituximab)</li> <li>❖ Ocrevus (ocrelizumab)</li> <li>❖ Tysabri (natalizumab)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lemtrada (alemtuzumab)</li> </ul>
<b>Neonatal Fc Receptor Antagonist</b>	<ul style="list-style-type: none"> <li>❖ Rystiggo (rozanolixizumab-noli)</li> <li>❖ Vyvgart (efgartigimod alfa)</li> <li>❖ Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase (human recombinant))</li> </ul>	

<b>Osteoarthritis, Viscosupplements (Single Injection)</b>	<ul style="list-style-type: none"> <li>❖ Monovisc (high molecular weight hyaluronan)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Durolane (hyaluronic acid)</li> <li>❖ Gel-One (cross-linked hyaluronate)</li> <li>❖ Synvisc-One (hylan G-F 20)</li> </ul>
<b>Osteoarthritis, Viscosupplements (Multi Injection)</b>	<ul style="list-style-type: none"> <li>❖ Euflexxa (1% sodium hyaluronate)</li> <li>❖ Orthovisc (high molecular weight hyaluronan)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Gelsyn-3 (sodium hyaluronate 0.84%)</li> <li>❖ GenVisc 850 (sodium hyaluronate)</li> <li>❖ Hyalgan (sodium hyaluronate)</li> <li>❖ Hymovis (high molecular weight viscoelastic hyaluronan)</li> <li>❖ Supartz FX (sodium hyaluronate)</li> <li>❖ Synvisc (hylan G-F 20)</li> <li>❖ Triluron (sodium hyaluronate)</li> <li>❖ Trivisc (sodium hyaluronate)</li> <li>❖ Visco-3 (sodium hyaluronate)</li> </ul>
<b>Primary Hyperoxaluria Type 1 (PH1) Agents</b>	<ul style="list-style-type: none"> <li>❖ Oxlumo (lumasiran)</li> </ul>	
<b>Prostate Cancer-Luteinizing Hormone Releasing Hormone (LHRH) Antagonist Agents</b>	<ul style="list-style-type: none"> <li>❖ Firmagon (degarelix)</li> </ul>	
<b>Pulmonary Hypertension (PAH) Agents, Prostacyclin Analogs/Receptor Agonists for PAH</b>	<ul style="list-style-type: none"> <li>❖ Treprostinil</li> </ul>	<ul style="list-style-type: none"> <li>❖ Remodulin (treprostinil)</li> </ul>
<b>Vascular Endothelial Growth Factor (VEGF) Inhibitor Ophthalmic Agents (i.e., Retinal Disorders Agents)</b>	<ul style="list-style-type: none"> <li>❖ Avastin (bevacizumab)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Beovu (brolucizumab-dbll)</li> <li>❖ Byooviz (ranibizumab-nuna)</li> <li>❖ Cimerli (ranibizumab-eqrn)</li> <li>❖ Eylea (aflibercept)</li> <li>❖ Eylea HD (aflibercept)</li> <li>❖ Lucentis (ranibizumab)</li> <li>❖ Susvimo (ranibizumab)</li> <li>❖ Vabysmo (faricimab-svoa)</li> </ul>
<b>Rituximab Products</b>	<ul style="list-style-type: none"> <li>❖ Ruxience (rituximab-pvvr)</li> <li>❖ Truxima (rituximab-abbs)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Riabni (rituximab-arrx)</li> <li>❖ Rituxan (rituximab)</li> </ul>

		❖ Rituxan Hycela (rituximab/hyaluronidase human)
<b>Somatostatin Analogs</b>	❖ Somatuline Depot (lanreotide)	❖ lanreotide (Cipla) ❖ Sandostatin LAR Depot (octreotide acetate) ❖ Signifor LAR (pasireotide) ❖ Somavert (pegvisomant)
<b>Spinal Muscular Atrophy</b>	❖ Zolgensma (onasemnogene abeparvovec-xioi)	
<b>Systemic Lupus Erythematosus (SLE) Agents</b>	❖ Benlysta IV (belimumab)	❖ Saphnelo (anifrolumab-fnia)
<b>Antineoplastic Monoclonal Antibodies Targeting HER2/neu</b>	❖ Kanjinti (trastuzumab-anns) ❖ Trazimera (trastuzumab-qyyp)	❖ Herceptin (trastuzumab) ❖ Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) ❖ Herzuma (trastuzumab-pkrb) ❖ Ontruzant (trastuzumab-dttb) ❖ Ogivri (trastuzumab-dkst)

<sup>7</sup>subject to Plan's Preferred Physician-Administered Drug(s) Exceptions Criteria

\*Other drug-specific or class-specific clinical guidelines may also be applicable.

- Products considered Formulary or Preferred for the Plan may still require a clinical prior authorization review.
- The Plan may review all requests made under the Medical or Pharmacy benefit against specific prior authorization criteria, as applicable and at its discretion.

### Exception Criteria

NOTE: This exception criteria applies when the Plan does not have a product or class specific Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria for the requested product or drug class.

Coverage of a **Non-Preferred Product** may be provided when the member meets **BOTH** of the following criteria:

1. Inadequate response, intolerance, or contraindication to **ALL** preferred products in the same class, when these are FDA, compendia, or evidence-based guideline-supported options, unless:



- a. There are no preferred products available in the same class; **or**
  - b. The member is currently receiving treatment with the requested product and coverage is required to complete the current course of treatment; **or**
  - c. The request is for cancer treatment in a state prohibiting prerequisite trials per regulations; **AND**
2. Clinical documentation is provided showing:
- a. The specific reason(s) why preferred products cannot be used (e.g. inadequate response, adverse event, contraindication); **and/or**
  - b. Relevant clinical information supporting the use of the requested Non-Preferred Product (e.g. office notes, lab results, diagnostic reports); **and/or**
  - c. If applicable, confirmation that coverage is needed to complete a current course of treatment with the requested Non-Preferred Product.

**Experimental or Investigational / Not Medically Necessary**

The Plan does not cover non-preferred products when used for experimental, investigational, or medically unnecessary indications. Use of non-preferred products is considered experimental, investigational, or not medically necessary if the indication is outside FDA-approved labeling or not supported by current medical evidence and standards of care. The Plan does not cover non-preferred products for the following non-approved indications (not all-inclusive):

- 1. Uses not considered clinically appropriate based on indication, including age, dosing (dosage, frequency, duration of therapy, and site of administration), and contraindication.
  - a. Non-FDA approved indications or off label use without sufficient evidence supporting safety and efficacy
  - b. Doses exceeding the FDA-approved label or clinical practice guidelines without sufficient evidence supporting safety and efficacy
- 2. Uses not required for treatment or management of the member's medical condition.
- 3. Uses not aligned with generally accepted medical practice.
- 4. Uses primarily for the convenience of the member, family, or provider.

**Applicable Billing Codes**

<b>ACTH and Analogs</b>	
J0801	Acthar Gel Injection, corticotropin (acthar gel), up to 40 units

<b>Agents for Polyneuropathy</b>	
J0225	Amvuttra Injection, vutrisiran, 1 mg
J0222	Onpattro Injection, patisiran, 0.1 mg
<b>Alpha-1 Antitrypsin Deficiency</b>	
J0256	Aralast NP Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
J0256	Prolastin-C Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
J0256	Zemaira Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
J0257	Glassia Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg
<b>Autoimmune</b>	
J0129	Orencia; Orencia ClickJect Injection, abatacept, 10 mg
J0717	Cimzia; Cimzia Prefilled; Cimzia Starter Kit Injection, certolizumab pegol, 1 mg
J1602	Simponi Aria Injection, golimumab, 1 mg, for intravenous use
J1745	Remicade Injection, infliximab, excludes biosimilar, 10 mg
J1745	Injection, infliximab, 10 mg
J2327	Skyrizi (intravenous) Injection, risankizumab-rzaa, intravenous, 1 mg
J3245	Ilumya Injection, tildrakizumab, 1 mg
J3262	Actemra Injection, tocilizumab, 1 mg

J3358	Stelara IV Ustekinumab, for intravenous injection, 1 mg
J3380	Entyvio Injection, vedolizumab, 1 mg
Q5103	Inflectra Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Renflexis Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5121	Avsola Injection, infliximab-axxq, biosimilar, (Avsola), 10 mg
C9399	Cosentyx IV (secukinumab) Unclassified drugs or biologicals
J3590	Cosentyx IV (secukinumab) Unclassified biologics
C9399	OmvoH IV (mirikizumab-mrkz) Unclassified drugs or biologicals
J3590	OmvoH IV (mirikizumab-mrkz) Unclassified biologics
<b>Avastin/Biosimilars (Oncology)</b>	
J9035	Avastin Injection, bevacizumab, 10 mg
Q5107	Mvasi Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5118	Zirabev Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg
Q5126	Alymsys Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
Q5129	Vegzelma Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
C9399	Avzivi (bevacizumab-tnjn) Unclassified drugs or biologicals
J9999	Avzivi (bevacizumab-tnjn) Not otherwise classified, antineoplastic drugs

<b>Botulinum Toxins</b>	
J0585	Botox Injection, onabotulinumtoxinA, 1 unit
J0586	Dysport Injection, abobotulinumtoxinA, 5 units
J0587	Myobloc Injection, rimabotulinumtoxinB, 100 units
J0588	Xeomin Injection, incobotulinumtoxinA, 1 unit
C9160*	Daxxify (daxibotulinumtoxinA-lanm) Injection, daxibotulinumtoxina-lanm, 1 unit  <i>*Code Note: Code will be deleted effective 3/31/24 - see J0589</i>
J0589	Daxxify Injection, daxibotulinumtoxina-lanm, 1 unit
<b>Breast Cancer- Antineoplastic Monoclonal Antibodies Targeting HER2/neu</b>	
J9306	Perjeta Injection, pertuzumab, 1 mg
J9316	Phesgo Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9353	Margenza Inj, margetuximab-cmkb, 5 mg
J9354	Kadcyla Inj, ado-trastuzumab emt 1mg
J9358	Enhertu Inj, fam-trastuzumab deruxtecan-nxki, 1 mg
<b>Complement Inhibitors</b>	
C9151	Empaveli (pegcetacoplan) Injection, pegcetacoplan, 1 mg
J1300	Soliris Injection, eculizumab, 10 mg

J1303	Ultomiris Injection, ravulizumab-cwvz, 10 mg
<b>Fertility Regulators - FSH</b>	
S0126	Gonal-F Injection, follitropin alfa, 75 IU
S0128	Follistim AQ Injection, follitropin beta, 75 IU
<b>Gene Therapy for Hemophilia A</b>	
J1412	Roctavian Injection, valoctocogene roxaparvovec-rvox, per mL, containing nominal $2 \times 10^{13}$ vector genomes
<b>Gonadotropin-Releasing Hormone Agonists</b>	
J1950	Lupron Depot Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1951	Fensolvi Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg
J1952	Camcevi Leuprolide injectable, camcevi, 1 mg
J3316	Triptodur Injection, triptorelin, extended-release, 3.75 mg
J9226	Supprelin LA Histrelin implant (supprelin la), 50 mg
<b>Hematologic, Erythropoiesis-Stimulating Agents (ESA)</b>	
J0881	Aranesp Injection, darbepoetin alfa, 1 mcg (for non-ESRD use)
J0882	Aranesp Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885	Epogen Injection, epoetin alfa, (for non-ESRD use), 1000 units
Q4081	Epogen Injection, epoetin alfa, 100 units (for ESRD on dialysis)

J0885	Procrit Injection, epoetin alfa, (for non-ESRD use), 1000 units
Q4081	Procrit Injection, epoetin alfa, 100 units (for ESRD on dialysis)
J0887	Mircera Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)
J0888	Mircera Injection, epoetin beta, 1 microgram, (for non-ESRD use)
Q5105	Retacrit Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Q5106	Retacrit Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units
<b>Hematological Agents, Other - Aminolevulinate Synthase 1-Directed Small Interfering Ribonucleic Acid (siRNA)</b>	
J0223	Givlaari Injection, givosiran, 0.5 mg
<b>Hemophilia - Factor IX</b>	
J7195	BeneFIX Injection, factor ix (antihemophilic factor, recombinant) per IU, not otherwise specified
J7195	Ixinity Injection, factor ix (antihemophilic factor, recombinant) per IU, not otherwise specified
J7200	Rixubis Injection, factor ix, (antihemophilic factor, recombinant), Rixubis, per IU
J7201	Alprolix Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
J7202	Idelvion Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
J7203	Rebinyn Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU
J7213	Ixinity Injection, coagulation factor IX (recombinant), Ixinity, 1 IU

<b>Hemophilia - Factor VIII</b>	
J7182	Novoeight Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
J7185	Xyntha Injection, factor viii (antihemophilic factor, recombinant) (Xyntha), per IU
J7192	Advate Factor viii (antihemophilic factor, recombinant) per IU, not otherwise specified
J7192	Kogenate FS; Kogenate FS Bio-Set Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7192	Recombinate Factor viii (antihemophilic factor, recombinant) per IU, not otherwise specified
J7204	Esperoct Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU
J7205	Eloctate Injection, Factor VIII Fc fusion protein (recombinant), per IU
J7207	Adynovate Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU
J7208	Jivi Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU
J7209	Nuwiq Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
J7210	Afstyla Injection, factor viii, (antihemophilic factor, recombinant), (Afstyla), 1 IU
J7211	Kovaltry Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
J7214	Altuviiiio Injection, factor viii/von willebrand factor complex, recombinant (altuviiiio), per factor viii i.u.
<b>Hematologic, Neutropenia Colony Stimulating Factors, Long-Acting</b>	
J1449	Rolvedon Injection, eflapegrastim-xnst, 0.1 mg

J2506	Neulasta Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Q5108	Fulphila Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg
Q5111	Udenyca Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Q5120	Ziextenzo Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo), 0.5 mg
Q5122	Nyvepria Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg
Q5130	Fylnetra Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg
Q5127	Stimufend Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg
C9399	Ryzneuta (efbemalenograstim alfa) Unclassified drugs or biologicals
J3490	Ryzneuta (efbemalenograstim alfa) Unclassified drugs
J3590	Ryzneuta (efbemalenograstim alfa) Unclassified biologics
J9999	Ryzneuta (efbemalenograstim alfa) Not otherwise classified, antineoplastic drugs
<b>Hematologic, Neutropenia Colony Stimulating Factors, Short-Acting</b>	
J1442	Neupogen Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram
J1447	Granix Injection, tbo-filgrastim, 1 microgram
J2820	Leukine Injection, sargramostim (GM-CSF), 50 mcg
Q5101	Zarxio Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg
Q5110	Nivestym



	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg
Q5125	Releuko Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg
<b>Hereditary Angioedema</b>	
J0596	Ruconest Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units
J0597	Berinerter Injection, C-1 esterase inhibitor (human), Berinerter, 10 units
<b>Immunotherapies for Reactive and Obstructive Airway Diseases</b>	
J0517	Fasenra Injection, benralizumab, 1 mg
J2182	Nucala Injection, mepolizumab, 1 mg
J2356	Tezspire Injection, tezepelumab-ekko, 1 mg
J2357	Xolair Injection, omalizumab, 5 mg
J2786	Cinqair Injection, reslizumab, 1 mg
C9399	Dupixent (dupilumab) Unclassified drugs or biologicals
J3590	Dupixent (dupilumab) Unclassified biologics
<b>Immune globulin IV (IVIG)</b>	
J1459	Privigen Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1551	Cutaquig Injection, immune globulin (cutaquig), 100 mg
J1554	Asceniv Injection, immune globulin (asceniv), 500 mg

J1556	Bivigam Injection, immune globulin (bivigam), 500 mg
J1557	Gammaflex Injection, immune globulin, (gammaflex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1561	Gammaked Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
J1561	Gamunex-C Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
J1566	Gammagard S/D Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1568	Octagam Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	Gammagard Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
J1572	Flebogamma; Flebogamma DIF Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1576	Panzyga Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
<b>Injectable Iron Supplements</b>	
J1437	Monoferric Injection, ferric derisomaltose, 10 mg
J1439	Injectafer Injection, ferric carboxymaltose, 1 mg
J1750	Infed Injection, iron dextran, 50 mg
J1756	Venofer Injection, iron sucrose, 1 mg

J2916	Ferrlecit Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
Q0138	Feraheme Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)
Q0139	Feraheme Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)
<b>Long- Acting Reversible Contraceptives</b>	
J7296	Kyleena Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
J7297	Liletta Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
J7298	Mirena Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
J7301	Skyla Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7307	Nexplanon Etonogestrel (contraceptive) implant system, including implant and supplies
<b>Lysosomal Storage Disorders - Gaucher Disease</b>	
J1786	Cerezyme Injection, imiglucerase, 10 units
J3060	Elelyso Injection, taliglucerase alfa, 10 units
J3385	VPRIV Injection, velaglucerase alfa, 100 units
<b>Multiple Myeloma - Small Molecule Antineoplastic Proteasome Inhibitors</b>	
J8999	Ninlaro (Ixazomib) Prescription drug, oral, chemotherapeutic, nos
J9041	Velcade Injection, bortezomib, 0.1 mg

J9047	Kyprolis Injection, carfilzomib, 1 mg
<b>Multiple Sclerosis (Infused)</b>	
J0202	Lemtrada Injection, alemtuzumab, 1 mg
J2323	Tysabri Injection, natalizumab, 1 mg
J2350	Ocrevus Injection, ocrelizumab, 1 mg
J2329	Briumvi (ublituximab) Injection, ublituximab-xiiy, 1 mg
<b>Neonatal Fc Receptor Antagonist</b>	
J9332	Vyvgart Injection, efgartigimod alfa-fcab, 2mg
J9334	Vyvgart Hytrulo Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J9333	Rystiggo (rozanolixizumab-noli) Injection, rozanolixizumab-noli, 1 mg
<b>Osteoarthritis, Viscosupplements Single Injection</b>	
J7318	Durolane Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7325	Synvisc-One Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Gel-One Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Monovisc Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
<b>Osteoarthritis, Viscosupplements Multi Injection</b>	
J7320	Genvisc 850 Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg

J7321	Hyalgan Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7321	Supartz FX Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7321	Visco-3 Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7322	Hymovis Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7323	Euflexxa Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Orthovisc Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Synvisc-One Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7328	Gelsyn-3 Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
J7329	Trivisc Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
J7332	Triluron Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
<b>Primary Hyperoxaluria Type 1 (PH1) Agents</b>	
J0224	Oxlumo Injection, lumasiran, 0.5 mg
<b>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents</b>	
J9217	Eligard Leuprolide acetate (for depot suspension), 7.5 mg
J9217	Lupron Depot Leuprolide acetate (for depot suspension), 7.5 mg
J1950	Lupron Depot

	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J3315	Trelstar Injection, triptorelin pamoate, 3.75 mg
J9202	Zoladex Goserelin acetate implant, per 3.6 mg
<b>Prostate Cancer- Luteinizing Hormone Releasing Hormone (LHRH) Antagonist Agents</b>	
J9155	Firmagon Injection, degarelix, 1 mg
<b>Pulmonary Hypertension (PAH) Agents, Prostacyclin Analogs/Receptor Agonists for PAH</b>	
J3285	Injection, treprostinil, 1 mg
J3285	Remodulin Injection, treprostinil, 1 mg
<b>Vascular Endothelial Growth Factor (VEGF) Inhibitor Ophthalmic Agents (i.e., Retinal Disorders Agents)</b>	
C9161	Eylea HD Injection, aflibercept hd, 1 mg
C9257	Avastin Injection, bevacizumab, 0.25 mg
J0178	Eylea Injection, aflibercept, 1 mg
J0179	Beovu Injection, brolucizumab-dbll, 1 mg
J2777	Vabysmo Injection, faricimab-svoa, 0.1 mg
J2778	Lucentis Injection, ranibizumab, 0.1 mg
J2779	Susvimo Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
J9035	Avastin Injection, bevacizumab, 10 mg

Q5124	Byooviz Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Q5128	Cimerli Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
<b>Rituximab Products</b>	
J9311	Rituxan Hycela (rituximab/hyaluronidase human) Injection, rituximab 10 mg and hyaluronidase
J9312	Rituxan (rituximab) Injection, rituximab, 10 mg
Q5115	Truxima (rituximab-abbs) Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5119	Ruxience (rituximab-pvvr) Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg
Q5123	Riabni (rituximab-arrx) Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg
<b>Somatostatin Analogs</b>	
J1930	Somatuline Depot Injection, lanreotide, 1 mg
J1932	Cipla 505(b)(2) Injection, lanreotide, (Cipla), 1 mg
J2353	SandoSTATIN LAR Depot Injection, octreotide, depot form for intramuscular injection, 1 mg
J2502	Signifor LAR Injection, pasireotide long acting, 1 mg
J3590	Somavert Unclassified biologics
<b>Spinal Muscular Atrophy</b>	
J3399	Zolgensma Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 vector geomes
<b>Systemic Lupus Erythematosus (SLE) Agents</b>	

J0490	Benlysta IV (belimumab) Injection, belimumab, 10 mg
J0491	Saphnelo (anifrolumab-fnia) Injection, anifrolumab-fnia, 1 mg
<b>Trastuzumab</b>	
J9355	Herceptin Injection, trastuzumab, excludes biosimilar, 10 mg
J9356	Herceptin Hylecta Injection, trastuzumab, 10 mg and hyaluronidase-oysk
Q5112	Ontruzant Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Herzuma Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Ogivri Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5116	Trazimera Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Q5117	Kanjinti Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg

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