

Oscar Clinical Guideline: (Commercial) Preferred Physician-Administered Specialty Drugs (CG052, Ver. 11)

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 will be subject to **CVS 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 the preferred drug(s); **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

Drug Class	Preferred Medications	Non-Preferred Medications subject to CVS Exceptions Criteria
Acromegaly	<ul style="list-style-type: none"> ❖ Sandostatin LAR Depot (octreotide acetate) ❖ Somatuline Depot (lanreotide) 	<ul style="list-style-type: none"> ❖ Signifor LAR (pasireotide) ❖ Somavert (pegvisomant)
Alpha-1 Antitrypsin Deficiency	<ul style="list-style-type: none"> ❖ Prolastin-C (alpha1-proteinase inhibitor [human]) 	<ul style="list-style-type: none"> ❖ Aralast (alpha1-proteinase inhibitor [human]) ❖ Glassia (alpha1-proteinase inhibitor [human]) ❖ Zemaira (alpha1-proteinase inhibitor [human])
Autoimmune	<ul style="list-style-type: none"> ❖ Entyvio (vedolizumab) ❖ Ilumya (tildrakizumab-asmn) ❖ Inflectra (infliximab-dyyb) ❖ Simponi Aria (golimumab) ❖ Stelara (ustekinumab) 	<ul style="list-style-type: none"> ❖ Actemra (tocilizumab) ❖ Avsola (infliximab-axxq) ❖ Cimzia (certolizumab pegol) ❖ Infliximab ❖ Orencia (abatacept) ❖ Remicade (infliximab) ❖ Renflexis (infliximab-abda)
Botulinum Toxins	<ul style="list-style-type: none"> ❖ Botox (onabotulinumtoxinA) ❖ Dysport (abobotulinumtoxinA) ❖ Xeomin (incobotulinumtoxinA) 	<ul style="list-style-type: none"> ❖ Myobloc (rimabotulinumtoxinB)
Fertility Regulators - FSH	<ul style="list-style-type: none"> ❖ Gonal-F (follitropin alfa) 	<ul style="list-style-type: none"> ❖ Follistim AQ (follitropin beta)
Hematologic, Erythropoiesis-Stimulating Agents (ESA)	<ul style="list-style-type: none"> ❖ Aranesp (darbepoetin alfa) ❖ Procrit (epoetin alfa) ❖ Retacrit (epoetin alfa-epbx) 	<ul style="list-style-type: none"> ❖ Epogen (epoetin alfa) ❖ Mircera (methoxy polyethylene glycol-epoetin beta)

<p>Hematologic, Neutropenia Colony Stimulating Factors, Long-Acting</p>	<ul style="list-style-type: none"> ❖ Neulasta (pegfilgrastim) ❖ Ziextenzo (pegfilgrastim-bmez) 	<ul style="list-style-type: none"> ❖ Fulphila (pegfilgrastim-jmdb) ❖ Fylnetra (pegfilgrastim-pbbk) injection ❖ Nyvepria (pegfilgrastim-apgf) ❖ Udenyca (pegfilgrastim-cbqv)
<p>Hematologic, Neutropenia Colony Stimulating Factors, Short-Acting</p>	<ul style="list-style-type: none"> ❖ Zarxio (filgrastim-sndz) 	<ul style="list-style-type: none"> ❖ Granix (tbo-filgrastim) Injection ❖ Leukine (sargramostim) ❖ Neupogen (filgrastim) ❖ Nivestym (filgrastim-aafi) ❖ Releuko (filgrastim-ayow)
<p>Hemophilia - Factor IX</p>	<ul style="list-style-type: none"> ❖ Alprolix (Coagulation Factor IX (Recombinant), Fc Fusion Protein) ❖ Idelvion [Coagulation Factor IX (Recombinant), Albumin Fusion Protein (rIX-FP)] ❖ Rebinyn (Coagulation Factor IX (Recombinant), GlycoPEGylated) 	<ul style="list-style-type: none"> ❖ BeneFIX® [coagulation factor IX (recombinant)] ❖ Ixinity [coagulation factor IX (recombinant)] ❖ Rixubis[Coagulation Factor IX (Recombinant)]
<p>Hemophilia - Factor VIII</p>	<ul style="list-style-type: none"> ❖ Advate [antihemophilic factor (recombinant)] ❖ Adynovate (antihemophilic factor (recombinant), PEGylated) ❖ Afstyla, Antihemophilic Factor (Recombinant) ❖ Eloctate (antihemophilic factor (recombinant), Fc fusion protein) ❖ Jivi (antihemophilic factor (recombinant), PEGylated-aucl) ❖ Kogenate FS (antihemophilic factor (recombinant)) ❖ Kovaltry (antihemophilic Factor (Recombinant)) ❖ Novoeight (antihemophilic factor (recombinant), glycopegylated-exei) ❖ Nuwiq (Antihemophilic 	<ul style="list-style-type: none"> ❖ Esperoct [antihemophilic factor (recombinant), glycopegylated-exei] ❖ Helixate FS (Antihemophilic Factor (Recombinant)) ❖ Recombinate [Antihemophilic Factor (Recombinant)]

	<ul style="list-style-type: none"> ❖ Factor (Recombinant) ❖ Xyntha (antihemophilic factor [recombinant]) 	
Hereditary Angioedema	<ul style="list-style-type: none"> ❖ Ruconest (C1 esterase inhibitor [recombinant]) for Intravenous Injection 	<ul style="list-style-type: none"> ❖ Berinert (C1 Esterase Inhibitor, Human)
Hereditary Transthyretin Amyloidosis	<ul style="list-style-type: none"> ❖ Onpattro (patisiran) 	<ul style="list-style-type: none"> ❖ Tegsedi (inotersen)
Long-Acting Reversible Contraceptives	<ul style="list-style-type: none"> ❖ Kyleena (levonorgestrel) ❖ Mirena (levonorgestrel) ❖ Skyla (levonorgestrel) 	<ul style="list-style-type: none"> ❖ Liletta (levonorgestrel) ❖ Nexplanon (etonogestrel)
Lysosomal Storage Disorders - Gaucher Disease	<ul style="list-style-type: none"> ❖ Elelyso (taliglucerase alfa) 	<ul style="list-style-type: none"> ❖ Cerezyme (Imiglucerase) ❖ VPRIV (velaglucerase alfa for injection)
Multiple Sclerosis (Infused)	<ul style="list-style-type: none"> ❖ Ocrevus (ocrelizumab) ❖ Tysabri (natalizumab) 	<ul style="list-style-type: none"> ❖ Lemtrada (alemtuzumab)
Osteoarthritis, Viscosupplements (Single Injection)	<ul style="list-style-type: none"> ❖ Monovisc (high molecular weight hyaluronan) 	<ul style="list-style-type: none"> ❖ Durolane (hyaluronic acid) ❖ Gel-One (cross-linked hyaluronate) ❖ Synvisc-One (hylan G-F 20)
Osteoarthritis, Viscosupplements (Multi Injection)	<ul style="list-style-type: none"> ❖ Euflexxa (1% sodium hyaluronate) ❖ Orthovisc (high molecular weight hyaluronan) 	<ul style="list-style-type: none"> ❖ Gelsyn-3 (sodium hyaluronate 0.84%) ❖ GenVisc 850 (sodium hyaluronate) ❖ Hyalgan (sodium hyaluronate) ❖ Hymovis (high molecular weight viscoelastic hyaluronan) ❖ Supartz FX (sodium hyaluronate) ❖ Synvisc (hylan G-F 20) ❖ Trivisc (sodium hyaluronate) ❖ Visco-3 (sodium hyaluronate)
Paroxysmal Nocturnal Hemoglobinuria (PNH)	<ul style="list-style-type: none"> ❖ Soliris (eculizumab) ❖ Ultomiris (ravulizumab-cwvz) 	<ul style="list-style-type: none"> ❖ Empaveli (pegcetacoplan)
Retinal Disorders Agents	<ul style="list-style-type: none"> ❖ Avastin (bevacizumab) 	<ul style="list-style-type: none"> ❖ Byooviz (ranibizumab-nuna) ❖ Eylea (aflibercept)

		❖ Lucentis (ranibizumab)
Rituximab Products	❖ Truxima (rituximab-abbs)	❖ Riabni (rituximab-arrx) ❖ Rituxan (rituximab) ❖ Rituxan Hycela (rituximab/hyaluronidase human) ❖ Ruxience (rituximab-pvvr)
Severe Asthma	❖ Dupixent (dupilumab) ❖ Fasenra (benralizumab) ❖ Nucala (mepolizumab) ❖ Tezspire (tezepelumab-ekko) ❖ Xolair (omalizumab)	❖ Cinqair (reslizumab)
Spinal Muscular Atrophy	❖ Zolgensma (onasemnogene abeparvovec-xioi)	
Antineoplastic Monoclonal Antibodies Targeting HER2/neu	❖ Kanjinti (trastuzumab-anns) ❖ Ogivri (trastuzumab-dkst)	❖ Herceptin (trastuzumab) ❖ Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) ❖ Herzuma (trastuzumab-pkrb) ❖ Ontruzant (trastuzumab-dttb) ❖ Trazimera (trastuzumab-qyyp)

Applicable Billing Codes

Acromegaly	
J1930	Somatuline Depot Injection, lanreotide, 1 mg
J2353	SandoSTATIN LAR Depot Injection, octreotide, depot form for intramuscular injection, 1 mg
J2502	Signifor LAR Injection, pasireotide long acting, 1 mg
J3490 J3590	Somavert Unclassified drugs Unclassified biologics
Alpha-1 Antitrypsin Deficiency	
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
Autoimmune	
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
J3245	Ilumya Injection, tildrakizumab, 1 mg
J3262	Actemra Injection, tocilizumab, 1 mg
J3357	Stelara Ustekinumab, for subcutaneous injection, 1 mg
J3358	Stelara 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

Botulinum Toxins	
J0585	Botox Injection, onabotulinumtoxinA, 1 unit
J0586	Dysport Injection, abobotulinumtoxinA, 5 units
J0587	Myobloc Injection, rimabotulinumtoxinB, 100 units
J0588	Xeomin Injection, incobotulinumtoxinA, 1 unit
Fertility Regulators - FSH	
S0126	Gonal-F Injection, follitropin alfa, 75 IU
S0128	Follistim AQ Injection, follitropin beta, 75 IU
Hematologic, Erythropoiesis-Stimulating Agents (ESA)	
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
Hemophilia - Factor IX	
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
Hemophilia - Factor VIII	
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	Helixate FS 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
Hematologic, Neutropenia Colony Stimulating Factors, Long-Acting	
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
C9399 J3590	Fylnetra (pegfilgrastim-pbbk) Unclassified biologicals or drugs Unclassified biologics
Hematologic, Neutropenia Colony Stimulating Factors, Short-Acting	
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
Hereditary Angioedema	
J0596	Ruconest Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units
J0597	Berinerter Injection, C-1 esterase inhibitor (human), Berinerter, 10 units
Hereditary Transthyretin Amyloidosis	
J0222	Onpattro Injection, patisiran, 0.1 mg
C9399	Tegsedi Unclassified drugs or biologicals
J3490	Tegsedi Unclassified drugs
Long- Acting Reversible Contraceptives	
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

Lysosomal Storage Disorders - Gaucher Disease	
J1786	Cerezyme Injection, imiglucerase, 10 units
J3060	Elelyso Injection, taliglucerase alfa, 10 units
J3385	VPRIV Injection, velaglucerase alfa, 100 units
Multiple Sclerosis (Infused)	
J0202	Lemtrada Injection, alemtuzumab, 1 mg
J2323	Tysabri Injection, natalizumab, 1 mg
J2350	Ocrevus Injection, ocrelizumab, 1 mg
Osteoarthritis, Viscosupplements Single Injection	
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
Osteoarthritis, Viscosupplements Multi Injection	
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
Paroxysmal Nocturnal Hemoglobinuria (PNH)	
C9399	Empaveli Unclassified drugs or biologicals
J7799	Empaveli Noc drugs, other than inhalation drugs, administered through dme
J1300	Soliris Injection, eculizumab, 10 mg
J1303	Ultomiris Injection, ravulizumab-cwvz, 10 mg
Retinal Disorders Agents	
C9257	Avastin Injection, bevacizumab, 0.25 mg
J0178	Eylea Injection, aflibercept, 1 mg
J2778	Lucentis Injection, ranibizumab, 0.1 mg
J9035	Avastin

	Injection, bevacizumab, 10 mg
Q5124	Byooviz Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Rituximab Products	
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
Severe Asthma	
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
J3490	Dupixent Unclassified drugs
J3590	Dupixent Unclassified biologics
Spinal Muscular Atrophy	
J3399	Zolgensma

	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 vector genomes
Trastuzumab	
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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