

Physician Administered Preferred Drugs for Vativis

Vativis is committed to providing our employers and members with access to high-quality health care. To ensure high quality care, Vativis utilizes a Medical Pharmacy Management Program to identify utilization management opportunities for Physician-Administered-Drugs billed on a medical claim.

Physician Administered Drugs through Vativis’ Medical Pharmacy Program include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (i.e. HCPCS). These providers include, but are not limited to, physician offices, clinics, and hospitals.

Vativis’ Medical Pharmacy Management program includes preferred drugs on the medical benefit. The use of preferred products is a recognized utilization management tool that helps achieve the goal of lower drug prices while maintaining access to covered services and drugs. The Physician Administered Preferred Drugs Program promotes the use of cost-effective drugs when medically appropriate. Coverage for preferred products is applicable to Food and Drug Administration (FDA) labeled indications.

Vativis’ commercial products have preferred drugs for the following categories:

Category	Preferred		Non-Preferred	
	Drug Name	HCPCS	Drug Name	HCPCS
ACTH	Acthar	J0801		
	Injection, corticotropin	J0802		
Acute Hepatic Porphyria (AHP)	Givlaari	J0223		
	Panhematin	J1640		
Alpha 1-Proteinase Inhibitors			Aralast NP	J0256
	Glassia	J0257		
			Prolastin/Prolastin-C	J0256
	Zemaira	J0256		
		Aralast NP	J0256	
Anti-psychotics, Long-Acting Injectable	Rykindo	J2801		
	Erzofri	J2428		
	Uzedy	J2799		
Beta Thalassemia	Zynteglo	J3393		
Bevacizumab	Mvasi	Q5107		
	Zirabev	Q5118		
			Avastin	J9035
			Alymsys	Q5126
			Vegzelma	Q5129
Botulinum Toxin	Dysport	J0586		
	Xeomin	J0588		

	Botox	J0585			
	Daxxify	J0589			
	Myobloc	J0587			
DEB	Vyjuvek	J3401			
	Zevaskyn	J3590			
Denosumabs			Prolia	J0897	
			Xgeva	J0897	
			Wyost	Q5136	
			Jubbonti	Q5136	
		Stoboclo	J3590		
		Osenvelt	J3590		
				Conexence	J3590
			Bomynta	J3590	
DMD	Elevidys	J1413			
Enzyme Replacement 1	Cerezyme	J1786			
	Elelyso	J3060			
	Vpriv	J3385			
Enzyme Replacement 2	Elfabrio	J2508			
	Fabrazyme	J0180			
ESA	Aranesp	J0881			
	Aranesp	J0882			
	Epogen	J0885			
	Epogen	Q4081			
	Procrit	J0885			
	Procrit	Q4081			
	Retacrit	Q5105			
	Retacrit	Q5106			
Bladder Cancer (NMIBC)	Adstiladrin	J9029			
	Anktiva	J9028			
GNRH	Camcevi	J1952			
	Eligard	J9217			
	Fensolvi	J1951			
	Firmagon	J9155			
	Lupron	J1950			
	Lupron Depot	J9217			
	Lupron Depot-Ped	J1950			
	Supprelin LA	J9226			
	Trelstar	J3315			

	Triptodur	J3316		
	Zoladex	J9202		
hATTR	Amvuttra	J0225		
	Onpattro	J0222		
Hemophilia A	Advate	J7192		
	Adynovate	J7207		
	Afstyla	J7210		
	Altuviiio	J7214		
	Eloctate	J7205		
	Esperoct	J7204		
	Hemlibra	J7170		
	Hemofil M	J7190		
	Humate-P	J7187		
	Jivi	J7208		
	Koate	J7190		
	Kogenate	J7192		
	Kovaltry	J7211		
	Novoeight	J7182		
	Nuwiq	J7209		
	Obizur	J7188		
	Rebinyn	J7203		
	Recombinate	J7192		
	Roctavian	J1412		
	Wilate	J7183		
	Xyntha	J7185		
Hemophilia B	Alphanate	J7186		
	Alprolix	J7201		
	Benefix	J7195		
	Beqvez	J3590		
	Hemgenix	J1411		
	Idelvion	J7202		
	Ixinity	J7213		
Hyaluronic Acid Derivatives (HAD)	Monovisc	J7327	Euflexxa	J7323
	OrthoVisc	J7324	Durolane	J7318
	Synvisc	J7325	Gel-One	J7326
	Synvisc One	J7325	Gelsyn-3	J7328
			GenVisc 850	J7320
			Hyalgan	J7321

			Hymovis	J7322	
			Supartz FX	J7321	
			SynoJoynt	J7331	
			Triluron	J7332	
			TriVisc	J7329	
			Visco-3	J7321	
Immune Globulin	Alyglo	J1552			
	Asceniv	J1554			
	Bivigam	J1556			
	Cutaquig	J1599			
	Cuvitru	J1555			
	Flebogamma	J1572			
	Gamastan	J1460			
	Gamastan	J1560			
	Gammagard	J1569			
	Gammagard S/D	J1566			
	Gammaked	J1561			
	Gammaplex	J1557			
	Gamunex-C	J1561			
	Hizentra	J1559			
	Hyqvia	J1575			
	Octagam	J1568			
	Panzyga	J1576			
	Privigen	J1459			
	Xembify	J1558			
	Inflammatory Conditions	Actemra IV & SC	J3262		
Avtozma IV		Q5156			
Cimzia		J0717			
Cosentyx IV		J3247			
Enbrel		J1438			
Entyvio		J3380			
Ilumya		J3245			
Imuldosa IV		J5098			
Imuldosa SC		J5098			
Omvoh		J2267			
Orencia		J0129			
				Otulfli IV & SQ	Q9999
				Pyzchiva IV & SQ	Q9997

			Selarsdi IV	Q9998
			Selarsdi SC	Q9998
	Simponi Aria	J1602		
	Skyrizi	J2327		
			Stelara IV	J3358
			Stelara SC	J3357
	Steqeyma IV	Q5099		
	Steqeyma SC	Q5099		
	Tofidence	Q5133		
	Tremfya	J1628		
			Tyenne	J3590
			Wezlana IV	Q5138
			Wezlana SC	Q5137
			Yesintek IV & SC	J3590
Infliximab	Avsola	Q5121		
			Infectra	Q5103
			infliximab	J1745
			Remicade	J1745
	Renflexis	Q5104		
			Zymfentra	J1748
IUD	Kyleena	J7296		
	Liletta	J7297		
	Mirena	J7298		
	Skyla	J7301		
IV Iron	Feraheme	Q0138		
	Ferrlecit	J2916		
	Ferumoxytol	Q0138		
	Infed	J1750		
	Injectafer	J1439		
	Monoferic	J1437		
	Venofer	J1756		
Keratolytic	Ycanth	J7354		
LA - Colony Stimulating Factors	Neulasta	J2506		
	Nyvepria	Q5122		
	Udenyca	Q5111		
	Fulphila	Q5108		
	Fylnetra	Q5130		
	Rolvedon	J1449		

	Ryzneuta	J3304		
	Stimufend	Q5127		
	Ziextenzo	Q5120		
Multiple Sclerosis	Briumvi	J2329		
	Lemtrada	J0202		
	Ocrevus	J2350		
	Ocrevus Zunovo	J2351		
	Tyruko	Q5134		
	Tysabri	J2323		
Myasthenia Gravis	Epysqli	Q5151		
			Bkemv	J1299
			Soliris	J1300
	Rystiggo	J9333		
	Ultomiris	J1303		
	Uplizna	J1823		
	Vyvgart	J9332		
	Vyvgart Hytrulo	J9334		
Oncology HER2	Phesgo	J9316		
Nasopharyngeal Carcinoma (NPC)	Loqtorzi	J3263		
			Keytruda	J9271
			Opdivo	J9299
PH1	Oxlumo	J0224		
	Rivfloza	J3590		
Rituximab	Riabni	Q5123	Rituxan	J9312
	Ruxience	Q5119	Rituxan Hycela	J9311
	Truxima	Q5115		
SA - Colony Stimulating Factors	Neupogen	J1442		
	Nivestym	Q5110		
	Granix	J1447		
	Releuko	Q5125		
	Zarxio	Q5101		
Sickle Cell Anemia	Lyfgenia	J3394		
	Casgevy	J3590		
SMA	Spinraza	J2326		
	Zolgensma	J3399		
Somatostatin Analogs	Lanreotide Acetate	J1932		
	SandoSTATIN LAR Depot	J2353		
	Somatuline Depot	J1930		

Specialty Asthma	Cinqair	J2786		
	Fasenra	J0517		
	Nucala	J2182		
	Tezspire	J2356		
	Xolair	J2357		
Substance Use Disorder	Brixadi	J0577		
	Sublocade	Q9992		
Trastuzumab	Kanjinti	Q5117	Herceptin	J9355
	Ogivri	Q5114	Herceptin Hylecta	J9356
	Ontruzant	Q5112	Hercessi	J3590
			Herzuma	Q5113
			Trazimera	Q5116
VEGF	Beovu	J0179		
	Byooviz	Q5124		
	Cimerli	Q5128		
	Eylea	J0178		
	Eylea HD	J0177		
	Lucentis	J2778		
	Susvimo	J2779		
	Vabysmo	J2777		
	Pavblu	Q5147		

For a request for a non-preferred drug to be approved, the individual must have had an adequate therapeutic trial and experienced a documented drug therapy failure or intolerance to the preferred products. Adequate therapeutic trial is typically defined as six months from the first dose of therapy at FDA or compendia based therapeutic doses of preferred product. However, the trial period may vary based on therapeutic class and deviations are noted in the above chart. New therapy is defined as no previous utilization within the last 365 calendar days. These preferred products apply to professional providers and facility claims for all Vativis commercial markets. Preferred products are subject to change based on new product launches, product approvals, drug withdrawals and other market changes.

In addition to the above criteria, product specific dosage and/or frequency limits may apply in accordance with the U.S. Food and Drug Administration (FDA)-approved product prescribing information, national compendia, Centers for Medicare and Medicaid Services (CMS) and other peer reviewed resources or evidence-based guidelines. Vativis may deny, in full or in part, reimbursement for utilization that does not fall within the applicable dosage and/or frequency limits.

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Vativis' reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract. Vativis retains the right to review and update its medical policy guidelines at its sole discretion.

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