

Medicaid

Medications that will require PA for Medicaid members 18 and younger through the MEDICAL benefit as of 6/1/2021

J0630 CALCITONIN SALMON INJECTION

J0640 LEUCOVORIN INJECTION

J1453 FOSAPREPITANT 1 MG INJECTION

J1626 GRANISETRON HYDROCHLORIDE 100 MCG INJECTION

J1790 DROPERIDOL INJECTION

J2430 PAMIDRONATE DISODIUM PER 30 MG INJECTION

J9250 METHOTREXATE SODIUM INJ 5 MG

J9260 METHOTREXATE SODIUM INJ 50 MG

Q5114 TRASTUZUMAB-DKST INJECTION (Ogivri)***This medication and Q5116 TRASTUZUMAB-QYYP (Trazimera) are the preferred agents.

Medications that will require PA for ALL Medicaid members through the MEDICAL benefit as of 6/1/2021

C9047 CAPLACIZUMAB-YHDP INJECTION

J3490 TRILACICLIB INJECTION

J3590 NAXITAMAB-GQGK INJECTION

J3590 GLUCARPIDASE INJECTION

J8510 BUSULFAN ORAL 2 MG

J8530 CYCLOPHOSPHAMIDE ORAL 25 MG

J8600 MELPHALAN ORAL 2 MG

J8670 ROLAPITANT ORAL 1 MG

J9032 BELINOSTAT INJECTION

Q5101 FILGRASTIM-SNDZ (Zarxio) ***This is the preferred filgrastim and pegfilgrastim agent***

Medications that will NO longer require PA through the MEDICAL benefit as of 6/1/2021

Q0163 DIPHENHYDRAMINE HCL 50MG ORAL

Q0169 PROMETHAZINE HCL 12.5MG ORAL

Q0180 DOLASETRON MESYLATE ORAL