

The VIVA HEALTH Preferred Drug program has been developed to encourage the use of Preferred Products. For all Products (Preferred and Non-Preferred), the patient is required to meet the respective standard *Utilization Review Medical Policy* criteria. This program directs the Provider to try at least one Preferred Product prior to the approval of a Non-Preferred Product.

Drug Name	HCPCS Code	Requirements
Specialty Asthma		
Fasenra	J0517	PA
Nucala	J2182	PA
Xolair	J2357	PA
Erythropoiesis Stimulating Agents		
Retacrit	Q5106	PA
Procrit	J0885	PA
Hyaluronic Acids		
Monovisc	J7327	PA
Orthovisc	J7324	PA
Synvisc	J7325	PA
Synvisc-One	J7325	PA
Long-Acting Colony Stimulating Factor		
Neulasta	J2505	PA
Udenyca	Q5111	PA
Zienxento	Q5120	PA
Rolvedon (eflapegrastim)	J1449	PA
Short-Acting Colony Stimulating Factor		
Zarxio	Q5101	PA
Nivestym	Q5110	PA
Anti-Migraine*		
Aimovig	J3590	PA
Ajovy	J3031	PA
Emgality	J3590	PA
Oncology		
Mvasi	Q5107	PA
Zirabev	Q5118	PA
Ruxience	Q5119	PA
Truxima	Q5115	PA
Kanjinti	Q5117	PA
Trazimera	Q5116	PA
Inflammatory Conditions		
Inflectra	Q5103	PA
Avsola	Q5121	PA
Entyvio	J3380	PA
Simponi Aria	J1602	PA
Stelara	J3357	PA

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Ilumya	J3245	PA
Cimzia	J0717	PA
Adrenocorticotrophic Hormone		
H.P. Acthar	J0800	PA
Gonadotropin-Releasing Hormone Agonist		
Lupron	J9217	PA
Triptodur	J3316	PA
Intrauterine Device – Commercial Only		
Kyleena	J7296	No PA
Mirena	J7298	No PA
Skyla	J7301	No PA
IV Iron		
Ferrlecit	J2916	No PA
INFeD	J1750	No PA
Venofer	J1756	No PA
Botulinum Toxins		
Botox	J0585	PA
Xeomin	J0588	PA
Hemophilia A		
Kogenate	J7192	PA
Kovaltry	J7211	PA
Jivi	J7208	PA
Altuviio	J7205	PA
NMOSD Neuromyelitis Optica Spectrum Disorder		
Solaris	J1300	PA
Ultomiris	J1303	PA
MS		
Ocrevus	J2350	PA
Tysabri	J2323	PA
Briumvi	J2329	PA
PCSK9		
Repatha	J3490	PA
Praluent ^m		

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PH1		
Oxlumo	J0224	PA
Intravenous IVIG		
Asceniv	J1554	PA
Bivigam	J1556	PA
SCIG – SubQ IVIG		
Cutaquig	J1551	PA
Hizentra	J1559	PA
SLE		
Benlysta	J0490	PA
VEGF		
Lucentis	J2278	PA
Byooviz (ranibizumab –nuna)	Q5124	PA
Vabysmo	J2777	PA
Cimerli (ranibizumab-eqrn)	Q5128	PA
hATTR		
Onpattro	J0222	PA
Amvutta	J0225	PA
AHP		
Givlaari	J0223	PA
Enzyme Replacement		
Cerezyme	J1786	PA

**Refer to the pharmacy benefit for a subcutaneous Calcitonin Gene-Related Peptide Inhibitor approved for migraine prophylaxis (e.g., Aimovig, Ajovy, Emgality)*

^mPreferred for Medicare Part D