



coordinated care™

Non-Contracted Drugs

WA.PHAR.126 Non-Contracted Drugs

Effective Date: January 1, 2014

Background:

Per the Apple Health Integrated Managed Care (IMC) and Integrated Foster Care (IFC) Contracts, “Non-Contracted Drugs” are drugs that the Washington State Health Care Authority (HCA) excludes from premium payments described in the Apple Health Family Adult, Apple Health Family Child, Apple Health State Children’s Health Insurance Program (SCHIP), Apple Health Blind Disabled (AHBD), Apple Health Community Options Program Entry System (COPES), Developmental Disability Administration (DDA) and Apple Health Adult Coverage (AHAC) populations when not administered in an inpatient setting.

All requests for authorization or payment for a non-contracted drug must be referred to the Health Care Authority.

Coding:

HCPCS Codes referenced in this policy are for informational purposes only. Inclusion or exclusion of any HCPCS code does not guarantee coverage. Providers should reference the most up-to date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Code	Antivirals: Hepatitis C Agents Non-Contracted Effective 01/01/2015
Unlisted	See NDC list
HCPCS Code	Hematological Agents- Misc: Antihemophilic Products Non-Contracted Effective 01/01/2014
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG
J7175	INJ FACTOR X (HUMAN) 1IU
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG
J7179	VONVENDI INJ 1 IU VWF RCO
J7180	INJECTION FACTOR XIII 1 I.U.
J7181	FACTOR XIII RECOMB A-SUBUNIT
J7182	FACTOR VIII RECOMB NOVOEIGHT
J7183	INJ VWF COMPLEX WILATE 1 I.U. RCO
J7185	INJECTION FACTOR VIII PER IU
J7186	INJ AHF/ VWF CMLPX-FACTOR VIII IU
J7187	INJ VONWILLBRND FCT CMLPX HUMN IU
J7188	INJECTION FACTOR VIII PER I.U.

J7189	FACTOR VIIA 1 MICROGRAM
J7190	FACTOR VIII AHF HUMAN PER IU
J7191	FACTOR VIII AHF PROCINE PER IU
J7192	FACTOR VIII PER IU NOS
J7193	FACTOR IX AHF PURIFIED NON-RECMB-IU
J7194	FACTOR IX COMPLEX PER IU
J7195	FACTOR IX PER IU
J7196	INJ ANTITHROMBIN RECOMB 50 I.U.
J7197	ANTITHROMBIN III PER IU
J7198	ANTI-INHIBITOR PER IU
J7199	HEMOPHILIA CLOTTING FACTOR NOC
J7200	FACTOR IX RECOMBINAN RIXUBIS
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU
J7202	FACTOR IX IDELVION INJ
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU
J7205	INJ FACTOR VIII FC FUSION PER IU
J7207	FACTOR VIII PEGYLATED RECOMB
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU
J7209	FACTOR VIII NUWIQ RECOMB 1IU
J7210	INJ FACTOR VIII AFSTYLA 1 I.U.
J7211	INJ FACTOR VIII KOVALTRY 1 I.U.
J7204	INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU
J7212	FACTOR VIIA JNCW 1 MCG
J7213	INJECTION COAGULATION FACTOR IX IXINITY 1 IU
	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL (ALTUVIIIIO)
J7214	INJECTION FVIII/VWD FAC CMLPX REC PER FVIII IU
HCPCS Code	Endocrine and Metabolic Agents: Metabolic Modifiers- Adenosine Deaminase SCID Treatment Agents- Injectable- elapegademase-lvIr (REVCOVI®) Non-Contracted Effective 07/01/2020
C9399	Unclassified drugs or biologicals
J3590	Unclassified biologics
HCPCS Code	Endocrine And Metabolic Agents: Cortisol Synthesis Inhibitors- Osilodrostat phosphate (ISTURISA®) Non-Contracted Effective 07/01/2021
J8499	Prescription drug, oral, non chemotherapeutic, NOS
HCPCS Code	Endocrine And Metabolic Agents : Molybdenum Cofactor Deficiency (MOCD) Agents- Fosdenopterin hydrobromide (NULIBRY®) Non-Contracted Effective 07/01/2021
J3490	Unclassified drugs
C9399	Unclassified drugs or biologicals
HCPCS Code	Endocrine and Metabolic Agents PKU Agents- pegvaliase-pqz (PALYNZIQ®) Non-Contracted Effective 05/31/2018

C9399	Unclassified drugs or biologicals
J3590	Unclassified biologics
HCPCS Code	Endocrine And Metabolic Agents Tripeptidyl Peptidase 1 Deficiency Agents- cerliponase alfa (BRINEURA®) Non-Contracted Effective 07/01/2018
J0567	INJECTION CERLIPONASE ALFA 1 MG
HCPCS Code	Endocrine and Metabolic Agents X-Linked Hypophosphatemia Agents- Burosumab-twza (CRYSVITA®) Non-Contracted Effective 07/01/2018
J0584	INJECTION BUROSUMAB-TWZA 1 MG
HCPCS Code	Genitourinary Agents - Misc : Hyperoxaluria Agents- lumasiran (OXLUMO®) Non-Contracted Effective 07/01/2021
J0224	INJECTION LUMASIRAN 0.5 MG
HCPCS Code	Hematological Agents- Misc: Aminolevulinic Synthase 1-Directed Sirna- givosiran sodium (GIVLAARI®) Non-Contracted Effective 07/01/2020
J0223	INJECTION GIVOSIRAN 0.5 MG
HCPCS Code	Hematopoietic Agents: Erythroid Maturation Agents- luspatercept-aamt (REBLOZYL®) Non-Contracted Effective 07/01/2020
J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG
HCPCS Code	Hematopoietic Agents: Sickle Cell Anemia- crizanlizumab-tmca (ADAKVEO®) Non-Contracted Effective 07/01/2020
J0791	INJECTION CRIZANLIZUMAB-TMCA 5 MG
HCPCS Code	Immunosuppressive Agents: Monoclonal Antibodies- emapalumab-lzsg (GAMIFANT®) Non-Contracted Effective 07/01/2019
J9210	INJECTION EMAPALUMAB-LZSG 1 MG
HCPCS Code	Immunosuppressive Agents: Monoclonal Antibodies- satralizumab-mwge (ENSPRYNG®) Non-Contracted Effective 01/01/2022
C9399	Unclassified drugs or biologicals
J3590	Unclassified biologics
HCPCS Code	Miscellaneous Therapeutic Classes : Progeria Treatment Agents- Lonafarnib (Zokinvy®) Non-Contracted Effective 07/01/2021
J8499	Prescription drug, oral, non chemotherapeutic, NOS
HCPCS Code	Neuromuscular Agents: Als Agents– Misc- edaravone (RADICAVA®) Non-Contracted Effective 07/01/2018
J1301	INJECTION EDARAVONE 1 MG
HCPCS Code	Edaravone (Radicava ORS®) Non-Contracted Effective 05/19/2022
HCPCS Code	Edaravone (Radicava ORS Starter Kit®) Non-Contracted Effective 05/19/2022
HCPCS Code	Neuromuscular Agents : Muscular Dystrophy Agents- Casimersen (AMONDYS 45™) Non-Contracted Effective 02/25/2021
J1426	INJECTION CASIMERSEN 10 MG
HCPCS Code	Neuromuscular Agents: Muscular Dystrophy Agents- eteplirsen (EXONDYS 51®)

	Non-Contracted Effective 07/01/2018
J1428	INJECTION ETEPLIRSEN 10 MG
HCPCS Code	Neuromuscular Agents: Muscular Dystrophy Agents- golodirsen (Vyondys 53®) Non-Contracted Effective 01/01/2021
J1429	INJECTION GOLODIRSEN 10 MG
HCPCS Code	Neuromuscular Agents Muscular Dystrophy Agents- Viltolarsen (VILTEPSO®) Non-Contracted Effective 08/20/2020
J1427	INJECTION VILTOLARSEN 10 MG
HCPCS Code	Neuromuscular Agents: Spinal Muscular Atrophy- Gene Therapy Agents- onasemnogene abeparvovec-xioi (ZOLGENSMA®) Non-Contracted Effective 01/01/2020
J3399	INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS
HCPCS Code	Neuromuscular Agents: Spinal Muscular Atrophy Agents- antisense oligonucleotides (SPINRAZA®) Non-Contracted Effective 07/01/2018
J2326	INJECTION NUSINERSEN 0.1 MG
HCPCS Code	Neuromuscular Agents: Spinal Muscular Atrophy Agents- risdiplam (EVRYSDI®) Non-Contracted Effective 08/07/2020
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Nutrients: Lipids- triheptanoin (DOJOLVI®) Non-Contracted Effective 07/01/2020
Unlisted	
HCPCS Code	Oncology Agents- Autologous Cellular Immunotherapy (Car-T)- Axicabtagene ciloleucel (YESCARTA®) Non-Contracted Effective 01/01/2020
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD
HCPCS Code	Oncology Agents- Autologous Cellular Immunotherapy (Car-T)- Brexucabtagene autoleucel (TECARTUS®) Non-Contracted Effective 07/01/2021
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C
HCPCS Code	Oncology Agents- Autologous Cellular Immunotherapy (Car-T)- idecabtagene vicleucel (ABECMA®) Non-Contracted Effective 03/29/2021
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR+T LEUKAPH
HCPCS Code	Oncology Agents- Autologous Cellular Immunotherapy (CAR-T)- lisocabtagene maraleucel (BREYANZI®) Non-Contracted Effective 07/01/2021
Q2054	LISOCABTAGENE MARALEUCEL PER THERAPEUTIC DOSE
HCPCS Code	Oncology Agents: Autologous Cellular Immunotherapy (Car-T)- tisagenlecleucel (KYMRIAH®) Non-Contracted Effective 07/01/2018
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD
HCPCS Code	Oncology Agents: Radiopharmaceuticals- lutetium lu 177 dotatate (LUTATHERA®) Non-Contracted Effective 01/01/2020
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI
A9699	SPL RADOPHRM TX IMAG AGT NOC
HCPCS Code	Ophthalmic Agents: Gene Therapy- voretigene neparvovec-rzyl (LUXTURNA®) Non-Contracted Effective 07/01/2018

J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G
HCPCS Code	agalsidase beta (FABRAZYME®) Non-Contracted Effective 01/01/2022
J0180	INJECTION AGALSIDASE BETA 1 MG
HCPCS Code	alglucosidase alfa (LUMIZYME®) Non-Contracted Effective 01/01/2022
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified LUMIZYME INJECTION
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg
HCPCS Code	Endocrine And Metabolic Agents: Hypophosphatasia Agents– Injectable- asfotase alfa (STRENSIQ®) Non-Contracted Effective 01/01/2022
J3490	UNCLASSIFIED DRUGs
C9399	Unclassified drugs or biologicals
J3590	Unclassified biologicals
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- Berotralstat Hcl (ORLADEYO®) Non-Contracted Effective 01/01/2022
J8499	PRESCRIPTION DRUG-ORAL-NON-CHEMOTHERAPEUTIC-NOS
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- c1 esterase inhibitor (human) (BERINERT®) Non-Contracted Effective 01/01/2022
J0597	C-1 ESTERASE, BERINERT
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- c1 esterase inhibitor (human) (CINRYZE®) Non-Contracted Effective 01/01/2022
J0598	C-1 ESTERASE, CINRYZE
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- c1 esterase inhibitor (human) (HAEGARDA®) Non-Contracted Effective 01/01/2022
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- c1 esterase inhibitor (recombinant) (RUCONEST®) Non-Contracted Effective 01/01/2022
J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- icatibant acetate (FIRAZYR®) Hematological Agents: Hereditary Angioedema Agents- icatibant acetate (SAJAZIR) icatibant acetate (icatibant acetate) Non-Contracted Effective 01/01/2022
J1744	ICATIBANT INJECTION
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- ecallantide (KALBITOR®) Non-Contracted Effective 01/01/2022
J1290	ECALLANTIDE INJECTION
HCPCS Code	Hematological Agents: Hereditary Angioedema Agents- lanadelumb-flyo (TAKHZYRO®) Non-Contracted Effective 01/01/2022
J0593	INJECTION LANADELUMAB-FLYO 1 MG
HCPCS Code	Ophthalmic Agents: Nerve Growth Factors- cenergermin-bkbj (OXERVATE®) Non-Contracted Effective 01/01/2022

J3590	Unclassified biologics
HCPCS Code	Endocrine And Metabolic Agents : Urea Cycle Disorder Agents– Oral- citrulline (urea cycle) (CITRULLINE EASY®) Non-Contracted Effective 01/01/2022
Unlisted	
HCPCS Code	Endocrine And Metabolic Agents : Urea Cycle Disorder Agents– Oral- glycerol phenylbutyrate (RAVICTI®) Non-Contracted Effective 01/01/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Endocrine And Metabolic Agents : Urea Cycle Disorder Agents– Oral- sodium phenylbutyrate Non-Contracted Effective 01/01/2022
Unlisted	
HCPCS Code	Endocrine And Metabolic Agents : Urea Cycle Disorder Agents– Oral- sodium phenylbutyrate (BUPHENYL®) Non-Contracted Effective 01/01/2022
Unlisted	
HCPCS Code	Sodium Phenylbutyrate (Pheburane®) Non-Contracted Effective 08/31/2022
HCPCS Code	Sodium Phenylbutyrate (Olpruva™) Non-Contracted Effective 06/16/2023
HCPCS Code	Genitourinary Agents: Cystinosis Agents- cysteamine bitartrate (CYSTAGON®) Genitourinary Agents: Cystinosis Agents- cysteamine bitartrate (PROCYSBI®) Non-Contracted Effective 01/01/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Donislecel (Lantidra™) Non-Contracted Effective: Date to Market
Unlisted	Not FDA Approved
HCPCS Code	Hematological Agents- Misc: Compliment Inhibitors- eculizumab (SOLIRIS®) Non-Contracted Effective: 01/01/2022
J1300	ECULIZUMAB INJECTION
HCPCS Code	Eculizumab (ABP 959) Non-Contracted Effective: Date to Market
HCPCS Code	Hematological Agents- Misc: Compliment Inhibitors- pegcetacoplan (EMPAVELI®) Non-Contracted Effective 01/01/2022
J2781	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG
HCPCS Code	elosulfase alfa (VIMIZIM®) Non-Contracted Effective 01/01/2022
J1322	ELOSULFASE ALFA, INJECTION
HCPCS Code	Evinacumab (EVKEEZA®) Non-Contracted Effective 02/16/2021
J1305	Injection, evinacumab-dgnb, 5mg
HCPCS Code	galsulfase (NAGLAZYME®) Non-Contracted Effective 01/01/2022

J1458	INJECTION, GALSULFASE, 1 MG
HCPCS Code	idursulfase (ELAPRASE®) Non-Contracted Effective 01/01/2022
J1743	IDURSULFASE INJECTION
HCPCS Code	inebilizumab-cdon (UPLIZNA®) Non-Contracted Effective 01/01/2022
J1823	INJECTION INEBILIZUMAB CDON 1 MG
HCPCS Code	interferon gamma-1b (ACTIMMUNE®) Non-Contracted Effective 01/01/2022
J9216	INTERFERON GAMMA 1-B INJ
HCPCS Code	laronidase (ALDURAZYME®) Non-Contracted Effective 01/01/2022
J1931	INJECTION LARONIDASE 0.1 MG
HCPCS Code	metreleptin (MYALEPT®) Non-Contracted Effective 01/01/2022
J3490	Unclassified drugs
HCPCS Code	Endocrine And Metabolic Agents: Hereditary Tyrosinemia Type 1 (Ht-1) Agents– Oral-nitisinone Endocrine And Metabolic Agents: Hereditary Tyrosinemia Type 1 (Ht-1) Agents– Oral-nitisinone (ORFADIN®) Endocrine And Metabolic Agents: Hereditary Tyrosinemia Type 1 (Ht-1) Agents– Oral-nitisinone (NITYR®) Non-Contracted Effective 01/01/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Gastrointestinal Agents: Ileal Bile Acid Transporter Inhibitors- Odevixibat (BYLVAY™) Non-Contracted Effective 07/20/2021
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Gastrointestinal Agents: Ileal Bile Acid Transporter Inhibitors- maralixibat chloride (LIVMARLI®) Non-Contracted Effective 09/30/2021
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	ravlizumab-cwvz (ULTOMIRIS®) Non-Contracted Effective 01/01/2022
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG
HCPCS Code	sebelipase alfa (KANUMA®) Non-Contracted Effective 01/01/2022
J2840	INJ SEBELIPASE ALFA 1 MG
HCPCS Code	Antidementia Agents: aducanumab-avwa (ADUHELM®) Non-Contracted Effective 01/01/2022
J0172	INJECTION, ADUCANUMAB-AVWA 2 MG
HCPCS Code	Avalglucosidase alfa (NEXVIAZYME™) Non-Contracted Effective 01/01/2022
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg (Nexviazyme)
HCPCS Code	teprotumumab-trbw (TEPEZZA®) Non-Contracted Effective 01/01/2022
J3241	INJECTION TEPROTUMUMAB-TRBW 10 MG
HCPCS Code	ATA-129 (tabelecleucel®) Non-Contracted Effective: Date to Market

Unlisted	
HCPCS Code	Vosoritide (Voxzogo®) Non-Contracted Effective 11/25/2021
C9399 J3490	Unclassified drugs or biologicals Unclassified drugs
HCPCS Code	Ciltacabtagene autoleucel (Carvykti®) Non-Contracted Effective 03/01/2022
C9399	Unclassified drugs or biologicals
J9999	Not otherwise classified, antineoplastic drugs
C9098	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedure, per therapeutic dose
HCPCS Code	Elivaldogene Autotemcel (Skysona®) Non-Contracted Effective 09/16/2022
J3490	Unclassified drugs
HCPCS Code	Betibeglogene autotemcel (Zynteglo®) Non-Contracted Effective 08/17/2020
J3490	Unclassified drugs
HCPCS Code	OTL-200 Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Valoctogene roxaparvovec (Roctavian™) Non-Contracted Effective 07/21/2023
Unlisted	
HCPCS Code	Afamelanotide (Scenesse®) Non-Contracted Effective 01/01/2022
J7352	Afamelanotide implant, 1 mg
HCPCS Code	vutrisiran (Amvuttra®) Non-Contracted Effective 07/01/2022
J3490	Unclassified drugs
HCPCS Code	Alpelisib (Vijoice®) Non-Contracted Effective 04/11/2023
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	tauroursodeoxycholic acid/sodium phenylbutyrate (Relyvrio®) Non-Contracted Effective 01/01/2023
Unlisted	
HCPCS Code	cipaglucosidase alfa (ATB200) Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Avacopan (Tavneos®) Non-Contracted Effective 01/01/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Filsuvez® Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Inotersen (Tegsedi®) Non-Contracted Effective 01/01/2022

C9399	Unclassified drugs or biologicals
J3490	Unclassified drugs
HCPCS Code	Levoketoconazole (Recorlev®) Non-Contracted Effective 01/10/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Lutetium Lu 177 vipivotide tetraxetan (Pluvicto®) Non-Contracted Effective 03/23/2022
A9699 A9607	Radiopharmaceutical, therapeutic, not otherwise classified LUTETIUM LU 177 VIPIVOTIDE TETRAKETAN THER 1 MC
HCPCS Code	Migalastat (Galafold®) Non-Contracted Effective 01/01/2022
C9399	Unclassified drugs or biologicals
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Mitapivat sulfate (Pyrukynd®) Mitapivat sulfate (Pyrukynd Taper Pack)Non-Contracted Effective 02/25/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Narsoplimab (OMS721) Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Patisiran (Onpattro®) Non-Contracted Effective 01/01/2022
J0222	Injection, patisiran, 0.1 mg
HCPCS Code	Plasminogen (Ryplazim®) Non-Contracted Effective 01/01/2022
J2998	Injection, plasminogen, human-tvmh, 1 mg
HCPCS Code	Sapropterin Dihydrochloride (Kuvan®) Non-Contracted Effective 01/01/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Sapropterin Dihydrochloride (Javygtor™) Non-Contracted Effective 08/12/2022
HCPCS Code	Sutimlimab (Enjaymo®) Non-Contracted Effective 02/10/2022
C9094	Injection, sutimlimab-jome, 10 mg
HCPCS Code	Pozelimab-BBFG (Veopoz™) Non-Contracted Effective 08/25/2023
HCPCS Code	Tafamidis (Vyndamax®) Non-Contracted Effective 01/01/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Tafamidis meglumine (Vyndaqel®) Non-Contracted Effective 01/01/2022
J8499	Prescription drug, oral, non chemotherapeutic, nos
HCPCS Code	Vestronidase alfa (Mepsevii™) Non-Contracted Effective 01/01/2022
J3397	Injection, vestronidase alfa-vjvk, 1 mg

HCPCS Code	Allergenic processed thymus tissue-agdc (Rethymic®) Non-Contracted Effective 01/01/2022
J3590	Unclassified biologics
HCPCS Code	Pyrimethamine (Daraprim®) Non-Contracted Effective 01/01/2023
Unlisted	
HCPCS Code	Pyrimethamine (Pyrimethamine) Non-Contracted Effective 01/01/2023
Unlisted	
HCPCS Code	Teduglutide (RDNA) (Gattex®) Non-Contracted Effective 01/01/2023
J3490	Unclassified drugs
HCPCS Code	Pegloticase (Krystexxa®) Non-Contracted Effective 01/01/2023
J2507	Pegloticase Injection
HCPCS Code	Eliglustat Tartrate (Cerdelga®) Non-Contracted Effective 01/01/2023
Unlisted	
HCPCS Code	Imiglucerase (Cerezyme®) Non-Contracted Effective 01/01/2023
J1786	Imiglucerase Injection
HCPCS Code	Taliglucerase Alfa (Elelyso®) Non-Contracted Effective 01/01/2023
J3060	Inj, Taliglucerase Alfa 10 U
HCPCS Code	Miglustat (Miglustat) Non-Contracted Effective 01/01/2023
Unlisted	
HCPCS Code	Velaglucerase Alfa (Vpriv®) Non-Contracted Effective 01/01/2023
J3385	Velaglucerase Alfa
HCPCS Code	Miglustat (Zavesca®) Non-Contracted Effective 01/01/2023
Unlisted	
HCPCS Code	Pegzilarginase (AEB1102) Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Etranacogene Dezaparovec (Hemgenix®) Non-Contracted Effective 01/01/2023
J1411	INJ ETRANACOGENE DEZAPARVOVEC-DRLB PER THR DOSE
HCPCS Code	Lecanemab (Leqembi®) Non-Contracted Effective 01/12/2023
J0174	INJECTION,LECANEMAB-IRMB,1 MG
HCPCS Code	Copper Histidinate (CUTX-101) Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Donanemab (Donanemab) Non-Contracted Effective: Date to Market

Unlisted	
HCPCS Code	Olipudase Alfa- RPCP (Xenpozyme®) Non-Contracted Effective 01/01/2023
J0218	INJECTION OLIPUDASE ALFA-RPCP 1 MG
HCPCS Code	Bulevirtide (Myrcludex B) Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Omaveloxolone (Skyclarys®) Non-Contracted Effective 03/17/2023
Unlisted	
HCPCS Code	Teplizumab (Tzield®) Non-Contracted Effective 01/01/2023
J9381	INJECTION TEPLIZUMAB-MZWV, 5 MCG
HCPCS Code	Vamorolone (VBP15) Non-Contracted Effective: Date to Market
Unlisted	
HCPCS Code	Efgartigimod Alfa-FCAB (Vyvgart®) Non-Contracted Effective 01/01/2023
J9332	Inj Efgartigimod Alfa-FCAB 2MG
HCPCS Code	Efgartigimod Alf-Hyaluronidase-QVFC Sol (Vyvgart Hytrulo®) Non-Contracted Effective 06/23/2023
HCPCS Code	Rozanolixizumab-Noli Subcutaneous Soln (Rystiggo®) Non-Contracted Effective 07/07/2023
HCPCS Code	Sipuleucel-T (Provenge®) Non-Contracted Effective 01/01/2023
Q2043	Sipleucel-T Auto CD54+
HCPCS Code	Ibalizumab-UIYK IV Soln (Trogarzo®) Non-Contracted Effective 01/01/2023
J1746	Injection Ibalizumab-UIYK 10 MG
HCPCS Code	Enfuvirtide (Fuzeon®) Non-Contracted Effective 01/01/2023
J1324	Injection, Enfuvirtide, 1 MG
HCPCS Code	Zidovudine IV Soln (Retrovir IV Infusion) Non-Contracted Effective 01/01/2023
J3485	Injection, Zidovudine 10 MG
HCPCS Code	Cabotegravir IM Extended Release Susp (Apretude) Non-Contracted Effective 01/01/2023
J0739	Injection Cabotegravir 1 mg
HCPCS Code	Cabotegravir & Rilpivirine (Cabenuva) Non-Contracted Effective 01/01/2023
J0741	Injection Cabotegravir And Rilpivirine 2MG/3MG
HCPCS Code	Lenacapavir Sodium (Sunlenca®) Non-Contracted Effective 01/01/2023
J1961	INJECTION LENACAPAVIR 1 MG
HCPCS Code	Ganaxolone (Ztalmy®)

	Non-Contracted Effective 07/01/2023
Unlisted	
HCPCS Code	Caplacizumab-Yhdp (Cablivi®) Non-Contracted Effective 07/01/2023
J3590 C9047	Unclassified biologics
HCPCS Code	Beremagene Geperpavec (Vyjuvek™) Non-Contracted Effective 07/01/2023
HCPCS Code	Concizumab (NN7415) Non-Contracted Effective: Date to Market
HCPCS Code	Delandistrogene Moxeparvovec (Elevidys) Non-Contracted Effective 07/07/2023
HCPCS Code	Efanesoctocog Alfa (BIVV001) Non-Contracted Effective: Date to Market
HCPCS Code	Exagamglogene Autotemcel (EXA-CEL) Non-Contracted Effective: Date to Market
HCPCS Code	Leniolisib (Joenja®) Non-Contracted Effective 07/01/2023
HCPCS Code	LifileuceL (LN-144) Non-Contracted Effective: Date to Market
HCPCS Code	Nedosiran (DCR-PHXC) Non-Contracted Effective: Date to Market
HCPCS Code	Palovarotene (Sohonos™) Non-Contracted Effective 09/01/2023
HCPCS Code	Pegunigalsidase Alfa (Elfabrio®) Non-Contracted Effective 07/01/2023
C9399 J3590	Unclassified drugs or biologics (<i>hospital outpatient use</i>) Unclassified biologics
HCPCS Code	Tofersen (Qalsody™) Non-Contracted Effective 07/01/2023
C9517	INJECTION TOFERSEN 1 MG
HCPCS Code	Trofinetide (Daybue™) Non-Contracted Effective 07/01/2023
HCPCS Code	Velmanase Alfa (Lamzede®) Non-Contracted Effective 07/01/2023
J3590	Unclassified biologics
HCPCS Code	Nadofaragene Firadenov-VNCG (Adstiladrin®)

	Non-Contracted Effective 07/21/2023
J9029	INJECTN NADOFARAGENE FIRADNOVC-VNCG PER THR DOSE
HCPCS Code	Eplontersen (AKCEA-TTR-LRX) Non-Contracted Effective: Date to Market
HCPCS Code	Troriluzole (BHV-4157) Non-Contracted Effective: Date to Market
HCPCS Code	Carglumic Acid (Carbaglu®) Non-Contracted Effective: 01/01/2024
HCPCS Code	Carglumic Acid (Carglumic Acid) Non-Contracted Effective: 01/01/2024
HCPCS Code	Sparsentan (Filspari™) Non-Contracted Effective: 01/01/2024
HCPCS Code	Amifampridine Phosphate (Firdapse®) Non-Contracted Effective: 01/01/2024
HCPCS Code	Lovotibeglogene Autotemcel (LOVO-CEL) Non-Contracted Effective: Date to Market
HCPCS Code	Afamitresgene Autoleucel (MAGE-A4 TCR) Non-Contracted Effective: Date to Market
HCPCS Code	Nirogacestat (Nirogacestat) Non-Contracted Effective: Date to Market
HCPCS Code	Debamestrocel (Nurown) Non-Contracted Effective: Date to Market
HCPCS Code	Omidubicel-ONLV (Omisirge®) Non-Contracted Effective: 01/01/2024
HCPCS Code	Zilucoplan (RA101495) Non-Contracted Effective: Date to Market
HCPCS Code	Apadamtase Alfa-Cinaxadamtase Alfa (TAK-755) Non-Contracted Effective: Date to Market
HCPCS Code	Crovalimab (RG6107) Non-Contracted Effective: Date to Market
HCPCS Code	Danicopan (Danicopan) Non-Contracted Effective: Date to Market

HCPCS Code	Fidanacogene Elaparovec (Fidanacogene Elaparovec) Non-Contracted Effective: Date to Market
HCPCS Code	Givinostat (Givinostat) Non-Contracted Effective: Date to Market
HCPCS Code	Iptacopan (Iptacopan) Non-Contracted Effective: Date to Market

National Drug Code (NDC):

*Please note that the NDCs listed may not be an all-inclusive list

Antivirals: Hepatitis C Agents			
Epclusa 61958-2201-01 61958-2203-01 61958-2205-01 61958-2205-02 61958-2204-01 61958-2204-02	Harvoni 61958-1803-01 61958-1801-01 61958-1805-01 61958-1804-01	Ledipasvir/Sofosbuvir 72626-2601-01	Mavyret 00074-2625-28 00074-2625-80 00074-2600-28
Sofosbuvir/Velpatasvir 72626-2701-01	Sovaldi 61958-1503-01 61958-1501-01 61958-1504-01 61958-1505-01	Viekira Pak 00074-3093-28	Vosevi 61958-2401-01
Zepatier 00006-3074-01 00006-3074-02			
Hematological Agents- Misc: Antihemophilic Products			
Advate 00944-3051-02 00944-3052-02 00944-3053-02 00944-3054-02 00944-3045-10 00944-3046-10 00944-3047-10	Adynovate 00944-4622-01 00944-4623-01 00944-4626-01 00944-4626-02 00944-4624-01 00944-4627-01 00944-4627-02 00944-4625-01 00944-4628-01 00944-4628-02	Afstyla 69911-0474-02 69911-0475-02 69911-0476-02 69911-0480-02 69911-0477-02 69911-0481-02 69911-0478-02 69911-0491-01	Alphanate/Von Willebrand Factor Complex/Hum 68516-4611-01 68516-4612-01 68516-4613-02 68516-4608-02 68516-4614-02 68516-4615-02 68516-4605-01 68516-4616-01 68516-4606-01 68516-4617-01

			68516-4607-02 68516-4618-02 68516-4619-02 68516-4610-02 68516-4620-02
Alphanine SD 68516-3607-02 68516-3605-02 68516-3608-02 68516-3609-02 68516-3604-02 68516-3610-02 68516-3611-02 68516-3606-02 68516-3612-02	Alprolix 71104-0966-01 71104-0911-01 71104-0922-01 71104-0933-01 71104-0944-01 71104-0977-01 71104-0952-01 71104-0953-09 71104-0954-09 71104-0955-09 71104-0956-09 71104-0951-09	Benefix 58394-0633-03 58394-0634-03 58394-0635-03 58394-0636-03 58394-0637-03	Coagadex 64208-7752-01 64208-7754-01 64208-7753-01 64208-7756-01
Corifact 63833-0518-02	Eloctate 71104-0483-08 71104-0801-01 71104-0484-08 71104-0802-01 71104-0485-08 71104-0803-01 71104-0486-08 71104-0804-01 71104-0487-08 71104-0805-01 71104-0488-08 71104-0806-01 71104-0489-08 71104-0807-01 71104-0490-08 71104-0808-01 71104-0491-08 71104-0809-01 71104-0492-08 71104-0810-01	Esperoct 00169-8500-01 00169-8100-01 00169-8150-01 00169-8200-01 00169-8300-01 00169-8501-11 00169-8101-11 00169-8151-11 00169-8201-11 00169-8301-11	Feiba 64193-0426-02 64193-0424-02 64193-0425-02
Helixate FS	Hemlibra 50242-0920-01 50242-0921-01 50242-0922-01 50242-0923-01	Hemofil M 00944-3940-02 00944-3942-02 00944-3944-02 00944-3946-02	Humate-P 63833-0615-02 63833-0616-02 63833-0617-02 63833-0625-01 63833-0626-01

			63833-0627-01
Idelvion 69911-0864-02 69911-0865-02 69911-0866-02 69911-0867-02 69911-0869-02	Ixinity 70504-0287-05 70504-0282-05 70504-0283-05 70504-0284-05 70504-0288-05 70504-0289-05 59137-0275-01 59137-0287-05 59137-0270-01 59137-0282-05 59137-0271-01 59137-0283-05 59137-0272-01 59137-0284-05 59137-0276-01 59137-0288-05 59137-0277-01 59137-0289-05	Jivi 00026-3942-25 00026-3944-25 00026-3946-25 00026-3948-25	Koate 76125-0256-20 76125-0668-30 76125-0676-50 76125-0257-25 76125-0259-02 76125-0663-50 76125-0665-02 76125-0678-10 76125-0679-12
Koate-DVI 76125-0667-30 76125-0672-50 7612-50673-51	Kogenate FS 00026-3782-25 00026-3783-35 00026-3785-55 00026-3786-65 00026-3787-75	Kovaltry 00026-3821-25 00026-4821-01 00026-3822-25 00026-4822-01 00026-3824-25 00026-4824-01 00026-3826-50 00026-4826-01 00026-3828-50 00026-4828-01	Mononine 00053-6233-02
Novoeight 00169-7825-01 00169-7850-01 00169-7810-01 00169-7815-01 00169-7820-01 00169-7830-01	Novoseven 32849-0201-38 Novoseven RT 00169-7201-01 00169-7202-01 00169-7205-01 00169-7208-01 00169-7211-11 00169-7212-11	Nuwiq 68982-0140-01 68982-0142-01 68982-0144-01 68982-0146-01 68982-0148-01 68982-0150-01 68982-0152-01 68982-0139-01 68982-0141-01 68982-0143-01 68982-0145-01 68982-0147-01 68982-0149-01	Obizur 00944-5001-01 00944-5001-10

		68982-0151-01 68982-0154-01 68982-0153-01	
Profilnine 68516-3207-01 68516-3208-02 68516-3209-02 68516-3205-02 68516-3206-02 68516-3204-01 68516-3210-01 68516-3211-02 68516-3212-02	Rebinyn 00169-7905-01 00169-7901-01 00169-7902-01 00169-7903-01 00169-7955-11 00169-7911-11 00169-7922-11 00169-7933-11	Recombinate 00944-2841-10 00944-2842-10 00944-2843-10 00944-2844-10 00944-2845-10	Rixubis 00944-3026-02 00944-3028-02 00944-3030-02 00944-3032-02 00944-3034-02
Tretten 00169-7013-01	Vonvendi 00944-7551-02 00944-7553-02	Wilate 68982-0182-01 68982-0182-02	Xyntha 58394-0012-01 58394-0012-02 58394-0013-01 58394-0013-02 58394-0014-01 58394-0014-02 58394-0015-01 58394-0015-02
Xyntha Solofuse 58394-0022-03 58394-0023-03 58394-0024-03 58394-0025-03 58394-0016-03	Sevenfact 71127-1000-01 71127-5000-01 71127-1100-01 71127-5100-01	Altuviiiio 71104-0978-01 71104-0985-08 71104-0979-01 71104-0986-08 71104-0981-01 71104-0988-08 71104-0982-01 71104-0989-08 71104-0983-01 71104-0990-08 71104-0984-01 71104-0991-08	
elapegademase-lvir (REDCOVIV®)			
57665-0002-01 10122-0502-01			
Osilodrostat phosphate (ISTURISA®)			
55292-0320-20 55292-0020-60 55292-0321-20 55292-0321-60			

55292-0322-20 55292-0322-60
Fosdentropin Hydrobromide (NULIBRY®)
73129-0001-01 73129-0001-99 42358-0295-01
pegvaliase-pqpz (PALYNZIQ®)
68135-0058-90 68135-0058-89 68135-0756-20 68135-0756-19 68135-0673-40 68135-0673-39 68135-0673-45
cerliponase alfa (BRINEURA®)
68135-0811-02
Burosumab-twza (CRYSVITA®)
69794-0102-01 69794-0203-01 69794-0304-01 42747-0102-01 42747-0203-01 42747-0304-01
lumasiran (OXLUMO®)
71336-1002-01
givosiran sodium (GIVLAARI®)
713361001-01
luspatercept-aamt (REBLOZYL®)
59572-0711-01 59572-0775-01
crizanlizumab-tmca (ADAKVEO®)
00078-0883-61
emapalumab-lzsg (GAMIFANT®)
66658-0501-01 72171-0501-01 66658-0505-01 72171-0505-01

66658-0510-01
lonafarnib (ZOKINVY®)
73079-0050-30 73079-0075-30
Edaravone (RADICAVA®) Edaravone (RADICAVA ORS®) Edaravone (RADICAVA ORS STARTER KIT®)
Radicava 70510-2171-01 70510-2171-02 Radicava ORS 70510-2322-01 Radicava ORS Starter Kit 70510-2321-01 70510-2321-02
Casimersen (AMONDYS 45™)
60923-227-02
eteplirsen (EXONDYS 51®)
60923-0363-02 60923-0284-10
golodirsen (VYONDYS 53®)
60923-0465-02
Viltolarsen (VILTEPSO®)
73292-0011-01
onasemnogene abeparvovec-xioi (ZOLGENSMA®)
71894-0120-02 71894-0121-03 71894-0122-03 71894-0123-03 71894-0124-04 71894-0125-04 71894-0126-04 71894-0127-05 71894-0128-05 71894-0129-05 71894-0130-06 71894-0131-06

71894-0132-06
 71894-0133-07
 71894-0134-07
 71894-0135-07
 71894-0136-08
 71894-0137-08
 71894-0138-08
 71894-0139-09
 71894-0140-09
 71894-0141-09
 71894-0142-10
 71894-0143-10
 71894-0144-10
 71894-0145-11
 71894-0146-11
 71894-0147-11
 71894-0148-12
 71894-0149-12
 71894-0150-12
 71894-0151-13
 71894-0152-13
 71894-0153-13
 71894-0154-14
 71894-0155-14
 71894-0156-14

antisense oligonucleotides (SPINRAZA®)

64406-0058-01

risdiplam (EVRYSDI®)

50242-0175-05
 50242-0175-07

risdiplam (DOJOLVI®)

69794-0050-50

Axicabtagene ciloleucel (YESCARTA®)

7128-70119-01

Brexucabtagene autoleucel (TECARTUS™)

71287-0220-01
 71287-0219-01

idecabtagene vicleucel (ABECMA®)

59572-0515-01
 59572-0515-02

59572-0515-03
lisocabtagene maraleucel (BREYANZI®)
73153-0900-01
tisagenlecleucel (KYMRIAH®)
00078-0846-19 00078-0958-19
lutetium lu 177 dotatate (LUTATHERA®)
69488-0003-01
voretigene neparvovec-rzyl (LUXTURNA®)
71394-0065-01 71394-0415-01
Agalsidase Beta (FABRAZYME®)
58468-0041-01 58468-0040-01
Alglucosidase Alfa (LUMIZYME®)
58468-0160-01
Asfotase Alfa (STRENSIQ®)
25682-0010-01 25682-0010-12 25682-0013-01 25682-0013-01 25682-0016-01 25682-0016-12 25682-0019-01 25682-0019-12
Berotrastat Hcl (ORLADEYO®)
72769-0102-01 72769-0101-01
C1 Esterase Inhibitor (Human) (BERINERT®)
63833-0825-02
C1 Esterase Inhibitor (Human) (CINRYZE®)
42227-0083-01
C1 Esterase Inhibitor (Human) (HAEGARDA®)

63833-0828-02 63833-0829-02
C1 Esterase Inhibitor (Recombinant) (RUCONEST®)
68012-0350-01 68012-0350-02 71274-0350-01 71274-0350-02
cenegermin-bkbj (OXERVATE®)
71981-0020-07
Citrulline (Urea Cycle) (CITRULLINE EASY®)
10885-0352-01
Cysteamine Bitartrate (CYSTAGON®)
00378-9040-05 00378-9045-05
Cysteamine Bitartrate (PROCYSBI®)
75987-0140-13 75987-0140-14 75987-0145-13 75987-0145-14 75987-0100-04 75987-0101-08
Donislecel (Lantidra™)
73539-0001-01
Ecallantide (KALBITOR®)
47783-0101-01
Eculizumab (SOLIRIS®)
25682-0001-01
Elosulfase Alfa (VIMIZIM®)
68135-0100-01
Evinacumab (EVKEEZA®)
61755-0013-01 61755-0010-01

Galsulfase (NAGLAZYME®)
68135-0020-01
Glycerol Phenylbutyrate (RAVICTI®)
75987-0050-06
Icatibant Acetate (FIRAZYR®)
54092-0702-02 54092-0702-03
Icatibant Acetate
00093-3066-19 00093-3066-34 00093-3066-93 24201-0207-01 24201-0207-03 54092-0135-01 54092-0135-02 60505-6214-01 63323-0574-01 63323-0574-86 63323-0574-93 69097-0664-34 69097-0664-68 71225-0114-01
Icatibant Acetate (Sajzir™)
70709-0013-01 70709-0013-03
Idursulfase (ELAPRASE®)
54092-0700-01
Inebilizumab-cdon (UPLIZNA®)
72677-0551-01 72677-0551-03 75987-0150-01 75987-0150-03
Interferon Gamma-1B (ACTIMMUNE®)
75987-0111-10 75987-0111-11
Lanadelumb-flyo (TAKHZYRO®)

47783-0644-01 47783-0645-01 47783-0646-01
Laronidase (ALDURAZYME®)
58468-0070-01
Metreleptin (MYALEPT®)
76431-0210-01
Nitisinone
00254-3020-02 63629-2234-01 00254-3021-02 63629-2235-01 00254-3022-02 63629-2233-01 70505-0202-60 70505-0205-60 70505-0210-60 70505-0220-60
Nitisinone (NITYR®)
70709-0002-60 70709-0005-60 70709-0000-60
Nitisinone (ORFADIN®)
66658-0102-60 66658-0105-60 66658-0110-60 66658-0120-60 66658-0204-90
Odevixibat (BYLVAY®)
74528-0040-01 74528-0120-01 74528-0020-01 74528-0060-01
Pegcetacoplan (EMPAVELI®)
73606-0010-01
Ravlizumab-cwvz (ULTOMIRIS®)

25682-0025-01 25682-0028-01
Pozelimab-BBFG (Veopoz™)
61755-0014-01
Satralizumab-mwge (ENSPRYNG®)
50242-0007-01
Sebelipase Alfa (KANUMA®)
25682-0007-01
Sodium Phenylbutyrate (BUPHENYL®)
75987-0060-08 75987-0070-09
Sodium Phenylbutyrate (PHEBURANE®)
71770-0200-10
Sodium Phenylbutyrate (Olpruva™)
7254-20200-02 7254-20200-09 72542-0300-02 72542-0300-09 72542-0400-02 72542-0400-18 72542-0500-02 72542-0500-18 72542-0600-02 72542-0600-18 72542-0667-02 72542-0667-18
Sodium Phenylbutyrate
49884-0170-04 42794-0086-14 49884-0006-04
Aducanumab-avwa (ADUHELM®)
64406-0101-01 64406-0102-02
Avalglucosidase Alfa (NEXVIAZYME®)
5846-80426-01

Maralixibat Chloride (LIVMARLI®)
79378-0110-01
Teprotumumab-trbw (TEPEZZA®)
75987-0130-15
ATA-129 (tabelecleucel®)
Vosoritide (Voxzogo®)
68135-0082-36 68135-0119-66 68135-0181-93
Ciltacabtagene autoleucel (Carvykti®)
57894-0111-01 57894-0111-02
Elivaldogene Autotemcel (Skysona®)
73554-2111-01
Betibeglogene autotemcel (Zynteglo®)
73554-3111-01
OTL-200
Valoctocogene roxaparvovec (Roctavian™)
68135-0927-01 68135-0927-48
Afamelanotide (Scenese®)
73372-0116-01
vutrisiran (Amvuttra®)
71336-1003-01
Alpelisib (Vijoice®)
00078-1021-84 00078-1028-84 00078-1035-02 00078-1021-51

00078-1028-51 00078-1035-61
taoursodeoxycholic acid/sodium phenylbutyrate (Relyvrio®)
73063-0035-03 73063-0035-04
cipaglucosidase alfa (ATB200)
Avacopan (Tavneos®)
73556-0168-01 73556-0168-02
Filsuvez®
Inotersen (Tegsedi®)
72126-0007-01
Levoketoconazole (Recorlev®)
72065-0003-01
Lutetium Lu 177 vipivotide tetraxetan (Pluvicto®)
69488-0010-61
Migalastat (Galafold®)
71904-0100-01
Mitapivat sulfate (Pyrukynd®) Mitapivat sulfate (Pyrukynd Taper Pack®)
Mitapivat sulfate (Pyrukynd®) 71334-0205-05 71334-0205-14 71334-0210-14 71334-0210-20 71334-0215-14 71334-0215-50 Mitapivat sulfate (Pyrukynd Taper Pack) 71334-0220-11 71334-0225-12 71334-0230-13

Narsoplimab (OMS721)
Patisiran (Onpattro®)
71336-1000-01
Plasminogen (Ryplazim®)
70573-0099-01 70573-0099-02
Sapropterin Dihydrochloride (Kuvan®) Sapropterin Dihydrochloride (Sapropterin Dihydrochloride) Sapropterin Dihydrochloride (Javygtor™)
Sapropterin Dihydrochloride (Kuvan®) 68135-0300-02 68135-0301-11 68135-0301-22 68135-0482-10 68135-0482-11 Sapropterin Dihydrochloride (Sapropterin Dihydrochloride) 43598-0749-04 49884-0720-08 43598-0477-11 43598-0477-30 49884-0948-52 49884-0948-72 49884-0873-52 49884-0873-72 Sapropterin Dihydrochloride (Javygtor) 43598-0096-04 43598-0097-11 43598-0097-30
Sutimlimab (Enjaymo®)
80203-0347-01
Tafamidis (Vyndamax®)
00069-8730-01 00069-8730-30
Tafamidis meglumine (Vyndaqel®)
00069-1975-12

00069-1975-40
Vestronidase alfa (Mepsevii®)
69794-0001-01
Allergenic processed thymus tissue-agdc (Rethymic®)
72359-0001-01
Pyrimethamine (Daraprim®)
69413-0330-10 69413-0330-30
Pyrimethamine (Pyrimethamine)
00480-3720-01 00480-3720-56 43598-0672-01 43598-0672-30 47781-0925-01 47781-0925-30 72647-0330-01 72647-0330-03 59651-0590-01
Teduglutide (RDNA) (Gattex®)
68875-0102-01 68875-0103-01
Pegloticase (Krystexxa®)
75987-0080-10
Eliglustat Tartrate (Cerdelga®)
58468-0220-01 58468-0220-02
Imiglucerase (Cerezyme®)
58468-4663-01
Taliglucerase Alfa (Elelyso®)
00069-0106-01
Miglustat (Miglustat)
10148-0201-15

10148-0201-90
 42799-0708-15
 43975-0310-08
 43975-0310-83

Velaglucerase Alfa (Vpriv®)

54092-0701-04

Miglustat (Zavesca®)

66215-0201-18
 66215-0201-90

Pegzilarginase (AEB1102)

Etranacogene Dezaparvovec (Hemgenix®)

00053-0100-10
 00053-0110-11
 00053-0120-12
 00053-0130-13
 00053-0140-14
 00053-0150-15
 00053-0160-16
 00053-0170-17
 00053-0180-18
 00053-0190-19
 00053-0200-20
 00053-0210-21
 00053-0220-22
 00053-0230-23
 00053-0240-24
 00053-0250-25
 00053-0260-26
 00053-0270-27
 00053-0280-28
 00053-0290-29
 00053-0300-30
 00053-0310-31
 00053-0320-32
 00053-0330-33
 00053-0340-34
 00053-0350-35
 00053-0360-36
 00053-0370-37
 00053-0380-38
 00053-0390-39

00053-0400-40
 00053-0410-41
 00053-0420-42
 00053-0430-43
 00053-0440-44
 00053-0450-45
 00053-0460-46
 00053-0470-47
 00053-0480-48

Lecanemab (BAN2401)

Copper Histidinate (CUTX-101)

Donanemab (Donanemab)

Olipudase Alfa-RPCP (Xenpozyme®)

58468-0050-01
 58468-0051-01

Bulevirtide (Myrcludex B)

Omaveloxolone (Skyclarys®)

73179-0250-90

Teplizumab (Tziel®)

73650-0316-01
 73650-0316-10
 73650-0316-14

Vamorolone (VBP15)

Efgartigimod Alfa-FCAB (Vyvgart®)

73475-3041-05

Efgartigimod Alf-Hyaluronidase-QVFC Sol (Vyvgart Hytrulo®)

73475-3102-03

Rozanolixizumab-Noli Subcutaneous Soln (Rystiggo®)

50474-0980-79
Sipuleucel-T (Provenge®)
30237-8900-06
Ibalizumab-UIYK IV Soln (Trogarzo®)
62064-0122-01 62064-0122-02
Enfuvirtide (Fuzeon®)
00004-0381-40
Zidovudine IV Soln (Retrovir IV Infusion)
49702-0213-01 49702-0213-26
Cabotegravir IM (Apretude)
49702-0264-23 49702-0238-03
Cabotegravir & Rilpivirine (Cabenuva)
49702-0253-15 49702-0240-15
Lenacapavir Sodium Soln (Sunlenca®)
61958-3002-01
Ganaxolone (Ztalmy®)
81583-0100-01 81583-0100-05
Caplacizumab-Yhdp (Cablivi®)
58468-0225-01
Beremagene Geperpavec (Vyjuvek™)
82194-0510-02
Concizumab (NN7415)
Delandistrogene Moxeparvovec (Elevidys)

6092-30501-10
6092-30502-11
6092-30503-12
6092-30504-13
6092-30505-14
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 6092-30558-67
 6092-30559-68
 6092-30560-69
 6092-30561-70

Efanesoctocog Alfa (BIVV001)

Exagamglogene Autotemcel (EXA-CEL)

Leniolisib (Joenja®)

71274-0170-60

LifileuceL (LN-144)

Nedosiran (DCR-PHXC)

Palovarotene (Sohonos™)

15054-0010-01
 15054-0015-01
 15054-0025-01
 15054-0050-01
 15054-0100-01

Pegunigalsidase Alfa (Elfabrio®)

10122-0160-02
 10122-0160-05
 10122-0160-10

Tofersen (Qalsody™)

Trofinetide (Daybue™)
63090-0660-01
Velmanase Alfa (Lamzede®)
10122-0180-01 10122-0180-02
Nadofaragene Firadenov-VNCG (Adstiladrin®)
55566-1050-00 55566-1050-01
Eplontersen (AKCEA-TTR-LRX)
Troriluzole (BHV-4157)
Carglumic Acid (Carbaglu®)
52276-0312-05 52276-0312-60
Carglumic Acid (Carglumic Acid)
35573-0459-60 71863-0114-60
Sparsentan (Filspari™)
68974-0200-30 68974-0400-30
Amifampridine Phosphate (Firdapse®)

69616-0211-03 69616-0211-04 69616-0211-06
Lovotibeglogene Autotemcel (LOVO-CEL)
Afamitresgene Autoleucel (MAGE-A4 TCR)
Nirogacestat (Nirogacestat)
Debamestrocel (Nurown)
Omidubicel-ONLY (Omisirge®)
73441-0800-04
Zilucoplan (RA101495)
Apadamtase Alfa-Cinaxadamtase Alfa (TAK-755)
Crovalimab (RG6107)
Danicopan (Danicopan)
Fidanacogene Elaparvovec (Fidanacogene Elaparvovec)
Givinostat (Givinostat)
Iptacopan (Iptacopan)

History

Date	Action and Summary of Changes
10/29/2021	New policy created to consolidate all non-contracted drugs into one policy.

12/16/2021	Removed Mepsevi from policy.
01/05/2022	HCPCS Codes C9085, J0172, and Q2055 were added to the policy per the January 2022 code load.
02/22/2022	Two new NDC's for Nuwiq were added to the policy (NDC 68982-0154-01 and NDC 68982-0153-01)
03/07/2022	1 new NDC for Takhzyro was added to the policy (NDC 47783-0646-01)
03/15/2022	Updated "JNJ-4528 (ciltacabtagene autoleucel)" drug name to "Ciltacabtagene autoleucel (Carvykti™)" Added new NDCs for Carvykti (NDC 57894-0111-01 & 57894-0111-02)
04/20/2022	Under the NDC list, updated "lisocabtagene maraleucel (KYMIRAH)" verbiage to "tisagenlecleucel (KYMIRAH)."
05/23/2022	Policy updated to align with 07/01/2022 contract changes. Additional updates to HCPCS codes were made as well as minor grammatical updates.
05/27/2022	Added new NDCs for Radicava (NDCs 70510-2322-01, 70510-2321-01, & 70510-2321-02)
06/08/2022	Added HCPCS code and NDC information for Allergenic processed thymus tissue-agdc (Rethymic®) to the policy. Drug was added to the 07/01/2022 contract.
06/30/2022	Added new NDC for Amvuttra to policy. Updated name of "ALN-TTRSCO2 (vutrisiran)" to "vutrisiran (Amvuttra)"
09/14/2022	Added new NDC for Pheburane to the policy.
09/16/2022	Added new non-contracted drugs for 01/01/2023 to the policy.
10/10/2022	Updated "AMX0035" to "Relyvrio" which was FDA approved on 09/29/2022.
10/18/2022	Added NDCs for Relyvrio to the policy.
10/19/2022	Updated list of non-contracted drugs for 01/01/2023 Updated "Elivaldogene Autotemcel (Lenti D)" drug name to "Elivaldogene Autotemcel (Skysona)." Added NDC.
10/28/2022	Added additional new non-contracted drugs that will be non-contracted effective 01/01/2023 per 10/27/2022 HCA communication.
10/31/2022	Removed Pulmozyme (Dornase Alfa), Bronchitol (Mannitol), and Bronchitol Tolerance Test (Mannitol) from the policy. HCA confirmed that they will add these drugs to the ASO non-contracted drugs list.
11/14/2022	Updated NDC list for Alphanate, Alphanine SD, Cinryze, Eloctate, Esperoct, Humate-P, Icatibant Acetate, Ixinity, Koate, Kuvan, Lumizyme, Nitisinone, Novoseven RT, Profilnine Pyrukynd, Radicava, Rebinyn, Revcovi, Sapropterin Dihydrochloride, Ultomiris, Uplizna, Vioice, and Zynteglo Updated spelling of "Haegard" to "Haegarda" Removed HCPCS Code C9090 from Ryplazim Added new NDCs/HCPC code for Sajazir

12/05/2022	Updated name of “Teplizumab (PRV-031)” to “Teplizumab (Tziel)” and added NDCs to the policy.
12/20/2022	Updated name of “Etranacogene Dezaparovec (AMT-061)” to “Etranacogene Dezaparovec (Hemgenix).” Added Hemgenix NDCs to the policy.
02/01/2023	Updated name of “Lecanemab (BAN2401)” to “Lecanemab (Leqembi)” and added NDCs Added Lenacapavir Sodium Subcutaneous Soln (Sunlenca) to policy and NDC Added additional NDCs to the policy for Lumizyme, Citrulline Easy, Sodium Phenylbutyrate, and Sodium Phenylbutyrate
03/09/2023	Added clarification under background that non-contracted drugs apply to both the IMC and IFC contracts.
03/27/2023	Added Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 (Altuviiio) to the policy.
04/26/2023	Added new NDCs for Rebinyn, Takhzyro, Apretude, and Zolgensma to the policy Added new 07/01/2023 non-contracted drugs to the policy Updated name of “Omav” to “Skyclarys” and added NDC to the policy
05/03/2023	Added new NDC for Nulibry to the policy
05/12/2023	Added new NDC for Qalsody to policy and HCPC Code Added new HCPCS code for Teplizumab, Olipudase and Dezaparovec-DRLB
06/02/2023	Added new NDCs for Nitisinone and Afstyla to the policy
06/08/2023	Added HCPCS codes for Pegunigalsidase Alfa (Elfabrio)
06/19/2023	Added new NDC for Vyjuvek
08/02/2023	Added Vyvgart Hytrulo, Olpruva, and Rystiggo to policy Changed “SRP-9001” to “Elevidys” and added NDCs Added new NDCs for Roctavian and Pyrimethamine Minor grammatical updates made
08/08/2023	Added new NDC for Xenpozyme
09/01/2023	Added new NDCs for Crysvida
09/08/2023	Updated non-contracted drugs list to align with the HCA’s updated Non-Contracted Drugs exhibit effective 01/01/2024. Also updated effective dates of non-contracted drugs to align with the effective dates on the exhibit.
09/11/2023	Added Veopoz and Sohonos to policy.
09/25/2023	Additional updates made to the policy based on updated Exhibit N received from HCA 09/22/2023.
09/27/2023	Added HCPCS codes C9157, J2781, J7214, and J9029 to the policy.
10/02/2023	Added new NDC for Lantidra to policy.

