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## Pharmacy Part B Utilization Management

Each Drug on the list will have a PA applied that will follow the original Medicare guidance from the Medicare manual Pub. 100-02, Chapter 15, Sec. 50 Drugs and Biological. This guidance will assist Medica Holding company determine if a drug covered for payment is “reasonable and necessary” from Pub. 100-16, Chapter 4, Sec. 10.2 Basic Rule. The Health plan will review medications from Chapter 15, Sec 50 Drugs and biologics that is based on Pub. 100-16, Chapter 4, Sec. 10.16 For Medical Necessity (42 CFR §422.112(a)(6)(ii)). Medica has established written standards for policies and procedures (that explains coverage rules, practice guidelines, payment policies, and utilization management) that allow for individual medical necessity determination. The policy and procedure for which the standards are explained are “Utilization Management in absence of NCD or LCD.” In addition, the Policy and procedure, “Policy and Procedure for Medical policy Committee development”, is the procedure that is the framework for the Medical Policy committee to review Medicare Part B drugs when the FDA approves new to market medication for which a prior authorization is applied to determine a drug is “reasonable and necessary” for payment.

Contract	Product type	Medical PA
H2450	1876 COST	NO
H6154	MAPD MAPD	YES
H8889	MAPD (MA-PPO)	YES
H8019	MAPD (MA-HMO)	YES
H9096	MAPD (MA-HMO)	YES
H9952	D-SNP (MA-HMO)	YES
H2458	MSHO-DSNP (MA-HMO)	YES

Drug	Generic Name		Medica MN/WI	Medica IA/NE
Adzynma	ADAMTS13, recombinant-krhn	J3590	3/1/2024	3/1/2024
Alyglo	immune globulin intravenous, human-stwk	J1599	4/1/2024	4/1/2024
Aphexda	motixafortide	J2277 Eff 4/1/24	5/1/2024	5/1/2024
Avzivi	bevacizumab-tjnj	J9999	2/23/2024	2/23/2024

Casgevvy	exagamglogene autotemcel	J3590	4/1/2024	4/1/2024
Columvi	glofitamab-gxbm	J9286	1/1/2024	1/1/2024
Cosentyx IV	secukinumab	J3590	4/1/2024	4/1/2024
ELEVIDYS	delandistrogene moxeparvovec-rokl	J1413	1/1/2024	1/1/2024
Elfabrio	pegunigalsidase alfa-iwxj	J2508	1/1/2024	1/1/2024
Epkinly	epcoritamab-bysp	J9321	1/1/2024	1/1/2024
Eylea HD	aflibercept	J0177 Eff 4/1/24	10/27/2023	10/27/2023
Kimmtrak	tebentafusp-tebn	J9274	1/1/2024	1/1/2024
Lamzede	VELMANASE ALFA-TYCV	J0217 eff 1/1/24	1/1/2024	1/1/2024
Loqtorzi	toripalimab-tpzi	J9999	3/1/2024	3/1/2024
Lyfgenia	lovotibeglogene autotemcel	J3590	4/1/2024	4/1/2024
OmvoH SC	mirikizumab-mrkz	J3590	3/1/2024	3/1/2024
paclitaxel albumin-bound (Teva)	paclitaxel	J9258	1/1/2024	1/1/2024
Pemrydi RTU	pemetrexed injection	J9324	4/1/2024	4/1/2024
Pombiliti	cipaglucosidase alfa-atga	J1203 eff 4/1/24	3/1/2024	3/1/2024
Qalsody	tofersen	J1304	1/1/2024	1/1/2024
Rivfloza	nedosiran	J3490	2/1/2024	2/1/2024
Roctavian	valoctocogene roxaparvovec-rvox	J1412	1/1/2024	1/1/2024
Rystiggo	rozanolixizumab-noli	J9333	1/1/2024	1/1/2024
Ryzneuta	efbemalenograstim alfa-vuxw	J3590	4/1/2024	4/1/2024

Tofidence	tocilizumab-bavi	Q5133 eff 4/1/24	12/21/2023	12/21/2023
Uptravi	selexipag	J3490	5/1/2024	5/1/2024
Vyjuvek	beremagene geperpavec- svdt	J3401	1/1/2024	1/1/2024
Vyvgart Hytrulo	efgartigimod alfa- hyaluronidase-qvfc	J9334	1/1/2024	1/1/2024
Wezlana	ustekinumab-auub	J3590	2/2/2024	2/2/2024
Amtagvi	lifileucel	J9999	7/1/24	7/1/24
Jubbonti	denosumab-bbdz	J3590	5/31/24	5/31/24
OmvoH IV	mirikizumab-mrkz	J3590	3/1/24	3/1/24
Tyenne	tocilizumab-aazg	J3590	5/31/24	5/31/24
Tyruko	natalizumab-sztn	Q5134 Eff 4/1/24	12/1/23	12/1/23
Wyost	denosumab-bbdz	J3590	5/31/24	5/31/24