

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
<b>Specialty Asthma</b>		
Fasenra	J0517	PA
Nucala	J2182	PA
Xolair	J2357	PA
<b>Erythropoiesis Stimulating Agents</b>		
Retacrit	Q5106	PA
Procrit	J0885	PA
<b>Hyaluronic Acids</b>		
Monovisc	J7327	PA
Orthovisc	J7324	PA
Synvisc	J7325	PA
Synvisc-One	J7325	PA
<b>Long-Acting Colony Stimulating Factor</b>		
Neulasta	J2505	PA
Udenyca	Q5111	PA
Nyvepria	Q5122	PA
<b>Short-Acting Colony Stimulating Factor</b>		
Zarxio	Q5101	PA
Nivestym	Q5110	PA
<b>Anti-Migraine*</b>		
Aimovig	J3590	PA
Ajovy	J3031	PA
Emgality	J3590	PA
<b>Oncology</b>		
Mvasi	Q5107	PA
Zirabev	Q5118	PA
Ruxience	Q5119	PA
Truxima	Q5115	PA
Kanjinti	Q5117	PA
Trazimera	Q5116	PA
<b>Inflammatory Conditions</b>		
Inflectra	Q5103	PA
Remicade	J1745	PA
Entyvio	J3380	PA
Simponi Aria	J1602	PA
Stelara	J3357	PA
Cimzia	J0717	PA

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Ilumya	J3245	PA
<b>Adrenocorticotrophic Hormone</b>		
H.P. Acthar	J0800	PA
<b>Gonadotropin-Releasing Hormone Agonist</b>		
Lupron	J9217	PA
Triptodur	J3316	PA
<b>Intrauterine Device</b>		
Kyleena	J7296	No PA
Mirena	J7298	No PA
Skyla	J7301	No PA

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