

## SERVICES REQUIRING PRIOR AUTHORIZATION

**Policy Number:** ADMINISTRATIVE 245.62

**Effective Date:** January 1, 2019

### INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

### PURPOSE

A list of services requiring prior authorization is provided below for your reference; refer to the individual policy for complete details on applicable prior authorization guidelines.

Note: The appearance of an item or procedure on this list is not a guarantee of coverage. Prior authorization and payment of covered services are subject to the terms, conditions and limitations of the member's contract or certificate of coverage, eligibility at time of service, and approval by our Clinical Services Department. In addition, prior authorization requirements may differ by individual physician or other health care professional. If additional precertification requirements apply, the physician or other health care professional will be notified in advance of the prior authorization rules being applied.

In the event of an inconsistency or conflict between the information provided on this list and the posted policy, the provisions of the posted policy will prevail.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J&K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W,X,Y,Z](#)

Policy Title	Policy Effective Date
<a href="#">17-Alpha-Hydroxyprogesterone Caproate (17P and Makena™)</a>	12/01/2018
<a href="#">Ablative Treatment for Spinal Pain</a>	01/01/2019
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	12/01/2018
<a href="#">Abortions (Therapeutic and Elective)</a>	10/01/2018
<a href="#">Acquired Rare Disease Drug Therapy Exception Process</a>	02/01/2018
<a href="#">Actemra® (Tocilizumab) - Notification</a>	10/01/2018
<a href="#">Actemra® (Tocilizumab) - Step Therapy</a>	06/01/2018
<a href="#">Actemra® (Tocilizumab) Injection for Intravenous Infusion</a>	10/01/2018

<a href="#">Actimmune® (Interferon Gamma-1b)</a>	09/01/2018
<a href="#">Addyi (Flibanserin)</a>	08/01/2018
<a href="#">Advate (Antihemophilic Factor [Recombinant])</a>	02/01/2018
<a href="#">Adynovate (Antihemophilic Factor [Recombinant], Pegylated)</a>	02/01/2018
<a href="#">Afinitor (Everolimus)</a>	08/01/2018
<a href="#">Afrezza (Insulin Human)</a>	08/01/2018
<a href="#">Afstyla (Antihemophilic Factor [Recombinant], Single Chain)</a>	06/01/2018
<a href="#">Aimoviq (Erenumab)</a>	01/01/2019
<a href="#">Alecensa® (Alectinib)</a>	11/01/2018
<a href="#">Alpha<sub>1</sub>-Proteinase Inhibitors</a>	11/01/2018
<a href="#">Alunbrig™ (Brigatinib)</a>	09/01/2018
<a href="#">Amitiza (Lubiprostone)</a>	01/01/2019
<a href="#">Ampyra™ (Dalfampridine)</a>	08/01/2018
<a href="#">Anthelmintics: Albenza (Albendazole), Emverm (Mebendazole), Vermox (Mebendazole)</a>	09/01/2018
<a href="#">Anticonvulsants: Banzel (Rufinamide), Onfi (Clobazam), Potiga (Ezogabine), Sabril (Vigabatrin)</a>	10/01/2018
<a href="#">Antidepressants: Trintellix (Vortioxetine) and Fetzima (Levomilnacipran)</a>	08/01/2018
<a href="#">Apheresis</a>	11/01/2018
<a href="#">Arcalyst (Rilonacept)</a>	08/01/2018
<a href="#">Assisted Administration of Clotting Factors and Coagulant Blood Products</a>	01/01/2019
<a href="#">Athletic Pubalgia Surgery</a>	12/01/2018
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	12/01/2018
<a href="#">Austedo® (Deutetrabenazine)</a>	02/01/2018
<a href="#">Autologous Chondrocyte Transplantation in the Knee</a>	01/01/2019
<a href="#">Azilect (Rasagiline)</a>	02/01/2018

**B**

<a href="#">Balloon Sinus Ostial Dilation</a>	12/01/2018
<a href="#">Bariatric Surgery</a>	11/01/2018
<a href="#">Benlysta® (Belimumab): Prior Authorization/Notification Guidelines</a>	12/01/2018
<a href="#">Benlysta® (Belimumab): Precertification Guidelines</a>	08/01/2018
<a href="#">Benznidazole</a>	06/01/2018
<a href="#">Berinert® (C1 Esterase Inhibitor, Human)</a>	10/01/2018
<a href="#">Blepharoplasty, Blepharoptosis and</a>	04/01/2018

<a href="#">Brow Ptosis Repair</a>	
<a href="#">Bone or Soft Tissue Healing and Fusion Enhancement Products</a>	01/01/2019
<a href="#">Bonesta, Diclegis (Doxylamine/Pyridoxine/Pyridoxine Extended Release)</a>	10/01/2018
<a href="#">Bosulif (Bosutinib) - Notification</a>	05/01/2018
<a href="#">Bosulif (Bosutinib) - Step Therapy</a>	05/01/2018
<a href="#">Botulinum Toxins A and B</a>	12/01/2018
<a href="#">Braftovi™ (Encorafenib)</a>	11/01/2018
<a href="#">Breast Cancer Prevention( Medications) Copay Reduction - Tamoxifen ( 20 mg), Soltamox (tamoxifen) solution, Evista (raloxifene)</a>	10/01/2017
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	01/01/2019
<a href="#">Breast Reconstruction Post Mastectomy</a>	12/01/2018
<a href="#">Breast Reduction Surgery</a>	10/01/2018
<a href="#">Breast Repair/Reconstruction (Not Following Mastectomy)</a>	01/01/2019
<a href="#">Brineura™ (Cerliponase Alfa)</a>	01/01/2019
<a href="#">Bronchial Thermoplasty</a>	11/01/2018
<a href="#">Buprenorphine/Naloxone and Buprenorphine HCL Products: Bunavail™, Suboxone Film® (Buprenorphine HCL and Naloxone), Zubsolv®, Buprenorphine/Naloxone and Buprenorphine HCL</a>	01/01/2019
<a href="#">Buprenorphine (Probuphine® &amp; Sublocade™)</a>	12/01/2018
<a href="#">Buprenorphine Products (Pain Indications) - Belbuca (Buprenorphine Hydrochloride Film) and Butrans (Buprenorphine Patch, Extended-Release)</a>	12/01/2018

**C**

<a href="#">Cabometyx™ (Cabozantinib)</a>	09/01/2018
<a href="#">California and New York Regulatory Program - Weight Loss (Xenical (Orlistat), Benzphetamine, Diethylpropion, Phendimetrazine, Phentermine, Belviq (Lorcaserin), Contrave (Naltrexone and Bupropion), and Qsymia (Phentermine and Topiramate Extended-Release), Saxenda (Liraglutide))</a>	12/01/2018
<a href="#">Calquence (Acalabrutinib)</a>	03/01/2018
<a href="#">Caprelsa® (Vandetanib)</a>	10/01/2018
<a href="#">Carbaglu™ (Carglumic Acid)</a>	10/01/2018
<a href="#">Cardiology Procedures Requiring</a>	01/01/2019

<a href="#">Precertification for eviCore healthcare Arrangement</a>	
<a href="#">Cardiovascular Disease Risk Tests</a>	01/01/2019
<a href="#">Carrier Testing for Genetic Diseases</a>	11/01/2018
<a href="#">Cayston® (Aztreonam for Inhalation Solution)</a>	05/01/2018
<a href="#">Cerdelga™ (Eliglustat)</a>	12/01/2018
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	11/01/2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	01/01/2019
<a href="#">Cholbam® (Cholic Acid)</a>	12/01/2018
<a href="#">Chromosome Microarray Testing (Non-Oncology Conditions)</a>	10/01/2018
<a href="#">Cimzia (Certolizumab Pegol)</a>	12/01/2018
<a href="#">Cinryze® (C1 Esterase Inhibitor, Human)</a>	10/01/2018
<a href="#">Ciprodex (Ciprofloxacin HCl/Dexamethasone)</a>	01/01/2017
<a href="#">Clinical Trials</a>	07/01/2018
<a href="#">Clotting Factors and Coagulant Blood Products</a>	01/01/2019
<a href="#">CNS Stimulants: Adderall (amphetamine-dextroamphetamine mixed salts), Adderall XR (amphetamine-dextroamphetamine mixed salts extended-release), Aptensio XR methylphenidate extended-release), Concerta (methylphenidate extended-release), Daytrana (methylphenidate transdermal), Desoxyn (methamphetamine), Dexedrine (dextroamphetamine), Dyanavel XR (amphetamine extended-release), Focalin (dexmethylphenidate), Evekeo (amphetamine sulfate), Focalin XR (dexmethylphenidate extended-release), Metadate (methylphenidate), Metadate CD (methylphenidate extended-release), Methylin (methylphenidate), Methylin ER (methylphenidate extended-release), Procentra (dextroamphetamine), QuilliChew ER (methylphenidate extended-release), Quillivant XR (methylphenidate extended-release), Ritalin (methylphenidate), Ritalin SR (methylphenidate extended-release), Ritalin LA (methylphenidate extended-release), Vyvanse (lisdexamfetamine)</a>	12/01/2018
<a href="#">Cochlear Implants</a>	01/01/2019
<a href="#">Colchicine Tablet (Colcrys Authorized Generic)</a>	09/01/2018

<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	11/01/2018
<a href="#">Cometriq (Cabozantinib)</a>	09/01/2018
<a href="#">Compounds and Bulk Powders</a>	02/01/2018
<a href="#">Computerized Dynamic Posturography</a>	12/01/2018
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes</a>	10/01/2018
<a href="#">Core Decompression for Avascular Necrosis</a>	12/01/2018
<a href="#">Corlanor® (Ivabradine)</a>	03/01/2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	12/01/2018
<a href="#">Cosentyx™ (Secukinumab) Prefilled Syringe or Sensoready Pen - Notification</a>	06/01/2018
<a href="#">Cosentyx™ (Secukinumab) Prefilled Syringe or Sensoready Pen - Step Therapy</a>	08/01/2017
<a href="#">Cosmetic and Reconstructive Procedures</a>	07/01/2018
<a href="#">Cotellic® (Cobimetinib)</a>	03/01/2018
<a href="#">Crinone® (Progesterone Gel) - Step Therapy</a>	07/01/2018
<a href="#">Crysvita® (Burosumab-Twza)</a>	01/01/2019
<a href="#">Cystaran™ (Cysteamine) Ophthalmic Solution</a>	09/01/2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	12/01/2018

**D**

<a href="#">Daklinza® (Daclatasvir)</a>	11/01/2017
<a href="#">Daliresp® (Roflumilast)</a>	02/01/2018
<a href="#">Daraprim® (Pyrimethamine)</a>	06/01/2018
<a href="#">Deep Brain and Cortical Stimulation</a>	01/01/2019
<a href="#">Denosumab (Prolia® &amp; Xgeva®)</a>	12/01/2018
<a href="#">Dental and Oral Surgical Procedures</a>	12/01/2018
<a href="#">Diabetes Medications - DPP4 Inhibitors (CT/NY)</a>	02/01/2018
<a href="#">Diabetes Medications - DPP4 Inhibitors (NJ)</a>	02/01/2017
<a href="#">Diabetes Medications - SGLT2 Inhibitors (NJ)</a>	01/01/2019
<a href="#">Diabetes Medications - SGLT2 Inhibitors (CT/NY)</a>	01/01/2019
<a href="#">Diabetes Supply Coverage for Commercial Plans (Including New Jersey Small Group Plans)</a>	03/01/2017
<a href="#">Dialysis Services</a>	12/01/2017
<a href="#">Dihydroergotamine Nasal Spray (Migranal), Ergomar (Ergotamine)</a>	06/01/2018

<a href="#">Discogenic Pain Treatment</a>	12/01/2018
<a href="#">Doptelet® (Avatrombopag)</a>	11/01/2018
<a href="#">Doxepin Cream: Prudoxin (Doxepin), Zonalon (Doxepin)</a>	03/01/2018
<a href="#">Drug Coverage Criteria - New and Therapeutic Equivalent Medications</a>	01/01/2019
<a href="#">Drug Coverage Guidelines</a>	01/01/2019
<a href="#">Dulera (Mometasone Furoate/Formoterol Fumarate)</a>	03/01/2018
<a href="#">Duopa (Carbidopa/Levodopa)</a>	12/01/2018
<a href="#">Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/Replacements</a>	07/01/2018
<a href="#">Dupixent (Dupilumab)</a>	10/01/2018

**E**

<a href="#">Egrifta (Tesamorelin for Injection)</a>	05/01/2018
<a href="#">Elbow Replacement Surgery (Arthroplasty)</a>	10/01/2018
<a href="#">Electric Tumor Treatment Field Therapy</a>	01/01/2019
<a href="#">Electrical and Ultrasound Bone Growth Stimulators</a>	10/01/2018
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	12/01/2018
<a href="#">Electrical Stimulation and Electromagnetic Therapy for Wounds</a>	02/01/2018
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	01/01/2019
<a href="#">Elidel® (pimecrolimus) and Protopic® (tacrolimus)</a>	12/01/2018
<a href="#">Eloctate™ (Antihemophilic Factor (Recombinant), FC Fusion Protein) for Connecticut Lines of Business</a>	11/01/2018
<a href="#">Eloctate [Antihemophilic Factor (Recombinant), FC Fusion Protein]</a>	02/01/2018
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</a>	12/01/2018
<a href="#">Emlaza™ (Deflazacort)</a>	08/01/2017
<a href="#">Enbrel® (Etanercept)- Notification</a>	06/01/2018
<a href="#">Enbrel® (Etanercept) - Step Therapy</a>	05/01/2018
<a href="#">Endari (L-Glutamine Powder for Solution)</a>	05/01/2018
<a href="#">Entresto (Valsartan-Sacubitril)</a>	12/01/2017
<a href="#">Entyvio® (Vedolizumab)</a>	10/01/2018
<a href="#">Enzyme Replacement Therapy</a>	01/01/2019
<a href="#">Epaned (enalapril), Nexium suspension (esomeprazole), Prevacid SoluTab (lansoprazole), Purixan (mercaptopurine)</a>	06/01/2016

<a href="#">Epclusa (Sofosbuvir/Velpatasvir)</a>	11/01/2017
<a href="#">Epidural Steroid and Facet Joint Injections for Spinal Pain</a>	11/01/2018
<a href="#">Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography</a>	12/01/2018
<a href="#">Erectile Dysfunction Agents: Caverject® (alprostadil), Cialis® (tadalafil), Edex® (alprostadil), Levitra® (vardenafil HCl), Muse® (alprostadil), Staxyn™ (vardenafil HCl), Stendra™ (avanafil), Viagra® (sildenafil citrate)</a>	01/01/2019
<a href="#">Erivedge (Vismodegib)</a>	12/01/2018
<a href="#">Erleada (Apalutamide)</a>	08/01/2018
<a href="#">Erythropoiesis-Stimulating Agents</a>	11/01/2018
<a href="#">Esbriet® (pirfenidone) and Ofev® (nintedanib) for Idiopathic Pulmonary Fibrosis</a>	12/01/2018
<a href="#">Eucrisa® (Crisaborole)</a>	10/01/2018
<a href="#">Evzio (Naloxone Hydrochloride)</a>	03/01/2018
<a href="#">Exjade (Deferasirox) and Ferriprox (Deferiprone)</a>	12/01/2018
<a href="#">Exondys 51™ (Eteplirsen)</a>	10/01/2018
<a href="#">Experimental/Investigational Treatment</a>	01/01/2018
<a href="#">Experimental/Investigational Treatment for NJ Plans</a>	02/01/2018
<a href="#">Extavia® (Interferon β-1b) - Step Therapy</a>	02/01/2018
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	01/01/2019

**F**

<a href="#">Farydak (Panobinostat)</a>	06/01/2018
<a href="#">Fecal Calprotectin Testing</a>	11/01/2018
<a href="#">Femoroacetabular Impingement Syndrome Treatment</a>	01/01/2019
<a href="#">Fenortho (Fenoprofen Calcium)</a>	09/01/2018
<a href="#">Fentanyl Products - Abstral (fentanyl sublingual tablets), Actiq (fentanyl transmucosal lozenge), Fentora (fentanyl buccal tablet), Lazanda (fentanyl nasal spray), Subsys (fentanyl sublingual spray), and fentanyl citrate</a>	06/01/2018
<a href="#">Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood</a>	12/01/2018
<a href="#">Firazyr® (Icatibant)</a>	10/01/2018
<a href="#">Follicle Stimulating Hormone (FSH) Gonadotropins</a>	07/01/2018
<a href="#">Fortamet (Metformin Extended-Release, Brand and Generic).</a>	11/01/2018

<a href="#">Glucophage XR (Metformin Extended-Release, Brand Only) and Glumetza (Metformin Extended-Release, Brand and Generic)</a>	
<a href="#">Forteo (Teriparatide)</a>	02/01/2018
<a href="#">Functional Endoscopic Sinus Surgery (FESS)</a>	10/01/2018

### G

<a href="#">Galafold™ (Migalastat)</a>	12/01/2018
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment</a>	12/01/2018
<a href="#">Gattex (Teduglutide [Rdna Origin]), for Injection, for Subcutaneous Use</a>	12/01/2018
<a href="#">Gender Dysphoria Treatment</a>	11/01/2018
<a href="#">Gene Expression Tests for Cardiac Indications</a>	11/01/2018
<a href="#">Genetic Testing for Hereditary Cancer</a>	01/01/2019
<a href="#">Genvoya® (Elvitegravir/Cobicistat/Emtricitabine/Tenofovi Ralafenamide)</a>	11/01/2016
<a href="#">Gilotrif™ (Afatinib)</a>	09/01/2018
<a href="#">Glaucoma Agents: Travoprost (Generic Travatan), Rescula (Unoprostone), Zioptan (Tafluprost)</a>	06/01/2018
<a href="#">Glaucoma Surgical Treatments</a>	11/01/2018
<a href="#">Gleevec® (Imatinib Mesylate)</a>	12/01/2018
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	01/01/2019
<a href="#">Gout: Duzallo (lesinurad/allopurinol), Zurampic® (Lesinurad)</a>	03/01/2018
<a href="#">Gynecomastia Treatment</a>	06/01/2018

### H

<a href="#">Haegarda® (C1 Esterase Inhibitor, Human)</a>	10/01/2018
<a href="#">Harvoni™ (Ledipasvir/Sofosbuvir)</a>	02/01/2018
<a href="#">Hearing Aids And Devices Including Wearable, Bone-Anchored and Semi-Implantable</a>	01/01/2019
<a href="#">Helixate FS (Antihemophilic Factor [Recombinant])</a>	12/01/2018
<a href="#">Hetlioz® (Tasimelteon)</a>	08/01/2018
<a href="#">High Frequency Chest Wall Compression Devices</a>	01/01/2019
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	12/01/2018
<a href="#">Home Health Care</a>	01/01/2019
<a href="#">Home Hemodialysis</a>	03/01/2018
<a href="#">Home Traction Therapy</a>	12/01/2018
<a href="#">Hospice Care</a>	12/01/2017
<a href="#">Human Growth Hormone:</a>	03/01/2018



<a href="#">Somatropin (Genotropin<sup>®</sup>, Humatrope<sup>®</sup>, Norditropin<sup>®</sup>, NordiFlex<sup>®</sup>, Nutropin<sup>®</sup>, Nutropin AQ<sup>®</sup>, Nutropin AQ<sup>®</sup> NuSpin<sup>™</sup>, Omnitrope<sup>®</sup>, Saizen<sup>®</sup>, Zomacton<sup>®</sup>, Zorbitive<sup>®</sup>, and Serostim<sup>®</sup>) and Growth Stimulating Products : Mecasermin (Increlex<sup>®</sup>)</a>	
<a href="#">Human Menopausal Gonadotropins (hMG)</a>	07/01/2018
<a href="#">Humira<sup>®</sup> (Adalimumab)</a>	11/01/2018
<a href="#">Hycamtin<sup>®</sup> (Topotecan Hydrochloride)</a>	03/01/2018
<a href="#">Hysterectomy for Benign Conditions</a>	10/01/2018

**I**

<a href="#">Ibrance (Palbociclib)</a>	08/01/2018
<a href="#">Iclusig (Ponatinib)</a>	03/01/2018
<a href="#">Idhifa<sup>®</sup> (Enasidenib)</a>	12/01/2018
<a href="#">Ilaris<sup>®</sup> (Canakinumab)</a>	11/01/2018
<a href="#">Ilumya<sup>™</sup> (Tildrakizumab-Asmn)</a>	01/01/2019
<a href="#">Imbruvica (Ibrutinib)</a>	12/01/2018
<a href="#">Immune Globulin (IVIG and SCIG)</a>	12/01/2018
<a href="#">Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion</a>	04/01/2018
<a href="#">Impavido (Miltefosine)</a>	08/01/2018
<a href="#">Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors</a>	01/01/2019
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	01/01/2019
<a href="#">Infertility Diagnosis and Treatment</a>	01/01/2019
<a href="#">Infliximab (Remicade<sup>®</sup>, Inflectra<sup>™</sup>, Renflexis<sup>™</sup>)</a>	01/01/2019
<a href="#">Ingrezza<sup>®</sup> (Valbenazine)</a>	02/01/2018
<a href="#">Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines</a>	01/01/2019
<a href="#">Inlyta (Axitinib)</a>	10/01/2018
<a href="#">In-Network Exceptions for Breast Reconstruction Surgery Following Mastectomy</a>	09/01/2018
<a href="#">Insulin - CT/NY</a>	02/01/2018
<a href="#">Interim New Product Coverage Criteria</a>	11/01/2018
<a href="#">Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)</a>	01/01/2019
<a href="#">Intrauterine Fetal Surgery</a>	12/01/2018
<a href="#">Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease</a>	10/01/2018

<a href="#">Intron® A (Interferon Alfa-2b), Pegasys® (Peginterferon Alfa-2a), PegIntron® and Sylatron™ (Peginterferon Alfa-2b)</a>	03/01/2018
<a href="#">Invokana (canagliflozin), Farxiga (dapagliflozin)</a>	01/01/2016
<a href="#">Iressa® (Gefitinib)</a>	12/01/2018
<a href="#">Isotretinoin Oral Products - Absorica (isotretinoin), Myorisan (isotretinoin), Claravis (isotretinoin), Amnesteem (isotretinoin), Zenatane (isotretinoin)</a>	10/01/2018
<a href="#">Ixinity [Coagulation Factor IX (Recombinant)]</a>	03/01/2018

### J & K

<a href="#">Jakafi™ (Ruxolitinib)</a>	06/01/2018
<a href="#">Juxtapid (Lomitapide)</a>	12/01/2018
<a href="#">Jynarque™ (Tolvaptan)</a>	11/01/2018
<a href="#">Kalydeco (Ivacaftor)</a>	11/01/2018
<a href="#">Keveyis™ (Dichlorphenamide)</a>	05/01/2018
<a href="#">Kevzara® (Sarilumab) Injection</a>	10/01/2018
<a href="#">Kineret® (Anakinra)</a>	06/01/2018
<a href="#">Kisqali® (Ribociclib)</a>	12/01/2018
<a href="#">Kisqali® (Ribociclib) - Step Therapy</a>	12/01/2018
<a href="#">Kisqali® Femara® Co-Pack (Ribociclib/Letrozole)</a>	12/01/2018
<a href="#">Kisqali® Femara® Co-Pack (Ribociclib/Letrozole) – Step Therapy</a>	12/01/2018
<a href="#">Korlym (Mifepristone)</a>	06/01/2018
<a href="#">Kuvan (Sapropterin Dihydrochloride)</a>	10/01/2018
<a href="#">Kynamro</a>	12/01/2018

### L

<a href="#">Laser Interstitial Thermal Therapy</a>	12/01/2018
<a href="#">Latuda (Lurasidone)</a>	01/01/2017
<a href="#">Lazanda (Fentanyl Nasal Spray)</a>	12/01/2016
<a href="#">Lemtrada (Alemtuzumab)</a>	10/01/2018
<a href="#">Lenvima™ (Lenvatinib)</a>	10/01/2018
<a href="#">Lescol XL (Fluvastatin Extended-Release) and Livalo (Pitavastatin)</a>	12/01/2017
<a href="#">Leuprolide Acetate (Bulk Powder, 1 mg/0.2 mL Injection, Eligard®)</a>	10/01/2018
<a href="#">Lidocaine Patch (Lidoderm)</a>	06/01/2018
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	12/01/2018
<a href="#">Linzess™ (Linaclotide) and Movantik®</a>	06/01/2018
<a href="#">Lithotripsy for Salivary Stones</a>	12/01/2018
<a href="#">Long-Acting Opioid Pain Medications - Arvmo FR, Avinza (Morphine</a>	09/01/2018

<a href="#">Sulfate Extended-Release Capsules), Embeda (Morphine Sulfate And Naltrexone), Exalgo (Hydromorphone Extended-Release), Fentanyl Transdermal+, Hysingla ER (Hydrocodone Extended-Release), Kadian (Morphine Sulfate Sustained-Release Capsules), Morphine Sulfate (Generic MS Contin)+, MS Contin, Nucynta ER (Tapentadol Extended-Release), Opana ER (Oxymorphone Extended-Release), Oxycontin (Oxycodone Controlled-Release), Xtampza ER (Oxycodone Extended-Release), Zohydro ER (Hydrocodone Extended-Release)</a>	
<a href="#">Lonhala Magnair</a>	12/01/2018
<a href="#">Lonsurf (Trifluridine/Tipiracil)</a>	12/01/2018
<a href="#">Lotronex (Alosteron)</a>	02/01/2018
<a href="#">Lovaza® (Omega-3-Acid Ethyl Esters), Epanova® (Omega-3-Carboxylic Acids), Omtryg™ (Omega-3-Acid Ethyl Esters A), Vascepa® (Icosapent Ethyl)</a>	10/01/2018
<a href="#">Luxturna™ (Voretigene Neparvovec-Rzyl)</a>	01/01/2019
<a href="#">Lyme Disease</a>	12/01/2018
<a href="#">Lynparza™ (Olaparib)</a>	06/01/2018
<a href="#">Lyrica (Pregabalin)</a>	06/01/2018

**M**

<a href="#">Macular Degeneration Treatment Procedures</a>	01/01/2019
<a href="#">Magnetic Resonance Spectroscopy (MRS)</a>	01/01/2019
<a href="#">Manipulation Under Anesthesia</a>	11/01/2018
<a href="#">Manipulative Therapy</a>	11/01/2018
<a href="#">Mechanical Stretching Devices</a>	01/01/2019
<a href="#">Mekinist (Trametinib)</a>	06/01/2018
<a href="#">Mektovi™ (Binimetinib)</a>	11/01/2018
<a href="#">Meniscus Implant and Allograft</a>	01/01/2019
<a href="#">Methotrexate Injection: Rasuvo™ (methotrexate injection), Otrexup™ (methotrexate injection)</a>	12/01/2018
<a href="#">Mifeprex® (Mifepristone, RU-486)</a>	06/01/2018
<a href="#">Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)</a>	01/01/2019
<a href="#">Minocycline ER - minocycline extended-release tablet (generic Solodyn), Solodyn (minocycline extended-release tablet), Ximino (minocycline extended-release capsule)</a>	08/01/2018
<a href="#">Modafinil (Provigil) and Armodafinil</a>	03/01/2018

<a href="#">(Nuvigil)</a>	
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis and Treatment Decisions</a>	01/01/2019
<a href="#">Motorized Spinal Traction</a>	12/01/2018
<a href="#">Movantik (Naloxegol)</a>	01/01/2019
<a href="#">Mulpleta® (Lusutrombopag)</a>	12/01/2018
<a href="#">Multaq (Dronedarone)</a>	09/01/2018
<a href="#">Multiple Sclerosis - Aubagio® (teriflunomide), Avonex® (interferon β-1a), Betaseron® (interferon β-1b), opaxone® (glatiramer acetate), Extavia® (interferon β-1b)*, Gilenya® (fingolimod), Glatopa™ (glatiramer cetate)*, Plegridy™ (peginterferon β-1a)*, Rebif® (interferon β-1a), Tecfidera™ (dimethyl fumarate)</a>	05/01/2018
<a href="#">Multisource Brand/Modified Release Anticonvulsants - Depakote, Depakote ER, Felbatol, Keppra, Keppra XR, Lamictal, Lamictal XR (Brand and Generic), Lamictal ODT (Brand and Generic), Mysoline, Neurontin, Oxtellar XR, Qudexy XR (Brand and Authorized Generic), Spritam, Topamax, Trokendi XR, Trileptal, Zonegran</a>	12/01/2018
<a href="#">Myalept (Metreleptin)</a>	08/01/2018
<a href="#">Mytesi™ (Crofelemer)</a>	05/01/2018

**N**

<a href="#">Natpara™ (Parathyroid Hormone Analog)</a>	12/01/2018
<a href="#">Negative Pressure Wound Therapy</a>	01/01/2019
<a href="#">Nerlynx® (Neratinib)</a>	12/01/2018
<a href="#">Nerve Graft to Restore Erectile Function During Radical Prostatectomy</a>	10/01/2018
<a href="#">Neurophysiologic Testing and Monitoring</a>	01/01/2019
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	01/01/2019
<a href="#">Nexavar® (Sorafenib Tosylate)</a>	10/01/2018
<a href="#">Ninlaro (Ixazomib)</a>	06/01/2018
<a href="#">Nityr™ (Nitisinone)</a>	12/01/2018
<a href="#">Noctiva (Desmopressin Acetate)</a>	10/01/2018
<a href="#">Non-Solid Oral Dosage Forms: Epaned (enalapril), Nexium for suspension (esomeprazole), Prevacid SoluTab (lansoprazole), Purixan (mercaptopurine), Qbrelis (lisinopril), Sotylize (sotalol), Zegerid for suspension (omeprazole and sodium bicarbonate)</a>	06/01/2018

<a href="#">Northera (Droxidopa)</a>	08/01/2018
<a href="#">Nuedexta (Dextromethorphan/Guinidine)</a>	02/01/2018
<a href="#">Nuplazid (Pimavanserin Tartrate)</a>	11/01/2018

**O**

<a href="#">Obredon (Hydrocodone/Quaifenesin)</a>	07/01/2018
<a href="#">Obstetrical Ultrasonography</a>	10/01/2018
<a href="#">Obstructive Sleep Apnea Treatment</a>	01/01/2019
<a href="#">Ocaliva™ (Obeticholic Acid)</a>	09/01/2018
<a href="#">Occipital Neuralgia and Headaches</a>	11/01/2018
<a href="#">Ocrevus® (Ocrelizumab)</a>	12/01/2018
<a href="#">Odomzo® (Sonidegib)</a>	12/01/2018
<a href="#">Office Based Program</a>	12/01/2018
<a href="#">Off-Label/Unproven Specialty Drug Treatment</a>	07/01/2018
<a href="#">Olumiant® (Baricitinib)</a>	10/01/2018
<a href="#">Olysio® (Simeprevir)</a>	11/01/2017
<a href="#">Omnibus Codes</a>	01/01/2019
<a href="#">Onpattro™ (Patisiran)</a>	01/01/2019
<a href="#">Opioid Containing Cough Medicines (Flowtuss, Hycofenix, Obredon, Tuzistra XR, Tussionex, Zutripo, codeine/phenylephrine/promethazine, codeine/promethazine, hydrocodone/homatropine)</a>	07/01/2018
<a href="#">Orencia® (Abatacept) - Notification</a>	11/01/2018
<a href="#">Orencia® (Abatacept) - Step Therapy</a>	03/01/2018
<a href="#">Orencia® (Abatacept) Injection for Intravenous Infusion</a>	12/01/2018
<a href="#">Orfadin® (Nitisinone)</a>	08/01/2018
<a href="#">Orilissa (Elagolix)</a>	01/01/2019
<a href="#">Orkambi™ (Lumacaftor/Ivacaftor)</a>	12/01/2018
<a href="#">Orthognathic (Jaw) Surgery</a>	10/01/2018
<a href="#">Orthopedic Services</a>	10/01/2018
<a href="#">Osteochondral Grafting</a>	01/01/2019
<a href="#">Otezla (Apremilast)</a>	08/01/2018
<a href="#">Otoacoustic Emissions Testing</a>	10/01/2018
<a href="#">Outpatient Cardiac Telemetry</a>	11/01/2018
<a href="#">Outpatient Physical &amp; Occupational Therapy for Self Funded Groups</a>	03/01/2018
<a href="#">Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)</a>	07/01/2018
<a href="#">Oxistat (Oxiconazole) Cream</a>	12/01/2018

**P**

<a href="#">PAH Agents: Adcirca® (Tadalafil), Adempas® (Riociguat), Letairis® (Ambrisentan), Opsumit® (Macitentan), Orenitram™</a>	02/01/2018
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<a href="#">(Trepstinil), Revatio®* (Sildenafil Citrate), Sildenafil Citrate Tablets (Generic Revatio), Tracleer® (Bosentan), Tyvaso® (Trepstinil), Uptravi® (Selexipag), Ventavis® (Iloprost)</a>	
<a href="#">Palynziq™ ( pegvaliase-pgpz)</a>	12/01/2018
<a href="#">Pancreaze, Pertzye, Ultresa, Viokace</a>	10/01/2018
<a href="#">Panniculectomy and Body Contouring Procedures</a>	10/01/2018
<a href="#">Parsabiv™ (Etelcalcetide)</a>	10/01/2018
<a href="#">Pectus Deformity Repair</a>	08/01/2018
<a href="#">Percutaneous Vertebroplasty and Kyphoplasty</a>	01/01/2019
<a href="#">Pharmacogenetic Testing</a>	11/01/2018
<a href="#">Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy Including Cognitive/ Neuropsychological Rehabilitation for New Jersey Small Group Members</a>	08/01/2018
<a href="#">Plagiocephaly and Craniosynostosis Treatment</a>	12/01/2018
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	12/01/2018
<a href="#">Pneumatic Compression Devices</a>	10/01/2018
<a href="#">Pomalyst (Pomalidomide)</a>	08/01/2018
<a href="#">Praluent™ (Alirocumab)</a>	02/01/2018
<a href="#">Preterm Labor Management</a>	12/01/2018
<a href="#">Preventive Care Services</a>	01/01/2019
<a href="#">Prevymis™ (Letermovir)</a>	09/01/2018
<a href="#">Private Duty Nursing Services (PDN)</a>	01/01/2019
<a href="#">Procysbi™ (Cysteamine Bitartrate)</a>	12/01/2018
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	12/01/2018
<a href="#">Promacta (Eltrombopag)</a>	03/01/2018
<a href="#">Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs</a>	12/01/2018
<a href="#">Pulmicort Flexhaler (Budesonide Inhalation Powder)</a>	03/01/2018
<a href="#">Pulmozyme® (Dornase Alfa)</a>	05/01/2018

**R**

<a href="#">Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement</a>	01/01/2019
<a href="#">Radicava™ (Edaravone)</a>	01/01/2019
<a href="#">Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement</a>	11/01/2018
<a href="#">Radiopharmaceuticals and Contrast Media</a>	01/01/2019

<a href="#">Ravicti™ (Glycerol Phenylbutyrate Oral Liquid)</a>	10/01/2018
<a href="#">Rebif® (Interferon β-1a) - Step Therapy</a>	02/01/2018
<a href="#">Recombinate (Antihemophilic Factor [Recombinant])</a>	02/01/2018
<a href="#">Regranex (Becaplermin)</a>	11/01/2018
<a href="#">Relistor (Methylnaltrexone Bromide)</a>	01/01/2019
<a href="#">Repatha™ (Evolocumab)</a>	02/01/2018
<a href="#">Repository Corticotropin Injection (H.P. Acthar Gel®): By A Medical Professional</a>	06/01/2018
<a href="#">Repository Corticotropin Injection (H.P. Acthar Gel®): Self-Administered</a>	12/01/2018
<a href="#">Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)</a>	01/01/2019
<a href="#">Restasis® (Cyclosporine Ophthalmic Emulsion 0.05%), Xiidra™ (Lifitegrast 5% Ophthalmic Solution)</a>	12/01/2018
<a href="#">Review at Launch for New to Market Medications</a>	01/01/2018
<a href="#">Revlimid® (Lenalidomide)</a>	08/01/2018
<a href="#">Rexulti (Brexipiprazole)</a>	06/01/2018
<a href="#">Rhinoplasty and Other Nasal Surgeries</a>	08/01/2018
<a href="#">Rhofade (Oxymetazoline)</a>	11/01/2018
<a href="#">Rituximab (Rituxan)</a>	01/01/2019
<a href="#">Routine Foot Care</a>	01/01/2019
<a href="#">Rubraca™ (Rucaparib)</a>	12/01/2018
<a href="#">Ruconest® (C1 esterase inhibitor [recombinant])</a>	10/01/2018
<a href="#">Rydapt™ (Midostaurin)</a>	09/01/2018

**S**

<a href="#">Sandostatin LAR® Depot (Octreotide Acetate)</a>	12/01/2018
<a href="#">Sandostatin Subcutaneous Formulation (Octreotide Acetate)</a>	12/01/2018
<a href="#">Sedative Hypnotic Agents: Zolpimist (zolpidem tartrate), Rozerem (ramelteon), Belsomra</a>	06/01/2018
<a href="#">Seebri Neohaler (Glycopyrrolate)</a>	01/01/2019
<a href="#">Select Brand Medications - Aplenzin (bupropion extended-release), Celexa (citalopram), Effexor XR (venlafaxine extended-release), Forfivo XL (bupropion extended-release) and Pexeva (paroxetine)</a>	02/01/2018
<a href="#">Selzentry (Maraviroc)</a>	05/01/2018
<a href="#">Sensipar (Cinacalcet)</a>	11/01/2018
<a href="#">Sensory Integration Therapy and</a>	12/01/2018

<a href="#">Auditory Integration Training</a>	
<a href="#">Seroquel XR (Quetiapine)</a>	01/01/2017
<a href="#">Shoulder Replacement Surgery (Arthroplasty)</a>	10/01/2018
<a href="#">Signifor (Pasireotide Diaspartate)</a>	12/01/2018
<a href="#">Siliq (Brodalumab)</a>	05/01/2018
<a href="#">Simponi® (Golimumab)</a>	06/01/2018
<a href="#">Simponi® Aria™ (Golimumab) Injection for Intravenous Infusion</a>	12/01/2018
<a href="#">Single Source Brand Anticonvulsants – Aptiom (eslicarbazepine), Fycompa (perampanel) and Vimpat (lacosamide)</a>	12/01/2018
<a href="#">Site of Service Guidelines for Certain Outpatient Surgical Procedures</a>	05/01/2018
<a href="#">Skin and Soft Tissue Substitutes</a>	01/01/2019
<a href="#">Sodium Phenylbutyrate (Buphenyl™)</a>	07/01/2018
<a href="#">Sodium Hyaluronate</a>	01/01/2019
<a href="#">Solaraze (Diclofenac 3% Gel)</a>	10/01/2018
<a href="#">Soliqua (Insulin Glargine/Lixisenatide)</a>	05/01/2018
<a href="#">Soliris® (Eculizumab)</a>	08/01/2018
<a href="#">Solosec (Secnidazole)</a>	08/01/2018
<a href="#">Somavert® (Pegvisomant)</a>	10/01/2018
<a href="#">Soolantra (Ivermectin Cream)</a>	10/01/2018
<a href="#">Sovaldi (Sofosbuvir)</a>	11/01/2017
<a href="#">Specialty Medication Administration - Site of Care Review Guidelines</a>	01/01/2019
<a href="#">Speech Therapy and Early Intervention Programs/Birth to Three</a>	10/01/2018
<a href="#">Spinraza™ (Nusinersen)</a>	04/01/2018
<a href="#">Sprycel® (Dasatinib)</a>	02/01/2018
<a href="#">Stelara™ (Ustekinumab) (for Subcutaneous Formulation of Ustekinumab)</a>	03/01/2018
<a href="#">Stelara® (Ustekinumab)</a>	10/01/2018
<a href="#">Stivarqa® (Regorafenib)</a>	09/01/2018
<a href="#">Strensiq™ (asfotase alfa)</a>	03/01/2018
<a href="#">Stribild® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate), Genvoya® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)</a>	08/01/2018
<a href="#">Sublingual Immunotherapy (SLIT) - Grastek, Oralair, Ragwitek</a>	06/01/2018
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	11/01/2018



<a href="#">Surgical Treatment for Spine Pain</a>	01/01/2019
<a href="#">Sutent® (Sunitinib Malate)</a>	06/01/2018
<a href="#">Synagis (Palivizumab)</a>	12/01/2018
<a href="#">Syprine® (Trientine Hydrochloride)</a>	09/01/2018
<a href="#">Synribo® (Omacetaxine)</a>	11/01/2018

**T**

<a href="#">Tafinlar (Dabrafenib)</a>	06/01/2018
<a href="#">Taqrisso™ (Osimertinib)</a>	03/01/2018
<a href="#">Taltz™ (Ixekezumab)</a>	05/01/2018
<a href="#">Tarceva® (Erlotinib)</a>	03/01/2018
<a href="#">Tasigna® (Nilotinib) - Notification</a>	03/01/2018
<a href="#">Tasigna® (Nilotinib) - Step Therapy</a>	02/01/2018
<a href="#">Tavalisse™ (Fostamatinib)</a>	11/01/2018
<a href="#">Technivie™ (Ombitasvir, Paritaprevir, and Ritonavir Tablets)</a>	11/01/2017
<a href="#">Temodar® (Temozolomide)</a>	12/01/2018
<a href="#">Temporomandibular Joint Disorders</a>	04/01/2018
<a href="#">Test Strips</a>	09/01/2018
<a href="#">Tetrabenazine (Xenazine®)</a>	07/01/2018
<a href="#">Thalomid® (Thalidomide)</a>	08/01/2018
<a href="#">Thermography</a>	12/01/2018
<a href="#">Tibsovo® (Ivosidenib)</a>	12/01/2018
<a href="#">Tobacco Cessation - Health Care Reform: Bupropion (generic Zyban), Chantix® (varenicline), Habitrol OTC (nicotine patch), Nicoderm CQ OTC (nicotine transdermal system), Nicorette gum OTC (nicotine gum), Nicorette lozenge OTC (nicotine lozenge), Nicorette mini-lozenge OTC (nicotine lozenge), Nicotrol® NS (nicotine nasal spray), Nicotrol® Inhaler (nicotine inhalation system), Thrive gum OTC (nicotine gum) or Thrive lozenge OTC (nicotine lozenge)</a>	01/01/2019
<a href="#">Tobramycin inhalation solution/powder: Bethkis®, Kitabis™ Pak, TOBI™ Nebulizer Solution and TOBI®</a>	05/01/2017
<a href="#">Topical Androgens: Axiron, Androderm, Androgel, Fortesta, Natesto, Testim, Striant, Vogelxo</a>	09/01/2018
<a href="#">Topical Antifungals: Jublia, Kerydin</a>	08/01/2018
<a href="#">Topical Retinoids (Pharmaceutical Treatment of Acne): Avita® (tretinoin), Atralin™ (tretinoin), Retin-A® (tretinoin), Retin-A Micro® (tretinoin microspheres), Retin-X™ (tretinoin/cleanser), Differin® (adapalene), Fabior™ (tazarotene), and Tazorac® (tazarotene)</a>	05/01/2018

<a href="#">Topical Steroids: Cordran (Flurandrenolide) Cream 0.05%, Cordran (Flurandrenolide) Lotion 0.05%, Cordran (Flurandrenolide) Ointment 0.05%, Cloderm (Clocortolone Pivalate) Cream 0.1%, Halog (Halcinonide) Cream 0.1%, Halog (Halcinonide) Ointment 0.1%, Desonate (Desonide Gel) Gel 0.05% Cultivate Lotion (Fluticasone Propionate 0.05% Lotion)</a>	05/01/2018
<a href="#">Total Artificial Disc Replacement for Spine</a>	11/01/2018
<a href="#">Total Artificial Heart</a>	01/01/2019
<a href="#">Total Knee Replacement Surgery (Arthroplasty)</a>	10/01/2018
<a href="#">Transcatheter Heart Valve Procedures</a>	12/01/2018
<a href="#">Transcranial Magnetic Stimulation</a>	04/01/2018
<a href="#">Transportation Services</a>	02/01/2018
<a href="#">Transpupillary Thermotherapy</a>	01/01/2019
<a href="#">Tremfya™ (Guselkumab)</a>	12/01/2018
<a href="#">Tresiba (Insulin Degludec)</a>	09/01/2017
<a href="#">Trintellix (Vortioxetine)</a>	01/01/2018
<a href="#">Triptans - Agents for Migraine</a>	08/01/2018
<a href="#">Trogarzo™ (Ibalizumab-Uiyk)</a>	01/01/2019
<a href="#">Trulance (Plecanatide)</a>	06/01/2018
<a href="#">Tykerb® (Lapatinib)</a>	12/01/2018
<a href="#">Tymlos™ (Abaloparatide)</a>	02/01/2018

**U**

<a href="#">Uloric (Febuxostat)</a>	10/01/2018
<a href="#">Ultravate (Halobetasol Propionate) Lotion</a>	05/01/2018
<a href="#">Umbilical Cord Blood Harvesting and Storage for Future Use</a>	01/01/2019
<a href="#">Unicondylar Spacer Devices for Treatment of Pain or Disability</a>	01/01/2019

**V**

<a href="#">Vagus Nerve Stimulation</a>	01/01/2019
<a href="#">Valchlor Gel for Topical Use (Mechlorethamine)</a>	12/01/2018
<a href="#">Vecamyl (Mecamylamine)</a>	11/01/2018
<a href="#">Veltassa (Patiromer)</a>	09/01/2017
<a href="#">Vemlidy® (Tenofovir Alafenamide)</a>	09/01/2017
<a href="#">Venclexta™ (Venetoclax)</a>	08/01/2018
<a href="#">Verzenio (Abemaciclib)</a>	08/01/2018
<a href="#">Viberzi (Eluxadoline)</a>	06/01/2018
<a href="#">Viekira Pak™ (Ombitasvir, Paritaprevir, and Ritonavir Tablets; Dasabuvir Tablets)</a>	11/01/2017

<a href="#">Virtual Upper Gastrointestinal Endoscopy</a>	12/01/2018
<a href="#">Vision Services (Including Refractive Surgery)</a>	09/01/2018
<a href="#">Votrient™ (Pazopanib)</a>	03/01/2018
<a href="#">Vraylar (Cariprazine)</a>	08/01/2018

**W, X, Y, Z**

<a href="#">Warming Therapy and Ultrasound Therapy for Wounds</a>	01/01/2019
<a href="#">White Blood Cell Colony Stimulating Factors</a>	12/01/2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	01/01/2019
<a href="#">Xadago (Safinamide)</a>	03/01/2018
<a href="#">Xalkori® (Crizotinib)</a>	03/01/2018
<a href="#">Xeljanz®/ Xeljanz® XR (tofacitinib): Notification</a>	09/01/2018
<a href="#">Xeljanz®/ Xeljanz® XR (tofacitinib): Step Therapy</a>	12/01/2018
<a href="#">Xermelo™ (Telotristat Ethyl)</a>	09/01/2018
<a href="#">Xifaxan (Rifaximin)</a>	08/01/2018
<a href="#">Xolair (Omalizumab)</a>	12/01/2018
<a href="#">Xtandi® (Enzalutamide): Notification</a>	11/01/2018
<a href="#">Xtandi® (Enzalutamide): Step Therapy</a>	03/01/2018
<a href="#">Xuriden™ (Uridine Triacetate)</a>	09/01/2018
<a href="#">Xyntha (Antihemophilic Factor [Recombinant])</a>	08/01/2018
<a href="#">Xyrem (Sodium Oxybate)</a>	10/01/2018
<a href="#">Zejula™ (Niraparib)</a>	08/01/2018
<a href="#">Zelboraf™ (Vemurafenib)</a>	06/01/2018
<a href="#">Zepatier™ (Elbasvir/Grazoprevir)</a>	11/01/2017
<a href="#">Zinbryta™ (Daclizumab)</a>	08/01/2018
<a href="#">Zovirax (Acyclovir Ointment)</a>	12/01/2018
<a href="#">Zydelig® (Idelalisib)</a>	12/01/2018
<a href="#">Zyflo (Zileuton), Zyflo CR (Zileuton Extended-Release)</a>	05/01/2018
<a href="#">Zykadia™ (Ceritinib)</a>	09/01/2018
<a href="#">Zytiga (Abiraterone Acetate)</a>	08/01/2018