



(formerly WellFirst Health)

Coverage of any drug intervention discussed in a Medica prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

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- ☒ Commercial (Small & Large Group) ☒ ASO ☒ Exchange/ACA
☒ Medicare Advantage (MAPD)
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New-to-Market Medical Pharmacy Products Currently Under Clinical Review MB2210

Covered Service: Yes

Prior Authorization Required: N/A

Additional Information: None

Medicare Policy: Prior authorization is not required for Medicare Cost products (Dean Care Gold) and Medicare Supplement (Select) when this drug is provided by participating providers. Prior authorization is required if a member has Medicare primary and the plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

Wisconsin Medicaid Policy Coverage of prescription drug benefits is administered by the Wisconsin Medicaid program. Coverage of medical drug benefits is administered by the Wisconsin Medicaid fee-for-service program. Medical drugs not paid on a fee-for-service basis by the Wisconsin Medicaid program are covered by the plan with no PA required.

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Updated 04/17/2025

Brand name	Generic name	J code	National Drug Codes (NDCs)	Date of FDA approval
Bomyntra	denosumab-bnht	J3590	65219-0670-01 65219-0672-01	March 25, 2025
Conexence	denosumab-bnht	J3590	65219-0668-01	March 25, 2025
denosumab-bnht	denosumab-bnht	J3590	Various	March 25, 2025
Denosumab-dssb	Denosumab-dssb	J3590	71202-0013-10	February 13, 2025
Encelto	revakinagene taroretcel-lwey	J3590	82958-0501-01	March 6, 2025
Omalizumab-igec	Omalizumab-igec	J3590	72606-0052-01 72606-0053-01	March 7, 2025
Omlyclo	Omalizumab-igec	J3590	72606-0035-01 72606-0036-01	March 7, 2025
Osenvelt	Denosumab-bmwo	J3590	72606-0038-01	February 28, 2025
Ospomyv	Denosumab-dssb	J3590	71202-0012-10	February 13, 2025
Pegfilgrastim-fpgk	Pegfilgrastim-fpgk	J3590	TBD	March 26, 2025
Qfitlia	Fitusiran injection	J3490	58468-0348-01 58468-0347-01	March 28, 2025
Stoboclo	Denosumab-bmwo	J3590	72606-0037-01	February 28, 2025
Tocilizumab-anoh	Tocilizumab-anoh	J3590	Multiple	January 30, 2025
Ustekinumab	Ustekinumab	J3590	Multiple	April 1, 2025
Ustekinumab-ttwe	Ustekinumab-ttwe	J3590	Multiple	March 13, 2025
Xbryk	Denosumab-dssb	J3590	71202-0014-01	February 13, 2025

Note: Drugs recently removed from this list have been addressed under new drug management policies.

This list is provided for our provider network's convenience and information. While this list is intended to be comprehensive, the U.S. Food and Drug Administration (FDA) approval process and its timing is outside of the Plan's control. The Plan reserves the right to adjust claims for any new-to-market medical pharmacy products as discussed in the '[New-to-Market Medical Pharmacy Products](#)' coverage policy.

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	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division/Pharmacy Services	July 20, 2022
Revised:	Medical Policy Committee/Health Services Division/Pharmacy Services	September 21, 2022
	Medical Policy Committee/Health Services Division/Pharmacy Services	February 15, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	April 19, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	May 17, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	June 21, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	July 19, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	August 16, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	September 20, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	October 18, 2023
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 15, 2023
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	Medical Policy Committee/Health Services Division/Pharmacy Services	September 11, 2024
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 21, 2024

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