



RX.PA.014.MPC HIGH-COST LOW VOLUME DRUG RISK MITIGATION

The purpose of this policy is to define the prior authorization process for utilizing high-cost low volume (HCLV) medications.

The Maryland’s Department of Health (the Department) has instituted a risk mitigation policy for high-cost low volume medications for both physician administered and retail pharmacy drugs. These medications are subject to the prior authorization process for MPC members, regardless of administration setting (inpatient and outpatient). The list of covered drugs is reviewed annually and subject to change.

Note: MPC does not conduct any retrospective review for these medications. All prior authorization requests must be approved by MPC prior to member administration. All additional supportive services required for the administration of these medication will be reviewed separately.

Drug Name	NDC Code	HCPCS Code (if Applicable)
Actimmune	75987-0111-11, 75987-0111-10	J9216
Adcetris	51144-0050-01	J9042
Altuviiio	71104-0978-01, 71104-0979-01, 71104-0980-01, 71104-0981-01, 71104-0982-01, 71104-0983-01, 71104-0984-01	J7199
Amondys 45	60923-0227-02	J1426
Anktiva	81481-0803-01	J9399
Benefix	58394-0633-03, 58394-0634-03, 58394-0635-03, 58394-0636-03, 58394-0637-03	J7195
Beqvez	00069-0422-01, 00069-2004-04, 00069-2004-14, 00069-2005-05, 00069-2005-15, 00069-2006-06, 00069-2006-16, 00069-2007-07, 00069-2007-17	J3590
Bylvay	74528-0040-01, 74528-0120-01	J8499
Cinryze	42227-0081-05	J0598
Danyelza	73042-0201-01	J9348
Daybue	63090-0660-01	J8499
Elevidys	60923-0501-10 , 60923-0502-11 , 60923-0503-12, 60923-0504-13, 60923-0505-14 , 60923-0506-15 , 60923-0507-16, 60923-0508-17, 60923-0509-18, 60923-0510-19, 60923-0511-20, 60923-0512-21, 60923-0513-22, 60923-0514-23, 60923-0515-24, 60923-0516-25,	J3490, J3590



Drug Name	NDC Code	HCPCS Code (if Applicable)
	60923-0517-26, 60923-0518-27, 60923-0519-28, 60923-0520-29, 60923-0521-30, 60923-0522-31, 60923-0523-32, 60923-0524-33, 60923-0525-34, 60923-0526-35, 60923-0527-36, 60923-0528-37, 60923-0529-38, 60923-0530-39, 60923-0531-40, 60923-0532-41, 60923-0533-42, 60923-0534-43, 60923-0535-44, 60923-0536-45, 60923-0537-46, 60923-0538-47, 60923-0539-48, 60923-0540-49, 60923-0541-50, 60923-0542-51, 60923-0543-52, 60923-0544-53, 60923-0545-54, 60923-0546-55, 60923-0547-56, 60923-0548-57, 60923-0549-58, 60923-0550-59, 60923-0551-60, 60923-0552-61, 60923-0553-62, 60923-0554-63, 60923-0555-64, 60923-0556-65, 60923-0557-66, 60923-0558-67, 60923-0559-68, 60923-0560-69, 60923-0561-70	
Eloctate	71104-0801-01, 71104-0802-01, 71104-0803-01, 71104-0805-01, 71104-0806-01;71104-0807-01 71104-0808-01, 71104-0809-01, 71104-0810-01	J7205
Evkeeza	61755-0010-01, 61755-0013-01	J1305
Fabhalta	00078-1189-20	J8499
Gattex	68875-0101-01, 68875-0102-01 , 68875-0103-01	J3490
Givlaari	71336-1001-01	J0223
Haegarda	63833-0828-02, 63833-0829-02	J0599
Hemgenix	00053-0099-01, 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,	J1411

Drug Name	NDC Code	HCPCS Code (if Applicable)
	00053-0410-41, 00053-0420-42, 00053-0430-43, 00053-0440-44, 00053-0450-45, 00053-0460-46, 00053-0470-47, 00053-0480-48	
Hemlibra	50242-0920-01, 50242-0921-01, 50242-0922-01, 50242-0923-01, 50242-0927-01, 50242-0930-01	J7170
Jivi	00026-3942-25, 00026-3944-25, 00026-3946-25, 00026-3948-25	J7208
Joenja	71274-0170-60	J8499
Kimmtrak	80446-0401-01	J9274
Krystexxa	75987-0080-10	J2507
Lamzede	10122-0180-02, 10122-0180- 05,10122-0180-10	J3490, J3590
Livmarli	79378-0110-01	J8499
Myalept	76431-0210-01	J3490, J3590
Nexviazyme	58468-0426-01	J0219
Novoseven	00169-7201-01, 00169-7202-01, 00169-7205-01, 00169-7208-01, 00169-7211-11, 00169-7212-11 , 00169-7215-11, 00169-7218-11	J7189
Nulibry	73129-0001-01	J3490
Olpruva	72542-0002-01, 72542-0200-02, 72542-0200-09, 72542-0003-01, 72542-0300-02, 72542-0300-09, 72542-0400-02, 72542-0400-18, 72542-0500-02, 72542-0500-18, 72542-0600-02, 72542-0600-18, 72542-0367-01, 72542-0667-02, 72542-0667-18	J8499
Orladeyo	72769-0101-01, 72769-0102-01	J8499
Oxlumo	71336-1002-01	J0224
Pombiliti	71904-0200-01, 71904-0200-02, 71904-0200-03	J1203
Procysbi	75987-0101-08	J8499
Ravicti	75987-0050-06	J8499
Rethymic	72359-0001-01	J3590
Revcovi	57665-0002-01	J3590, J3490
Rivfloza	00169-5306-10, 00169-5307-08, 00169-5308-01	J3490
Roctavian	68135-0927-01, 68135-0927-48	J3490, J3590
Ryplazim	70573-0099-01, 70573-0099-02	J2998
Sohonos	15054-0010-01, 15054-0015-01, 15054-0025-01, 15054-0050-01, 15054-0100-01	J8499
Soliris	25682-0001-01	J1300
Spinraza	64406-0058-01	J2326
Takhzyro	47783-0644-01	J0593
Veopoz	61755-0014-01	J3590

Drug Name	NDC Code	HCPCS Code (if Applicable)
Viltepso	73292-0011-01	J1427
Vimizim	68135-0100-01	J1322
Vyjuvek	82194-0510-02	J3590
Vyondys 53	60923-0465-02	J1429
Xenpozyme	58468-0050-01	J0218
Xyntha	58394-0016-03, 58394-0022-03, 58394-0023-03, 58394-0024-03, 58394-0025-03, 58394-0012-01, 58394-0013-01, 58394-0014-01, 58394-0015-01	J7185
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	J3399

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Selected Revision</i> <i>Addition and removal of approved MDH medications, NDC codes, J codes</i>	01/2025
<i>Selected Revision</i> <i>Addition and removal of approved MDH medications, NDC codes, J codes</i> <i>Addition of language to address authorization requirements based on infusion setting</i>	11/2024
<i>Annual review</i>	02/2024

<i>Selected Revision</i> <i>Addition and removal of approved MDH medications, NDC codes, J codes</i>	01/2024
<i>Selected Revision</i> <i>Addition of newly approved MDH medications, NDC codes, J codes</i>	08/2023
<i>Annual review and inclusion of new medications highlighted in red</i>	02/2023
<i>Annual review</i>	02/2022
<i>New Policy</i>	02/2021