# ***MedStar Medicare Choice Pharmacy Services***

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# **At a Glance**

Welcome to MedStar Medicare Choice Medicare Choice Pharmacy Services. MedStar Medicare Choice Medicare Choice Pharmacy partners with the physician-led network of MedStar Medicare Choice providers to meet the medication and cost needs of patients. The approach focuses on improving patient health through coordinated formulary and care advising programs that enhance the member and provider experience.

MedStar Medicare Choice develops a formulary of medications chosen based on clinical effectiveness, safety, and value. The formulary’s pricing strategy is designed to achieve the goal of better clinical outcomes at an affordable cost. The formulary is developed by physicians and clinical pharmacists.

The MedStar Medicare Choice formulary includes the following features:

* Required generics
* Lists of preferred drugs (formulary medications)
* Prior authorization or step-therapy requirements for selected medications
* Quantity limits (based on FDA guidelines and accepted standards of care)

## **Contact a Clinical Pharmacist**

MedStar Medicare Choice encourages providers to contact the **Pharmacy Services Department** at **(855) 266-0712** from 8:00 am to 5:00 pm, Monday through Friday, with comments or questions about a member’s medication history, duplicate medications, or compliance. A dedicated clinical pharmacy team is available to provide extra support, including:

* Answering medication-related questions from providers and network pharmacies
* Developing and conducting prospective and retrospective drug utilization reviews
* Supporting  providers, network pharmacies, and members on pharmacy changes
* Serving as a clinical resource for the provider network
* Conducting a medication therapy management (MTM) program
* Providing physician and patient education materials to network practices to support drug selection and use based on the best objective and clinical evidence

## **Prior Authorization**

A limited number of medications require authorization before they are provided to members. Authorizations may be needed for the following reasons:

* Prior authorization or a step therapy requirement as indicated on the formulary
* Prescriptions that exceed MedStar Medicare Choice quantity limits
* Non-formulary medications
* Early refills

In some cases, clinical documentation is necessary to review these medication requests. All requests will be reviewed promptly, and the decision will be communicated to the physician or member.

## **How to Obtain Prior Authorization**

To receive authorization for a medication requiring a prior authorization or quantity limits, or a non-formulary medication:

1. Obtain a prior authorization form from the following website: <http://medstarprovidernetwork.org/mc_pharm_prior_authorization_forms.html>
2. Fax to **855-862-6517**

MedStar Medicare Choice will immediately communicate all coverage determinations and prior authorization decisions by fax to the physician’s office once the review process is complete. If a fax number is not available, MedStar Medicare Choice Pharmacy Services Team will communicate decisions by phone and will mail a copy of any decision documentation to the provider’s office.

Patients will be notified of all pharmacy prior authorization decisions determined by MedStar Medicare Choice.

# **Pharmacy Policies**

## **Prior Authorization Criteria**

Prior authorizations are set on a specific drug-by-drug basis and require specific criteria for approval based upon FDA and manufacturer guidelines, medical literature, safety concerns, and appropriate use. Drugs that require prior authorization may be:

* Newer medications requiring monitoring by MedStar Medicare Choice
* Medications not used as a standard first option in treating a medical condition
* Medications with potential side effects that MedStar Medicare Choice would like to monitor to ensure safety

All prior authorization criteria are reviewed by the Pharmacy and Therapeutics (P&T) committee.

The physician should submit clinical information to the MedStar Medicare Choice Pharmacy Services Department. Once that information has been received, a decision regarding the medical necessity of the requested medication will be made.

## **Step Therapy**

Step therapy ensures patients are taking the most effective medication at the best cost. This means trying the least expensive medication that has been proven effective to treat a condition. The step therapy process for MedStar Medicare Choice includes:

* Step 1: When your prescribed drug is impacted by step therapy, the patient will be asked to try preferred (often generic) drugs first. The generic drugs recommended will be approved by the Food and Drug Administration (FDA) as providing the same health benefits at a much lower cost
* Step 2: If the drug in Step 1 does not work, patients can try a drug in Step 2.

Step Therapy is coordinated with the patient’s benefit plan. Medications are automatically approved if there is a record that the patient has already tried a preferred medication.

If there is no record of a preferred medication in the patient’s medication history, the physician must submit clinical information to the MedStar Medicare Choice Pharmacy Services Team. Once that information is received, a decision regarding payment for the requested medication will be made.

**Quantity Limits**

A quantity limit or dose duration may be placed on certain medications to ensure patients are getting the most cost-effective drug/dose combination.

MedStar Medicare Choice follows the FDA and manufacturer’s recommended dosing guidelines and limits how much of the medication the member may receive in a certain time period. Providers are encouraged to incorporate these quantity limits into their prescribing patterns.

For medical exceptions, please call Pharmacy Services during the hours of 8:00am to 5:00pm, Monday through Friday at **(855) 266-0712**.

## **Mandatory Generics**

Most formularies require the use of a generic version of a drug if one is available.

# **MedStar Medicare Choice Pharmacy Programs**

**MedStar Medicare Choice Pharmacy Benefit Coverage**

MedStar Medicare Choice pharmacy plan includes a five tier formulary. Many medications, unless they are benefit exclusions, are covered under this benefit.

This allows patients to access multiple medications, allowing patients and providers to determine the medication that is best for the individual member.

**First Tier**: The first tier consists of preferred generic medications and has the lowest copay.  These are therapeutically equivalent to the branded products and approved by the FDA. When a generic medication is available, providers are encouraged to prescribe the generic medication to patients.

**Second Tier**: The second tier has a slightly higher cost share and consists of non-preferred generic medications. These are therapeutically equivalent to the branded products and are approved by the FDA. When a generic medication is available, providers are encouraged to prescribe the generic medication to patients.

**Third Tier**: The third tier includes those brand-name drugs for when generics are not available. MedStar Medicare Choice has designated these medications as “preferred” based on clinical efficacy, safety profile, and cost effectiveness.

**Fourth Tier:** The fourth tier includes brand-name medications that are not preferred, but which the patient may purchase at a higher cost share.

**Fifth Tier:** The fifth tier includes specialty, high-cost, and biological medication, (regardless of how the medication is administered (injectable, oral, transdermal or inhaled)).  These medications are often used to treat complex clinical conditions and usually require close management by a physician because of their potential side effects and the need for frequent dosage adjustments.

**Additional Information about the MedStar Medicare Choice Pharmacy Benefit**

MedStar Medicare Choice pharmacy benefit is designed to provide patients with coverage for medications at an affordable cost.

**Generics**

To achieve this goal, the patient is required to use a generic version of the drug if one is available. If patients receive a brand-name drug when a generic is available, the patient must pay the cost share amount in addition to the retail cost difference between the brand-name and generic forms of the drug.

**Quantity Limits**

Also, quantities are limited to a 30-day supply for controlled substances and for medications defined as specialty. A 90-day supply of most drugs is available from the mail-order pharmacy, Express Scripts, Inc. (ESI). The ESI customer service center is available 24/7 at **(877) 787-6279**. TTY users may call toll-free at **(800) 899-2114**.

**Formulary**

The drugs are listed in the 2015 Formulary. This is a COMPLETE listing of the most commonly prescribed drugs and represents the drug formulary that is at the core of this pharmacy benefit plan. As drugs are released into the market, they are reviewed by the P&T Committee for formulary placement. Benefit exclusions may apply. Call the MedStar Medicare Choice Pharmacy Services Department for more information at **(855) 266-0712**.

# **Where to Obtain Prescriptions**

## How to Fill Prescription Medications

**Short-term Medications**

These are drugs needed immediately. This includes medications used to treat short term infections, or to relieve pain temporarily. Providers can send these prescriptions:

* To a MedStar Pharmacy: To locate a MedStar Pharmacy, patients should call MedStar Medicare Choice Member Services at **(855) 222-1041**.
* To a retail network pharmacy: MedStar Medicare Choice Plan uses the Express Scripts national retail network for members to obtain prescription drugs.  To locate the nearest retail network pharmacy patients should call MedStar Medicare Choice Member Services at **(855) 222-1041**.

**Long-term Medications**

These are drugs taken on a regular basis. These medications can be picked up at a MedStar pharmacy or mailed to the members home for up to a 90-day supply. Members can fill these prescriptions:

* At a MedStar pharmacy: MedStar Pharmacies can fill prescriptions for up to a 90-day supply. Often times, your MedStar pharmacy may have a lower co-pay for the members medication.
* Through home delivery from the Express Scripts pharmacy: Members may also receive home delivery for long-term medications from Express Scripts. These medications will be delivered directly to the members’ home in a plain, weather-resistant pouch for privacy and protection. Standard shipping is free.

**Specialty Medications**

Specialty medications treat specific medical conditions such as cancer, hemophilia, hepatitis, multiple sclerosis, psoriasis, pulmonary arterial hypertension, respiratory syncytial virus, rheumatoid arthritis, and more. Providers can send these prescriptions:

* To MedStar Pharmacy: To locate a MedStar Pharmacy, patients should call MedStar Medicare Choice Member Services at **(855) 222-1041.**
* To Accredo (the Express Scripts Specialty Pharmacy): Accredo, the Express Scripts specialty pharmacy. Patients should call MedStar Medicare Choice Pharmacy Services at **(855) 266-0712** to learn more about specialty medications.

For MedStar Medicare Choice members who require specialty medications to be administered by a health care professional, such as Remicade, Orencia, etc., please follow the defined protocol to assist with Prior Authorization requests:

## **Obtaining Prior Authorization for Specialty Medications**

For Medications Covered under the Pharmacy Benefit:

1. To request Prior Authorization for medications covered under the pharmacy benefit, please visit the following website: <http://medstarprovidernetwork.org/mc_pharm_prior_authorization_forms.html>
2. From the website, complete, print and fax prior authorization forms for specific drugs and non-formulary exceptions. Fax completed prior authorization forms for Pharmacy Services along with supporting documentation at: **(855) 862-6517.**
3. Please contact the MedStar Medicare Choice Pharmacy Services Team for assistance with Steps 1 and 2 mentioned above at: **(855) 266-0712**.

For Medications Covered under the Medical Benefit:

1. To request Prior Authorization for medications covered under the medical benefit, please visit the following website: <http://medstarprovidernetwork.org/mc_pharm_prior_authorization_forms.html>
2. Please contact the MedStar Medicare Choice Medical Management / Prior Authorization Team for assistance at: **(855) 242-4875**.

Fax Instructions for Prior Authorization Forms:

Once the form has been received:

* Please identify on the form that this is a “Buy and Bill” medication request.
* These forms should be faxed along with supporting documentations to Pharmacy Services at: **(855) 862-6517**.

1. Please indicate on the form that the request is going to be paid through the “Buy and Bill” method.
2. To avoid delays in responses, please provide all relevant information. Examples follow:
   1. Patient diagnosis
   2. Previously medications attempts (including the trial period)
   3. Supporting lab reports
   4. Notes from patients most recent office visit
   5. Contact information for attending physician or office manager on the fax document
3. For additional support regarding J-Code selection for specialty medications provided under the medical benefit, please refer to the table provided below.

Prior Authorization for Medical Necessity Pharmacy Review Process

Our Pharmacy team has completed training to review the provided information for medical necessity. Upon review, if approved, you will be provided with an authorization number to provide on your claim submittal. The MedStar Medicare Choice Pharmacy team will add that authorization into the system to ensure that your claim processes timely and in accordance with your contract. If coverage is denied, you will be notified of the denial reason and the appeals process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **J-Code** | **Brand Name** | **Description** | **Prior Authorization for Medical**  *PA's apply at all places of service except 21 (inpatient) unless otherwise specified* | | |
| **CM** | **MC** | **Effective Date** |
| 90378 (CPT) | **Synagis** | PALIVIZUMAB | X | X | 7/1/2011 |
| C9026 | **Entyvio** | Injection, vedolizumab, 1 mg | X | X | 10/1/2014 |
| J0129 | **Orencia** | INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED) | X | X | 1/1/2011 |
| J0135 | **Humira** | INJECTION, ADALIMUMAB, 20 MG | X | X | 7/1/2010 |
| J0178 | **Eylea** | Injection, aflibercept, 1 mg | X | X | 1/1/2013 |
| J0180 | **Fabrazyme** | INJECTION, AGALSIDASE BETA, 1 MG | X | X | 7/1/2010 |
| J0220 | **Myozyme** | INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED | X | X | 1/1/2011 |
| J0221 | **Lumizyme** | Injection, alglucosidase alfa, (Lumizyme), 10 mg | X | X | 7/1/2012 |
| J0256 | **Aralast NP, Prolastin, Prolastin C, Zemaira** | INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG | X | X | 1/1/2011 |
| J0257 | **Glassia** | Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg | X | X | 7/1/2012 |
| J0364 | **Apokyn** | INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG | X |  | 1/1/2014 |
| J0401 | **Abilify Maintena** | Injection, aripiprazole, extended release, 1 mg | X | X | 1/1/2014 |
| J0485 | **Nulojix** | Injection, belatacept, 1 mg | X | X | 1/1/2013 |
| J0490 | **Benlysta** | Injection, belimumab, 10 mg | X | X | 1/1/2012 |
| J0585 | **Botox** | INJECTION, ONABOTULINUMTOXINA, 1 UNIT | X | X | 1/1/2010 |
| J0586 | **Dysport** | AbobotulinumtoxinA | X | X | 7/1/2010 |
| J0587 | **Myobloc** | INJECTION, RIMABOTULINUMTOXINB, 100 UNITS | X | X | 1/1/2010 |
| J0588 | **Xeomin** | Injection, incobotulinumtoxinA, 1 unit | X | X | 7/1/2012 |
| J0597 | **Berinert** | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS | X | X | 7/1/2011 |
| J0598 | **Cinryze** | INJECTION, C-1 ESTERASE, 10 UNITS | X | X | 1/1/2010 |
| J0638 | **Ilaris** | Canakinumab injection | X | X | 7/1/2011 |
| J0717 | **Cimzia** | Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | X | X | 1/1/2014 |
| J0718 | **Cimzia** | INJECTION, CERTOLIZUMAB PEGOL, 1 MG | X | X | 7/1/2010 |
| J0800 | **Acthar Gel** | Corticotropin injection | X | X | 7/1/2011 |
| J0897 | **Prolia/Xgeva** | Injection, denosumab, 1 mg | X | X | 1/1/2011 |
| J1290 | **Kalbitor** | Ecallantide injection | X | X | 7/1/2011 |
| J1300 | **Soliris** | INJECTION, ECULIZUMAB, 10 MG | X | X | 1/1/2010 |
| J1325 | **Flolan** | Epoprostenol injection | X | X | 1/1/2010 |
| J1438 | **Enbrel** | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED) | X | X | 7/1/2010 |
| J1458 | **Naglazyme** | Galsulfase injection | X | X | 7/1/2010 |
| J1459 | **Privigen** | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG | X | X | 1/1/2010 |
| J1460 | **Gamastan** | INJECTION, GAMMA GLOBULIN, 1CC | X | X | 1/1/2008 |
| J1556 | **Bivigam** | Injection, immune globulin (bivigam), 500 mg | X | X | 1/1/2014 |
| J1557 | **Gammaplex** | Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg | X | X | 7/1/2012 |
| J1559 | **Hizentra** | Hizentra injection | X | X | 7/1/2011 |
| J1560 | **Gamastan** | INJECTION, GAMMA GLOBULIN, 10CC | X | X | 1/1/2014 |
| J1561 | **Gamunex, Gammunex-C, Gammaked** | INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG | X | X | 1/1/2008 |
| J1562 | **Vivaglobin** | IVIG | X | X | 1/1/2012 |
| J1566 | **Gammagard S/D / Carimune Nf** | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG | X | X | 1/1/2008 |
| J1568 | **Octagam** | INJECTION, OCTAGAM, 500MG | X | X | 1/1/2008 |
| J1569 | **Gammagard Liquid** | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG | X | X | 1/1/2008 |
| J1572 | **Flebogamma** | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG | X | X | 1/1/2010 |
| J1599 |  | IVIG, NON-LYOPHILIZED, LIQUID, NOS | X | X | 7/1/2011 |
| J1602 | **Simponi Aria** | Injection, golimumab, 1 mg, for intravenous use | X | X | 1/1/2014 |
| J1725 | **Makena** | Injection, hydroxyprogesterone caproate, 1 mg | X | X | 40909 |
| J1740 | **Boniva** | INJECTION, IBANDRONATE SODIUM, 1 MG | X | X | 1/1/2011 |
| J1743 | **Elaprase** | Idursulfase injection | X | X | 7/1/2010 |
| J1744 | **Firazyr** | Injection, icatibant, 1 mg | X | X | 1/1/2013 |
| J1745 | **Remicade** | INJECTION INFLIXIMAB, 10 MG | X | X | 5/1/2006 |
| J1786 | **Cerezyme** | INJECTION, IMIGLUCERASE, 10 UNITS | X | X | 1/1/2010 |
| J1930 | **Somatuline Depot** | Lanreotide injection | X | X | 1/1/2011 |
| J1931 | **Aldurazyme** | Laronidase injection | X | X | 7/1/2010 |
| J1950 | **Lupron** | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG | X | X | 1/1/2010 |
| J2212 | **Relistor** | Injection, methylnaltrexone, 0.1 mg | X | X | 1/1/2013 |
| J2315 | **Vivitrol** | INJECTION, NALTREXONE, DEPOT FORM, 1 MG | X |  | 1/1/13 for CM; 2/1/13 for MA |
| J2323 | **Tysabri** | INJECTION, NATALIZUMAB, 1 MG | X | X | 1/1/2010 |
| J2353 | **Sandostatin LAR** | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG | X | X | 1/1/2011 |
| J2357 | **Xolair** | INJECTION, OMALIZUMAB, 5 MG | X | X | 1/1/2010 |
| J2358 | **Zyprexa Relprevv** | INJECTION, OLANZAPINE, LONG-ACTING, 1 MG | X | X | 7/1/2011 |
| J2426 | **Invega Sustenna** | Paliperidone palmitate inj | X | X | 7/1/2011 |
| J2504 | **Adagen** | Pegademase bovine, 25 iu | X | X | 7/1/2010 |
| J2507 | **Krystexxa** | Injection, pegloticase, 1 mg | X | X | 1/1/2012 |
| J2562 | **Mozobil** | PLERIXAFOR | X | X | 1/1/2010 |
| J2778 | **Lucentis** | INJECTION, RANIBIZUMAB, 0.1 MG | X | X | 1/1/2008 |
| J2793 | **Arcalyst** | RILONACEPT | X | X | 7/1/2010 |
| J2794 | **Risperdal Consta** | INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG | X | X | 1/1/2011 |
| J2796 | **Nplate** | INJECTION, ROMIPLOSTIM, 10 MCG | X | X | 1/1/2010 |
| J2941 | **Genotropin** | SOMATROPIN | X | X | 1/1/2012 |
| J3060 | **Elelyso** | Injection, taliglucerace alfa, 10 units | X | X | 1/1/2014 |
| J3262 | **Actemra** | INJECTION, TOCILIZUMAB, 1 MG | X | X | 1/1/2011 |
| J3285 | **Remodulin** | Treprostinil injection | X | X | 1/1/2010 |
| J3315 | **Trelstar** | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG | X | X | 1/1/2010 |
| J3357 | **Stelara** | Ustekinumab injection | X | X | 7/1/2010 |
| J3385 | **Vpriv** | Velaglucerase alfa | X | X | 1/1/2011 |
| J7316 | **Jetrea** | Injection, ocriplasmin, 0.125 mg | X | X | 1/1/2014 |
| J7321 | **Supartz/ Hyalgan** | HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE | X | X | 2/1/2009 |
| J7323 | **Euflexxa** | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE | X | X | 2/1/2009 |
| J7324 | **Orthovisc** | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE | X | X | 2/1/2009 |
| J7325 | **Synvisc/ Synvisc-One** | HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG | X | X | 2/1/2009 |
| J7326 | **Hyaluronan "Gel-One"** | Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose | X | X | 7/1/2012 |
| J7335 | **Qutenza** | CAPSAICIN 8% PATCH, PER 10 SQ CM | X | X | 1/1/2011 - 7/1/2012 for MA |
| J7639 | **Pulmozyme** | DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG | X | X | 7/1/2011 - 1/1/2012 for MC |
| J7686 | **Tyvaso** | Treprostinil, non-comp unit | X | X | 7/1/2011 |
| J8562 | **Oforta** | Oral fludarabine phosphate | X | X | 1/1/2011 |
| J9155 | **Firmagon** | INJECTION, DEGARELIX, 1 MG | X | X | 1/1/2012 |
| J9202 | **Zoladex** | GOSERELIN ACETATE IMPLANT, PER 3.6 MG | X | X | 1/1/2010 |
| J9216 | **Actimmune** | Interferon gamma 1-b | X | X | 1/1/2014 |
| J9217 | **Eligard** | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG | X | X | 1/1/2010 |
| J9218 | **Lupron** | LEUPROLIDE ACETATE, PER 1 MG | X | X | 1/1/2010 |
| J9225 | **Vantas** | HISTRELIN IMPLANT (VANTAS), 50 MG | X | X | 1/1/2010 |
| J9226 | **Supprelin LA** | HISTRELIN IMPLANT | X | X | 1/1/2010 |
| J9310 | **Rituxan** | INJECTION, RITUXIMAB, 100 MG | X | X | 6/1/2007 |
| Q2043 | **Provenge** | Sipuleucel-T auto CD54+ | X | X | 1/1/2011 |
| Q3028 | **Rebif** | Injection, interferon beta-1a, 1 mcg for subcutaneous use | X | X | 7/1/2014 |
| Q4074 | **Ventavis** | Iloprost non-comp unit dose | X | X | 1/1/2010 |