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<b>ENTYVIO</b>	<b>Quantity limit of 2 syringes per 28 days</b>
<b>EYLEA HD</b>	<b>Billed to medical benefit. Prior authorization is required for code C9161. Effective 1/1/2024.</b>
<b>FERAHEME</b>	<b>Billed to medical benefit. Prior authorization is required for code Q0138 and Q0139.</b>
<b>GLASSIA</b>	<b>Billed to medical or pharmacy benefit. Prior authorization is required for code J0257.</b>
<b>HERCEPTIN BIOSIMILARS</b>	<b>Billed to medical benefit. Prior authorization is required for brand and all biosimilars. Ontruzant and Trazimera preferred.</b>
<b>IBSRELA</b> <b>ILUVIEN</b>	<b>Quantity limit of 2 tablets per day</b> <b>Billed to medical benefit. Prior</b>



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