

# UDENYCA® (pegfilgrastim-cbqv)

## Commercial Payer Coverage Information

Below is a listing of payers and health plan policies covering UDENYCA®. Coherus provides hyperlinks to these policies solely for the convenience in accessing and reviewing this public information. Imbedded hyperlinks will redirect users to webpages owned or controlled by payers. Coherus does not own or control the coverage decisions made by payers for UDENYCA® nor guarantee the security or privacy of these websites. Coverage and reimbursement varies by payer and health plan. Please contact the payer directly to obtain product-specific information when making a determination as to whether UDENYCA® will be covered or reimbursed. [Please see the full prescribing information to understand the benefits and risks of UDENYCA®.](#)

NATIONAL PAYERS			
Payer	Policy	PA Required	Coverage
Aetna <sup>^</sup>	<a href="#">Policy</a>	<a href="#">PA Form</a>	Biosimilar Preferred <sup>†</sup>
Anthem	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Cigna <sup>**</sup>	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
CVS <sup>^</sup>	<a href="#">Policy</a>	<a href="#">PA Form</a>	UDENYCA®/Reference Product: Plan Specific
ExpressScripts	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Humana	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
UnitedHealthcare	<a href="#">Policy</a>	<a href="#">PA Form</a>	Partial <sup>*</sup>
Ventegra	<a href="#">Policy</a>		UDENYCA®

<sup>^</sup>CVS acquired Aetna as of November 2018.

<sup>\*</sup>As of July 1, 2019, United Healthcare is providing coverage for UDENYCA® for Medicare Advantage/Managed Medicare patients.

For other UnitedHealthcare plans, a benefits verification check is recommended.

<sup>\*\*</sup>As of January 1, 2020, UDENYCA® will be covered by all Cigna health plans.

REGIONAL PAYERS			
Payer	Policy	PA Required	Coverage
Allied Benefit Systems			Parity
Aultcare			Parity
Avera Health			Parity
Avmed			Parity
BCBS Alabama	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Arizona	<a href="#">Policy</a>		Parity
BCBS Colorado	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Connecticut	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Federal Employee Program (FEP)	<a href="#">Policy</a>	<a href="#">PA Form</a>	Biosimilar Preferred
BCBS Florida	<a href="#">Policy</a>	<a href="#">PA Form</a>	UDENYCA®/Reference Product
BCBS Georgia	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Idaho	<a href="#">Policy</a>	<a href="#">PA Form</a>	Biosimilar Preferred
BCBS Illinois			Parity
BCBS Indiana	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Kansas			Parity
BCBS Kentucky	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity

<sup>†</sup>PLEASE NOTE: Biosimilar Preferred indicates that a documented failure of a pegfilgrastim biosimilar is required before the reference product may be used.

This information was generated on January 16, 2020.

For questions regarding UDENYCA® billing and coding please call Coherus COMPLETE™ at 1-844-4-UDENYCA (1-844-483-3692) from 8 AM to 8 PM ET, Monday through Friday or visit [www.CoherusCOMPLETE.com](http://www.CoherusCOMPLETE.com).



## REGIONAL PAYERS (CONTINUED)

Payer	Policy	PA Required	Coverage
BCBS Louisiana			Parity
BCBS Maine	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Massachusetts	<a href="#">Policy</a>	<a href="#">Quantity Limit</a>	Biosimilar Preferred <sup>†</sup>
BCBS Michigan	<a href="#">Policy</a>		UDENYCA®/Reference Product
BCBS Minnesota	<a href="#">Policy</a>	Yes	Parity
BCBS Missouri	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Montana			Parity
BCBS Nevada	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS New Hampshire	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS New Jersey—Horizon	<a href="#">Policy</a>	<a href="#">PA Form</a>	UDENYCA®/Reference Product
BCBS New Mexico			Parity
BCBS North Carolina	<a href="#">Policy</a>	<a href="#">PA Form</a>	Biosimilar Preferred <sup>†</sup>
BCBS North Dakota	<a href="#">Policy</a>		Parity
BCBS Ohio		<a href="#">PA Form</a>	Parity
BCBS Oklahoma			Parity
BCBS Rhode Island	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS South Carolina	<a href="#">Policy</a>		Parity
BCBS Tennessee	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Texas			Parity
BCBS Vermont	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Virginia	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS Wisconsin	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
BCBS WNY Health Now	<a href="#">Policy</a>	<a href="#">PA Form, No PA for Oncologists</a>	Parity
Blue Cross California	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Blue Shield California			UDENYCA®/Reference Product
Capital Blue	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Carefirst		<a href="#">PA Form</a>	Parity
CareMore Health Plan	<a href="#">Policy</a>		Parity
CenCal Health	<a href="#">Policy</a>	<a href="#">PA Form</a>	Biosimilar Preferred <sup>†</sup>
Dakotacare			Parity
Dean Health Plan	<a href="#">Policy</a>		Biosimilar Preferred <sup>†</sup>
EmblemHealth	<a href="#">Policy</a>		UDENYCA®/Reference Product
EMPIRE BCBS	<a href="#">Policy</a>		Parity
Excellus	<a href="#">Policy</a>		UDENYCA®/Reference Product
Fallon Health			Parity
Florida Health Plan	<a href="#">Policy</a>		Parity

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## REGIONAL PAYERS (CONTINUED)

Payer	Policy	PA Required	Coverage
Fidelis Care		<a href="#">PA Form</a>	Parity
Geisinger	<a href="#">Policy</a>		Parity
HAP- Henry Ford		<a href="#">PA Form</a>	Parity
Harvard Pilgrim	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Health New England			Parity
Health Now	<a href="#">Policy</a>		Parity
HealthPartners Iowa	<a href="#">Policy</a>	<a href="#">PA Form**</a>	Parity
HealthPartners MN	<a href="#">Policy</a>	<a href="#">PA Form**</a>	Parity
HealthPartners North Dakota	<a href="#">Policy</a>	<a href="#">PA Form**</a>	Parity
HealthPartners PA*			Parity
HealthPartners South Dakota	<a href="#">Policy</a>	<a href="#">PA Form**</a>	Parity
HealthSmart			Parity
Highmark	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Horizon	<a href="#">Policy</a>		Parity
Horizon NJ Health*	<a href="#">Policy</a>		Parity
IBC		<a href="#">PA Form</a>	Parity
IHA- Independent Health	<a href="#">Policy</a>		Parity
Inland Empire	<a href="#">Policy</a>		Biosimilar Preferred <sup>†</sup>
Johns Hopkins Healthcare	<a href="#">Policy</a>	<a href="#">PA Form</a>	Biosimilar Preferred <sup>†</sup>
Keystone First		<a href="#">PA Form</a>	Parity
McLaren Health	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Medical Mutual Ohio	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Moda Health Plan	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
MVP	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Neighborhood Health Plan	<a href="#">Policy</a>		UDENYCA®/Reference Product
New Century Health			Biosimilar Preferred <sup>†</sup>
Optima		<a href="#">PA Form</a>	Parity
Pacific Source Health Plan		<a href="#">PA Form</a>	Parity
Paramount/ProMedica			Parity
Premera	<a href="#">Policy</a>	<a href="#">PA Form</a>	Biosimilar Preferred <sup>†</sup>
Regence Idaho	<a href="#">Policy</a>		UDENYCA®
Regence Oregon	<a href="#">Policy</a>		UDENYCA®
Regence Utah	<a href="#">Policy</a>		UDENYCA®
Regence Washington	<a href="#">Policy</a>		UDENYCA®
Security Health Plan	<a href="#">Policy</a>		Parity
SelectHealth			Parity

\*Managed Medicaid

\*\* PA required only for specific sites of care, ie hospital outpatient and home IV

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## REGIONAL PAYERS (CONTINUED)

Payer	Policy	PA Required	Coverage
Sharp Health Plan			Parity
Sutter Health Plan			UDENYCA®
The Health Plan			Parity
Tufts Health Plan	<a href="#">Policy</a>	<a href="#">PA Form</a>	UDENYCA®/Reference Product
UPMC	<a href="#">Policy</a>	<a href="#">PA Form</a>	Parity
Yale			Parity

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# UDENYCA® (pegfilgrastim-cbqv) Medicare Coverage Information

Below is a listing of Medicaid Administrative Contractors (MACs) covering UDENYCA® and hyperlinks to MAC specific policies. Coherus provides hyperlinks to these policies solely for the convenience in accessing and reviewing this public information. Imbedded hyperlinks will redirect users to webpages owned or controlled by payers. Coherus does not own or control the coverage decisions made by payers for UDENYCA® nor guarantee the security or privacy of these websites. Coverage and reimbursement varies by payer and health plan. Please contact the payer directly to obtain product-specific information when making a determination as to whether UDENYCA® will be covered or reimbursed. [Please see the full prescribing information to understand the benefits and risks of UDENYCA®.](#)

UDENYCA® is covered under the Part B medical benefit of Medicare.

MEDICARE			
MAC	UDENYCA® Coverage	Policy	State(s)
CGS (J15)	Yes	<a href="#">Policy</a>	KY, OH
First Coast (JN)	Yes	<a href="#">Policy</a>	FL
NGS (J6)	Yes	<a href="#">Policy</a>	IL, MN, WI
NGS (JK)	Yes	<a href="#">Policy</a>	CT, MA, ME, NH, NY, RI, VT
Noridian (JE)	Yes		CA, HI, NV
Noridian (JF)	Yes		AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
Novitas (JH)	Yes		AR, CO, LA, MS, NM, OK, TX
Novitas (JL)	Yes		DC, DE, MD, NJ, PA
Palmetto (JM)	Yes	<a href="#">Policy</a>	NC, SC, VA, WV
Palmetto (JJ)	Yes	<a href="#">Policy</a>	AL, GA, TN
WPS (J5)	Yes		IA, KS, MO, N
WPS (J8)	Yes		IN, MI

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# UDENYCA® (pegfilgrastim-cbqv)

## Fee for Service (FFS) Medicaid

### Medical Benefit Coverage Information

Below is a list of states covering UDENYCA® through the FFS Medicaid medical benefit and the associated fee schedule. Coherus provides hyperlinks to these fee schedules solely for the convenience in accessing and reviewing this public information. Imbedded hyperlinks will redirect users to webpages owned or controlled by payers. Coherus does not own or control the coverage decisions made by payers for UDENYCA® nor guarantee the security or privacy of these websites. Coverage and reimbursement varies by payer and health plan. Please contact the payer directly to obtain product-specific information when making a determination as to whether UDENYCA® will be covered or reimbursed. [Please see the full prescribing information to understand the benefits and risks of UDENYCA®.](#)

MEDICAID**†			
State	PA Required	Reimbursement Rate	Fee Schedule
AZ		\$337.13	<a href="#">Fee Schedule</a>
CA		\$362.81	<a href="#">Fee Schedule</a>
CO		\$347.35	<a href="#">Fee Schedule</a>
CT	No	Manually priced	<a href="#">Fee Schedule</a>
ID	Yes	\$322.52	<a href="#">Fee Schedule</a>
IL		\$358.35	<a href="#">Fee Schedule</a>
IN	No	\$365.31	<a href="#">Fee Schedule</a>
KS		\$359.21	<a href="#">Fee Schedule</a>
ME		\$358.35	<a href="#">Fee Schedule</a>
MD	Yes	\$358.35	<a href="#">Fee Schedule</a>
MI		\$358.35	<a href="#">Fee Schedule</a>
MN	Yes	\$347.92	<a href="#">Fee Schedule</a>
MO	No	Manually priced	<a href="#">Fee Schedule</a>
MS		\$358.35	<a href="#">Fee Schedule</a>
MT	No	\$359.21	<a href="#">Fee Schedule</a>
NE	Yes	\$359.20	<a href="#">Fee Schedule</a>
NH		\$347.92	<a href="#">Fee Schedule</a>
NJ			<a href="#">Fee Schedule</a>
NM		\$336.52	<a href="#">Fee Schedule</a>
NY	No	Cost	<a href="#">Fee Schedule</a>
ND			<a href="#">Fee Schedule</a>
OH	No	\$358.35	<a href="#">Fee Schedule</a>
OK	Yes	\$359.21	<a href="#">Fee Schedule</a>
OR	No	\$358.35	<a href="#">Fee Schedule</a>

\*DC and WY are on the state specific fee schedule but UDENYCA® is not covered/billable.

† A “blank” field indicates that the information has not been determined at time of publication. Please contact the payer directly for more information.

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**MEDICAID\*\* (CONTINUED)**

State	PA Required	Reimbursement Rate	Fee Schedule
PA	No	Paid by NDC	<a href="#">Fee Schedule</a>
SD			<a href="#">Fee Schedule</a>
TX		\$373.66	<a href="#">Fee Schedule</a>
UT		\$358.35	<a href="#">Fee Schedule</a>
VT	No	\$358.35	<a href="#">Fee Schedule</a>
VA	No	\$359.20	<a href="#">Fee Schedule</a>
WA	Yes	\$359.21	<a href="#">Fee Schedule</a>
WV		\$380.76	<a href="#">Fee Schedule</a>
WI	No	\$359.21	<a href="#">Fee Schedule</a>

\*DC and WY are on the state specific fee schedule but UDENYCA® is not covered/billable.

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# UDENYCA® (pegfilgrastim-cbqv) Fee for Service (FFS) Medicaid Pharmacy Benefit Coverage Information

Below is a list of states covering UDENYCA® through the FFS Medicaid pharmacy benefit and the associated Preferred Drug List (PDL). Coherus provides hyperlinks to these PDLs solely for the convenience in accessing and reviewing this public information. Imbedded hyperlinks will redirect users to webpages owned or controlled by payers. Coherus does not own or control the coverage decisions made by payers for UDENYCA® nor guarantee the security or privacy of these websites. Coverage and reimbursement varies by payer and health plan. Please contact the payer directly to obtain product-specific information when making a determination as to whether UDENYCA® will be covered or reimbursed. [Please see the full prescribing information to understand the benefits and risks of UDENYCA®.](#)

MEDICAID*				
State	Class Reviewed Yes/No	UDENYCA® Preferred Drug List Status	Coverage Requirement	Source
AK	No	Class Not Reviewed	Clinical Prior Authorization Required & Step Required	<a href="#">AK Interim PA List</a>
AL	No	Class Not Reviewed	Check Medical Necessity Requirements	<a href="#">AL Medicaid Drug Look-Up</a>
AR	Yes	Non-Preferred	Documentation of medical necessity	<a href="#">AR Prior Authorization Criteria</a>
AZ	Yes	Preferred	Clinical Prior Authorization Required	<a href="#">AZ Preferred Drug List</a>
CA	No	Class Not Reviewed	Check Medical Necessity Requirements	<a href="#">Med-Cal Injectable Drug List</a>
CO	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">CO Preferred Drug List</a>
CT	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">CT Preferred Drug List</a>
DC	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">DC Preferred Drug List</a>
DE	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">DE Preferred Drug List</a>
FL	Yes	Non-Preferred	Clinical Prior Authorization Required	<a href="#">FL Coverage Criteria</a>
GA	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">GA Colony Stimulating Factor Criteria</a>
HI	Managed Medicaid	N/A	N/A	N/A

\*Preferred=Drug of choice in product class, Non-Preferred=Another pegfilgrastim product is covered as drug of choice.

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## MEDICAID\* (CONTINUED)

State	Class Reviewed Yes/No	UDENYCA® Preferred Drug List Status	Coverage Requirement	Source
IA	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">IA Colony Stimulating Factor Criteria</a>
ID	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">ID Preferred Drug List</a>
IL	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">IL Preferred Drug List</a>
IN	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">IN Preferred Drug List</a>
KS	No	Class Not Reviewed	Clinical Prior Authorization Required	<a href="#">Kansas Medicaid Neulasta Criteria</a>
KY	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">KY Preferred Drug List</a>
LA	Yes	Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">LA Colony Stimulating Factor Coverage Criteria</a>
MA	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">MA Preferred Drug List</a>
MD	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">MD Preferred Drug List</a>
ME	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">ME Preferred Drug List</a>
MI	Yes	Preferred	No Prior Authorization Required	<a href="#">MI Preferred Drug List</a>
MN	No	Class Not Reviewed	Clinical Prior Authorization Required	<a href="#">MN Medicaid Drug Search</a>
MO	No	Class Not Reviewed	Check Medical Necessity Requirements	Correspondence with State Staff
MS	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">MS PDL w/ PA Criteria</a>

\*Preferred=Drug of choice in product class, Non-Preferred=Another pegfilgrastim product is covered as drug of choice.

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**MEDICAID\* (CONTINUED)**

State	Class Reviewed Yes/No	UDENYCA® Preferred Drug List Status	Coverage Requirement	Source
MT	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">MT PDL w/ PA Criteria</a>
NC	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">NC PDL w/ PA Criteria</a>
ND	Yes	Preferred	Clinical Prior Authorization Required	<a href="#">ND PDL w/ PA Criteria</a>
NE	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">NE PDL w/ PA Criteria</a>
NH	No	Class Not Reviewed	Check Medical Necessity Requirements	<a href="#">NH Medicaid Drug Look-Up</a>
NJ	Managed Medicaid	N/A	N/A	N/A
NM	Managed Medicaid	N/A	N/A	N/A
NV	No	Class Not Reviewed	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	N/A
NY	Yes	Preferred	No Prior Authorization Required	<a href="#">NY PDL w/ PA Criteria</a>
OH†	Yes	Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">OH PDL w/ PA Criteria</a>
OK	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">OK PDL w/ Approval Criteria</a>
OR	Yes	Non-Preferred	Clinical Prior Authorization Required & Documentation of Medical Necessity Required	<a href="#">OR Preferred Drug List</a>
PA†	Yes	Preferred	Documentation of medical necessity	<a href="#">Pennsylvania Colony Stimulating Factor PA Criteria</a>
RI	No	Class Not Reviewed	Clinical Prior Authorization Required	Correspondence with State Staff
SC	No	Class Not Reviewed	Check Medical Necessity Requirements	<a href="#">SC Medicaid Drug Search</a>
SD	Managed Medicaid	N/A	N/A	N/A
TN	No	Class Not Reviewed	Managed Medicaid	N/A
TX†	Yes	Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">TX PDL w/ PA Criteria</a>

\*Preferred=Drug of choice in product class, Non-Preferred=Another pegfilgrastim product is covered as drug of choice.

† Coverage updates effective January 1, 2020 for OH, PA and TX.

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## MEDICAID\* (CONTINUED)

State	Class Reviewed Yes/No	UDENYCA® Preferred Drug List Status	Coverage Requirement	Source
UT	No	Class Not Reviewed	Check Medical Necessity Requirements	<a href="#">UT Medicaid Coverage Look-Up</a>
VA	No	Class Not Reviewed	Check Medical Necessity Requirements	<a href="#">VA Medicaid Drug Look-Up</a>
VT	Yes	Preferred	No Prior Authorization Required	<a href="#">VT PDL w/ PA Criteria</a>
WA	Yes	Non-Preferred	Clinical Prior Authorization Required & Step Required	<a href="#">WA PDL w/ PA Criteria</a>
WI	No	Class Not Reviewed	Check Medical Necessity Requirements	<a href="#">WI Medicaid Drug Search</a>
WV	No	Class Not Reviewed	Check Medical Necessity Requirements	N/A
WY	No	Class Not Reviewed	Check Medical Necessity Requirements	N/A

\*Preferred=Drug of choice in product class, Non-Preferred=Another pegfilgrastim product is covered as drug of choice.

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