





**Dear Valued Provider:**

We have made important updates to our Medical Benefit Drug Matrix, which now includes our new Medical Preferred Drug List. This list promotes the use of clinically appropriate and cost-effective products, prioritizing the use of biosimilars. When requesting medical drugs for your patients, please refer to this matrix and pay special attention to the comments section. Specific plans may have unique authorization requirements not identified in this document, please refer to the to Authorization Matrix posted online, link is below. (It is essential to use the preferred product listed under the comments column first. An exception process is available for circumstances that may necessitate a non-preferred product. However, please note that inclusion in this list does not guarantee coverage. Plan Authorization requirements can be found on this page: <https://www.hometownhealth.com/authorization-matrices/>

**Key Change:**

**Effective January 1, 2025, Hometown Health/Senior Care Plus plans will implement this new Medical Preferred Drug List.** If a patient does not receive the preferred medical drug in an approved network location, it may result in a denial of prior authorization and claims payment, making the patient responsible for 100% of the cost. If a patient's current medication is medically necessary, you may submit a prior authorization request for an exception to continue to use a non-preferred drug. To submit an exception request, please use EpicCare Link. Our Utilization Management Team is also available to help you identify preferred drugs and sites of care. For assistance, you can reach our team Monday to Friday, from 8:00 am to 5:00 pm, at (775) 982-3000. Thank you for your continued partnership.

**What you need to know:**

-  Pre-certification/prior-authorization requirements apply to all FDA-approved brand, generic, and biosimilar versions of the drugs listed on the Medical Benefit Drug Matrix. This includes any unlisted brand names, generic names, or biosimilar names, as well as new drugs that are approved by the FDA in that class during the benefit year.
-  This list of drugs and the requirements for coverage are subject to change without notice.
-  Please note that all new to market drugs will have an “unclassified drug” or “not otherwise classified” temporary drug code which includes but is not limited to J3490, J3590, J3591, J9999, J7199, Q9499 or C9399 and will require a pre-certification/prior authorization even if they do not appear on this list below.
-  Excluded medications are included in this list. These are medications that are generally considered not covered. A provider may submit a case review for coverage if the provider feels that the member not receiving the excluded drug would seriously jeopardize the life or health of the member or the member's ability to regain maximum function. A submitted request does not guarantee coverage.

**If you have questions, please call our Customer Service Department at (775) 982-3000.**

The following list of drugs are categorized according to the most recognized therapeutic indication or treatment class. Some drugs can be used for indications other than those that are listed below. If a drug is marked "Y" for requiring pre-certification/prior authorization **ALL pertinent clinical documentation must be submitted** regardless of indication/condition being treated. All requirements

Last update 4/1/2026

| CODE         | BRAND NAME                          | GENERIC NAME  | Prior Auth Required | Special Pharm Cost | NOTES   |
|--------------|-------------------------------------|---|---------------------|--------------------|---|
| Q2055        | ABECMA                              | Idecabtagene vicleucel  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J0401        | ABILIFY MAINTENA                    | Aripiprazole  | Y                   | N                  |   |
| J9264/J9259  | <b>ABRAXANE<br/>NON-PREFERRED</b>   | <i>Paclitaxel, lyophilized</i>                                    | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: N/A<br/>PREFERRED PRODUCT(S) MEDICARE: DOCETAXEL, PACLITAXEL</b>  |
| J3262/Q0249  | <b>ACTEMRA IV<br/>NON-PREFERRED</b> | <i>Tocilizumab</i>  | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br/>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA</b> |
| C9399/ J3590 | ACTEMRA PEN                         | Idecabtagene vicleucel  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>This should be submitted as a pharmacy drug.  |
| J0800/J0801  | ACTHAR HP                           | Corticotropin Injection gel                                       | Y                   | Y                  |   |
| J2504        | ADAGEN                              | Pegademase bovine   | Y                   | Y                  |   |
| J0791        | ADAKVEO                             | Crizanlizumab-tmca  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J9042        | ADCETRIS                            | Brentuximab vedotin   | Y                   | N                  |   |
| J9029        | ADSTILADRIN                         | Nadofaragene firadenovec-vncg                                     | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J0172        | ADUHELM                             | Aducanumab-avwa   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J7192        | <b>ADVATE<br/>NON-PREFERRED</b>     | <i>Factor VIII, Recombinant Human</i>                             | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE<br/>PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ</b>  |
| J7207        | ADYNOVATE                           | Factor VIII, Recombinant Human Pegylated                          | Y                   | Y                  |   |
| J7210        | AFSTYLA                             | Factor VIII, Recombinant Human                                    | Y                   | Y                  |   |
| J1931        | ALDURAZYME                          | Laronidase  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J9215        | ALFERON N                           | Interferon Alfa-n3  | N                   | N                  |   |
| J7173        | ALHEMO                              | Conizumab-mtci  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J9305        | <b>ALIMTA<br/>NON-PREFERRED</b>     | <i>Pemetrexed</i>   | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: N/A<br/>PREFERRED PRODUCT(S) MEDICARE: PEMETREXED</b>   |
| J9057        | ALIQOPA                             | Copanlisib  | Y                   | N                  |   |
| J7186        | ALPHANATE                           | Human-plasma Derived von Willebrand Factor (contains factor VIII) | Y                   | Y                  |   |
| J7193        | ALPHANINE SD                        | Factor IX-Human Plasma-derived                                    | Y                   | Y                  |   |
| J7201        | ALPROLIX                            | Factor IX-Recombinant Human w/Fc fusion                           | Y                   | Y                  |   |
| J7214        | ALTUVIIIO                           | Factor viii/von willebrand factor complex, recombinant            | Y                   | Y                  |   |

| CODE                   | BRAND NAME               | GENERIC NAME  | Prior Auth Required | Special Pharm Cost | NOTES  |
|------------------------|--------------------------|---|---------------------|--------------------|--|
| J1552/ J1599           | ALYGLO                   | Immune globulin, intravenous, non-lyophilized (e.g. liquid) | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN<br>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN |
| Q5126                  | ALYMSYS<br>NON-PREFERRED | Bevacizumab-maly  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV<br>PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV  |
| J1426                  | AMONDYS 45               | Casimersen  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| C9399/ J9999           | AMTAGVI                  | Lifileucel  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J0225                  | AMVUTTRA                 | Vutrisiran  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO<br>PREFERRED PRODUCT(S) MEDICARE: AMVUTTRA, ONPATTRO   |
| C9399/J3590            | ANDEMBRY                 | Garadacimab-gxii  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J7169                  | ANDEXXA                  | Andexanet alfa (Coagulation Factor Xa)                      | Y                   | Y                  |  |
| J9028                  | ANKTIVA                  | Nogapendekin alfa inbakicept-pmln                           | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J2277                  | APHEXDA                  | Motixafortide   | Y                   | N                  |  |
| J0739                  | APRETUDE                 | Cabotegravir  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J0256                  | ARALAST<br>NON-PREFERRED | Alpha1-Proteinase Inhibitors (Human)                        | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: PROLASTIN-C, ZEMAIRA<br>PREFERRED PRODUCT(S) MEDICARE: PROLASTIN-C, ZEMAIRA                        |
| J0882                  | ARANESP (ESRD)           | Darbepoetin alfa  | Y                   | N                  |  |
| J0881                  | ARANESP (NON-ESRD)       | Darbepoetin alfa  | Y                   | N                  |  |
| J2793                  | ARCALYST                 | Rilonacept  | Y                   | Y                  |  |
| J2430                  | AREZIA                   | Pamidronate   | Y                   | N                  |  |
| J0884/<br>J0892/J0899  | ARGATROBAN (ESRD)        | Direct Thrombin Inhibitor                                   | N                   | N                  |  |
| J0883/ J0891/<br>J0898 | ARGATROBAN (NON-ESRD)    | Direct Thrombin Inhibitor                                   | N                   | N                  |  |
| J1944                  | ARISTADA                 | Aripiprazole lauroxil                                       | Y                   | N                  |  |
| J1943                  | ARISTATDA INITIO         | Aripiprazole lauroxil                                       | Y                   | N                  |  |
| J9261                  | ARRANON                  | Nelarabine  | N                   | N                  |  |
| J9302                  | ARZERRA                  | Ofatumumab  | N                   | N                  |  |
| J1554                  | ASCENIV<br>NON-PREFERRED | Immune globulin   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN<br>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN   |
| J9118                  | ASPARLAS                 | Calaspargase pegol  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J7504                  | ATGAM                    | Antithymocyte globulin                                      | Y                   | Y                  |  |

| CODE                       | BRAND NAME                       | GENERIC NAME   | Prior Auth Required | Special Pharm Cost | NOTES  |
|----------------------------|----------------------------------|--|---------------------|--------------------|--|
| J9035/C9257                | AVASTIN (chemo)<br>NON-PREFERRED | Bevacizumab  | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV<br>PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV   |
| J9035/C9257                | AVASTIN (used in eye)            | Bevacizumab  | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU   |
| J3145                      | AVEED                            | Testosterone undecanoate                             | N                   | N                  |  |
| J1826/Q3027                | AVONEX                           | Interferon beta-1a                                   | Y                   | Y                  |  |
| Q5121                      | AVSOLA<br>NON-PREFERRED          | Infliximab-axxq, biosimilar                          | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS<br>PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS  |
| not available              | AVZIVI<br>NON-PREFERRED          | Bevacizumab-trjnj                                    | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV<br>PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV   |
| J9023                      | BAVENCIO<br>NON-PREFERRED        | Avelumab   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: For Merkel Cell Carcinoma - KEYTRUDA, ZYNYZ; For Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG<br>PREFERRED PRODUCT(S) MEDICARE: N/A  |
| C9462/J3490<br>J8499(Oral) | BAXDELA                          | Delafloxacin Meglumine                               | Y                   | Y                  |  |
| J9032                      | BELEODAQ                         | Belinostat   | Y                   | N                  |  |
| J9036                      | BELRAPZO                         | Bendamustine hcl                                     | Y                   | N                  |  |
| J9034                      | BENDEKA                          | Bendamustine   | Y                   | N                  |  |
| J7195                      | BENEFIX<br>NON-PREFERRED         | Factor IX, Recombinant Human                         | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN<br>PREFERRED PRODUCT(S) MEDICARE: N/A   |
| C9399/J0490/<br>J3590      | BENLYSTA                         | Belimumab  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J0179                      | BEOVU<br>NON-PREFERRED           | Brolucizumab   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: N/A<br>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU   |
| J0597                      | BERINERT<br>NON-PREFERRED        | C1 Esterase Inhibitor, Concentrate from Human Plasma | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: RUCONEST<br>PREFERRED PRODUCT(S) MEDICARE: N/A  |
| J9229                      | BESPONSA                         | Inotuzumab Ozogamicin                                | Y                   | N                  |  |
| J1830                      | BETASERON/EXTAVIA                | Interferon beta-1b                                   | Y                   | Y                  |  |
| J3590/C9399                | BIMZELX                          | Bimekizumab  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J1556                      | BIVIGAM<br>NON-PREFERRED         | Immune globulin human 10% (100mg/ml) IV              | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PPREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN<br>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN |
| J9382                      | BIZENGRI                         | Zenocutuzumab-zbco                                   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| Q5152                      | BKEMV<br>NON-PREFERRED           | Eculizumba-aeeb                                      | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: For Myasthenia Gravis - EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO; For Paroxysmal Nocturnal Hemoglobinuria (PNH) - EPYSQLI<br>PREFERRED PRODUCT(S) MEDICARE: BKEMV, VYVGART, VYVGART HYTRULO  |

| CODE   | BRAND NAME                       | GENERIC NAME   | Prior Auth Required | Special Pharm Cost | NOTES  |
|--|----------------------------------|--|---------------------|--------------------|--|
| J9999/ C9399                                   | BLENREP                          | Belantamab   | Y                   | N                  |  |
| J9039  | BLINCYTO                         | Blinatumomab   | Y                   | N                  |  |
| J1740  | BONIVA IV                        | Ibandronate sodium                                     | N                   | N                  |  |
| J9041/ J9046/<br>J9048/ J9049/<br>J9051/ J9054 | BORTEZOMIB                       | Bortezomib   | Y                   | N                  |  |
| J0585  | <b>BOTOX<br/>NON-PREFERRED</b>   | OnabotulinumtoxinA                                     | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: BOTOX, DAXXIFY, DYSPORT, XEOMIN<br/>PREFERRED PRODUCT(S) MEDICARE: DYSPORT, XEOMIN</b>   |
| Q2054  | BREYANZI                         | Lisocabtagene maraleucel                               | EXCLUDED            | EXCLUDED           | <b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>  |
| J0567  | BRINEURA                         | Cerliponase Alfa                                       | EXCLUDED            | EXCLUDED           | <b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>  |
| J2329  | <b>BRIUMVI<br/>NON-PREFERRED</b> | Ublituximab-xiiy                                       | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI<br/>PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYSABRI</b>  |
| Q5124  | <b>BYOOVIZ<br/>NON-PREFERRED</b> | Ranibizumab-nuna                                       | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br/>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU</b>  |
| J0741  | CABENUVA                         | Cabotegravir and rilpivirine                           | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| C9047/J3590                                    | CABLIVI                          | Caplacizumab-yhdp                                      | EXCLUDED            | EXCLUDED           | <b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>  |
| J1952  | <b>CAMCEVI<br/>NON-PREFERRED</b> | Leuprolide injectable                                  | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD<br/>PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD</b>   |
| J1566  | CARIMUNE NF                      | Immune globulin – lyophilized, not otherwise specified | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| Q2056  | CARVYKTI                         | Ciltacabtagene autoleucel                              | EXCLUDED            | EXCLUDED           | <b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>  |
| J7699  | CAYSTON                          | Aztreonam (Oral Inhalation)                            | N                   | N                  |  |
| J1786  | CEREZYME                         | Imiglucerase   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| Q5128  | <b>CIMERLI<br/>NON-PREFERRED</b> | Ranibizumab-eqrn                                       | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br/>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU</b>  |
| J0717  | <b>CIMZIA<br/>NON-PREFERRED</b>  | Certolizumab pegol                                     | Y                   | Y                  | ** Services <b>MUST</b> be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office**<br><b>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br/>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA</b> |
| J2786  | <b>CINQAIR<br/>NON-PREFERRED</b> | Reslizumab   | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR<br/>PREFERRED PRODUCT(S) MEDICARE: FASENRA, TEZSPIRE, XOLAIR</b>   |
| J0598  | CINRYZE                          | C1 Esterase Inhibitor, Concentrate from Human Plasma   | Y                   | Y                  |  |
| J9027  | CLOLAR                           | Clofarbine   | Y                   | N                  |  |

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|--|--|--|---------------------|--------------------|--|
| J7175  | COAGADEX                                     | Factor X, Concentrate from Human Plasma                      | Y                   | Y                  |  |
| J9286  | COLUMVI                                      | Glofitamab-gxbm  | Y                   | N                  |  |
| J7999  | COMPOUNDED DRUG                              | COMPOUNDED DRUG NOC  | Y                   | N                  |  |
| J1595  | COPAXONE                                     | Glatiramer acetate   | Y                   | Y                  | This a pharmacy drug and needs to be requested through the outpatient pharmacy   |
| J7180  | CORIFACT                                     | Factor XIII  | Y                   | Y                  |  |
| C9399/<br>J3247/ J3590                       | COSENTYX/ COSENTYX UNOREADY                  | Secukinumab  | EXCLUDED            | EXCLUDED           | EXCLUDED - This is a pharmacy drug that the member self injects<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA  |
| J1833  | CRESEMBA IV                                  | Isavuconazonium Sulfate                                      | Y                   | Y                  |  |
| J0584  | CRYSVITA                                     | Burosumab-twza   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J1551  | CUTAQUIG<br>NON-PREFERRED                    | Immune Globulin, IV, Non-lyophilized                         | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY<br>PREFERRED PRODUCT(S) MEDICARE: HIZENTRA |
| J1555  | CUVITRU<br>NON-PREFERRED                     | Immune Globulin (intravenous, subcutaneous, & intramuscular) | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY<br>PREFERRED PRODUCT(S) MEDICARE: HIZENTRA |
| J9308  | CYRAMZA                                      | Ramucirumab  | Y                   | N                  |  |
| J0850  | CYTOGAM                                      | Cytomegalovirus immune globulin                              | Y                   | Y                  |  |
| J1570/ J1574                                 | CYTOVENE                                     | Ganciclovir  | Y                   | Y                  |  |
| J0893/ J0894                                 | DACOGEN                                      | Decitabine   | N                   | N                  |  |
| J0875  | DALVANCE                                     | Dalbavancin  | Y                   | N                  |  |
| J0872/J0873/<br>J0874/J0877/<br>J0878/ J3490 | DAPTOMYCIN                                   | Cubcin   | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J9145  | DARZALEX                                     | Daratumumab  | Y                   | N                  |  |
| J9144  | DARZALEX FASPRO                              | Daratumumab/Hyaluronidase                                    | Y                   | N                  |  |
| C9174/J9011                                  | DATROWAY                                     | Daptopotamab deruxtecan-dlnk                                 | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| C93990/<br>J3490                             | DAWNZERA                                     | Donidalorsen   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J0589  | DAXXIFY                                      | Daxibotulinumtoxina  | Y                   | N                  |  |
| J0911  | DEFENCATH                                    | Taurolidine, heparin   | Y                   | N                  |  |
| J1096  | DEXTENZA                                     | Dexamethasone (ophthalmic insert)                            | Y                   | Y                  |  |
| J1095  | DEXYCU                                       | Dexamethasone (intraocular suspension)                       | Y                   | Y                  |  |
| J9171/J9172                                  | DOCIVYX                                      | Docetaxel  | N                   | N                  |  |
| J3590/ C9399                                 | DUPIXENT                                     | Dupilumab  |                     |                    | this a pharmacy drug and needs to be requested through the outpatient pharmacy   |
| J7318  | DUROLANE - single injection<br>NON-PREFERRED | Hyaluronate  | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE<br>PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE   |
| J7351  | DURYSTA                                      | Bimatoprost eye implant                                      | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |

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|------------------------|------------------------------------|---|---------------------|--------------------|--|
| J0586                  | DYSPORT                            | AbobotulinumtoxinA  | Y                   | Y                  |  |
| J9063                  | ELAHERE                            | Mirvetuximabsoravtansine-gynx                                   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J1743                  | ELAPRASE                           | Idursulfase   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **                              |
| J3060                  | ELELYSO                            | Taliglucerase alfa  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **                              |
| J1413                  | ELEVIDYS                           | Delandistrogene moxeparvovec-rokl                               | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J2508                  | ELFABRIO                           | Pegunigalsidase alfa-iwxj                                       | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **                              |
| J9217                  | ELIGARD                            | Leuprolide depot suspension                                     | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim  |
| J7205                  | ELOCTATE                           | Antihemophilic Factor VIII (Recombinant) with Fc Fusion protein | Y                   | Y                  |  |
| J9263                  | ELOXATIN                           | Oxaliplatin   | N                   | N                  |  |
| J1323                  | ELREXFIO                           | Elranatamab-bcmm  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9269                  | ELZONRIS                           | Tagraxofusp-erzs  | Y                   | N                  |  |
| J0458                  | EMBLAVEO                           | Azetrenam/ avibactam  | Y                   | N                  |  |
| J3490                  | EMPAVELI                           | Pegcetacoplan   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>PREFERRED PRODUCT(S) COMMERCIAL: EPYSQLI<br>PREFERRED PRODUCT(S) MEDICARE: N/A |
| J9176                  | EMPLICITI<br>NON-PREFERRED         | Elotuzumab  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO<br>PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB  |
| J9326                  | EMRELIS                            | Telisotuzumab vedotin-tllv                                      | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J3403                  | ENCELTO                            | Revakinagene taroretcel-lwey                                    | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9358                  | ENHERTU                            | Fam-trastuzumab deruxtecan                                      | Y                   | N                  |  |
| J1302                  | ENJAYMO                            | Sutimulimab-iome  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **                              |
| C9399/ J3380/<br>J3590 | ENTYVIO                            | Vedolizumab   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **                              |
| J9321                  | EPKINLY                            | Epcoritamab-bysp  | Y                   | N                  |  |
| Q4081                  | EPOGEN (ESRD)<br>NON-PREFERRED     | Epoetin alfa  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT<br>PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT   |
| J0885                  | EPOGEN (NON-ESRD)<br>NON-PREFERRED | Epoetin alfa  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT<br>PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT   |
| Q5151                  | EPYSQLI                            | Eculizumab-aagh   | Y                   | Y                  |  |
| J0348                  | ERAXIS                             | Anidulafungin   | Y                   | Y                  |  |
| J9055                  | ERBITUX                            | Cetuximab   | Y                   | N                  |  |

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| J9019                  | ERWINAZE   | Erwinia asparaginase   | Y                   | N                  |   |
| J7204                  | ESPEROCT   | Factor viii, antihemophilic factor (recombinant)   | Y                   | Y                  |   |
| J7323                  | <b>EUFLEXXA<br/>NON-PREFERRED</b>                    | <i>Sodium hyaluronate</i>  | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br/>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC</b>  |
| J3111                  | <b>EVENITY<br/>NON-PREFERRED</b>                     | <i>Romosozumab-appg</i>  | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: PROLIA<br/>PREFERRED PRODUCT(S) MEDICARE: JUBBONTI, ZOLEDRONIC ACID</b>   |
| J1305                  | EVKEEZA  | Evinacumab-dgnb  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) ** |
| C93990/<br>J3490       | EXDENSUR   | Depemokimab-ulaa   | EXCLUDED            | EXCLUDED           | <b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>   |
| J1428                  | EXONDYS 51   | Eteplirsen   | EXCLUDED            | EXCLUDED           | <b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>   |
| J0178                  | <b>EYLEA<br/>NON-PREFERRED</b>                       | <i>Aflibercept, inj.</i>   | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br/>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU</b>                               |
| J0177                  | <b>EYLEA HD<br/>NON-PREFERRED</b>                    | <i>Aflibercept, inj.</i>   | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br/>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU</b>                               |
| J0180                  | FABRAZYME  | Agalsidase beta  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) ** |
| J0517                  | FASENRA  | Benralizumab   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) ** |
| J9395                  | FASLODEX   | Fulvestrant  | N                   | N                  |   |
| J7198                  | FEIBA NF/FEIBA VH                                    | Prothrombin Complex Concentrate, activated from Human Plasma (factor 8 inhibitor bypassing activity) | Y                   | Y                  |   |
| J1951                  | FENSOLVI   | Leuprolide acetate for depot suspension  | Y                   | Y                  |   |
| Q0139                  | <b>FERAHEME (ESRD on dialysis)<br/>NON-PREFERRED</b> | <i>Ferumoxytol</i>   | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFER<br/>PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFER</b>                                 |
| Q0138                  | <b>FERAHEME (NON-ESRD)<br/>NON-PREFERRED</b>         | <i>Ferumoxytol</i>   | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFER<br/>PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFER</b>                                 |
| J2916                  | FERRLECIT/ SODIUM FERRIC GLUCONATE                   | Sodium ferric gluconate  | N                   | N                  |   |
| J0699                  | FETROJA  | Cefiderocol  | Y                   | Y                  |   |
| J7177                  | FIBRYGA  | Fibrinogen, human  | Y                   | Y                  |   |
| J1744                  | FIRAZYR  | Icatibant  | Y                   | Y                  |   |
| J9155                  | <b>FIRMAGON<br/>NON-PREFERRED</b>                    | <i>Degarelix</i>   | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ELIGARD<br/>PREFERRED PRODUCT(S) MEDICARE: FIRMAGON</b>   |
| J1572                  | FLEBOGAMMA   | Immune Globulin, IV, Non-lyophilized   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) ** |
| J1325/ J3490/<br>S0155 | FLOLAN   | Epoprostenol   | N                   | N                  |   |
| J3590/ S0128           | FOLLISTIM AQ   | Follitropin alfa   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) ** |

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| J9307            | FOLOTYN  | Pralatrexate   | Y                   | N                  |   |
| J3110            | FORTEO   | Teriparatide   | Y                   | Y                  |   |
| C93990/<br>J3490 | FORZINITY  | Elamipretide   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J1455            | FOSCAVIR   | Foscarnet  | N                   | N                  |   |
| J1645            | FRAGMIN  | Dalteparin sodium                                      | Y                   | N                  |   |
| Q5108            | FULPHILA   | Pegfilgrastim-JMDB (biosimilar)                        | Y                   | Y                  |   |
| Q5130            | <b>FYLNTRA<br/>NON-PREFERRED</b>   | <i>Pegfilgrastim-pbbk (biosimilar)</i>                 | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA<br/>PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA</b>   |
| J1460/J1560      | GAMASTAN S/D   | Immune globulin (IM use)                               | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J9210            | GAMIFANT   | Emapalumab-lzsg  | Y                   | N                  |   |
| J1569            | <b>GAMMAGARD LIQUID IV<br/>NON-PREFERRED</b>   | <i>Immune globulin – lyophilized</i>                   | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN<br/>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN</b>  |
| J1569            | <b>GAMMAGARD LIQUID SC<br/>NON-PREFERRED</b>   | <i>Immune globulin – lyophilized</i>                   | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY<br/>PREFERRED PRODUCT(S) MEDICARE: NA</b>   |
| J1566            | GAMMAGARD S/D LIQUID   | Immune globulin – lyophilized, not otherwise specified | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J1561            | <b>GAMMAKED<br/>NON-PREFERRED</b>  | <i>Immune Globulin, IV, Non-lyophilized</i>            | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN<br/>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN</b>   |
| J1557            | <b>GAMMAPLEX<br/>NON-PREFERRED</b>   | <i>Immune globulin – human non-lyophilized</i>         | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN<br/>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN</b>   |
| J1561            | <b>GAMUNEX-C<br/>NON-PREFERRED</b>   | <i>Immune globulin – human non-lyophilized</i>         | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: For IV - GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN; For SC - CUTAQUIG, HIZENTRA, XEMBIFY<br/>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN</b> |
| J9301            | GAZYVA   | Obinutuzumab   | Y                   | N                  |   |
| J7326            | <b>GEL-ONE<br/>NON-PREFERRED</b>   | <i>Hyaluronate</i>                                     | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE<br/>PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE</b>  |
| J7328            | <b>GELSYN- 3<br/>NON-PREFERRED</b>   | <i>Hyaluronate</i>                                     | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br/>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISCO</b>   |
| J2941            | GENOTROPIN, OMNITROPE, SEROSTIM, HUMATROPE, NUTROPIN, SAIZEN, TEV-TROPIN, ZORBTIVE, ACCRETROPIN, NORDITROPIN | Somatropin   | Y                   | Y                  |   |

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| J7320                  | GENVISC 850<br>NON-PREFERRED       | Hyaluronate   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J0223                  | GIVLAARI                           | Givosiran   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J0257                  | GLASSIA<br>NON-PREFERRED           | Alpha1-Proteinase Inhibitors (Human)                              | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: PROLASTIN-C, ZEMAIRA<br>PREFERRED PRODUCT(S) MEDICARE: PROLASTIN-C, ZEMAIRA |
| J3590/ S0126/<br>S0128 | GONAL-F<br>NON-PREFERRED           | Follitropin alfa  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: FOLLISTIM AQ<br>PREFERRED PRODUCT(S) MEDICARE: N/A                          |
| C9175/ J0614           | GRAFAPEX                           | Treosulfan  | Y                   | N                  |   |
| J1447                  | GRANIX<br>NON-PREFERRED            | TBO-filgrastim (biosimilar)                                       | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO<br>PREFERRED PRODUCT(S) MEDICARE: ZARXIO   |
| J9179                  | HALAVEN                            | Eribulin mesylate   | Y                   | N                  |   |
| J7192                  | HELIXATE FS                        | Factor VIII, Recombinant Human                                    | Y                   | Y                  |   |
| J1411                  | HEMGENIX                           | Etranacogene dezaparvovec   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J7170                  | HEMLIBRA                           | Emicizumab  | Y                   | Y                  |   |
| J7190                  | HEMOFIL M                          | Factor VIII, Human plasma-derived                                 | Y                   | Y                  |   |
| J7190                  | HEMOFIL M/ KOATE/ KOATE-DVI        | Factor VIII, Human plasma-derived                                 | Y                   | Y                  |   |
| J9355                  | HERCEPTIN<br>NON-PREFERRED         | Trastuzumab *biosimilars excluded*                                | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA<br>PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT  |
| J9356                  | HERCEPTIN HYLECTA<br>NON-PREFERRED | Trastuzumab Hyaluronidase   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA<br>PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT  |
| Q5146                  | HERCESSI<br>NON-PREFERRED          | Trastuzumab-strf  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA<br>PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT  |
| Q5113                  | HERZUMA<br>NON-PREFERRED           | Trastuzumab-pkrb (biosimilar)                                     | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA<br>PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT  |
| J1559                  | HIZENTRA                           | Immune globulin subcutaneous                                      | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J7187                  | HUMATE P                           | Human-plasma Derived von Willebrand Factor (contains factor VIII) | Y                   | Y                  |   |
| J7321                  | HYALGAN<br>NON-PREFERRED           | Hyaluronic acid   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J7322                  | HYMOVIS<br>NON-PREFERRED           | Hyaluronate   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J7172                  | HYMPAVZI                           | Marstacimab-hncq  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |

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| J1575       | HYQVIA<br>NON-PREFERRED               | IGG/Hyaluronidase, recomb                     | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY</b><br><b>PREFERRED PRODUCT(S) MEDICARE: HIZENTRA</b>   |
| J7202       | IDELVION                              | Factor IX, Recombinant Human w/Albumin fusion | Y                   | Y                  |  |
| J7355       | iDose TR                              | Travoprost                                    | EXCLUDED            | EXCLUDED           | <b>EXCLUDED</b> - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J0638       | ILARIS                                | Cankinumab SQ                                 | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J3245       | ILUMYA<br>NON-PREFERRED               | Tildrakizumab                                 | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO, ILUMYA, SIMPONI ARIA, SKYRIZI, STELARA, TOFIDENCE, TREMFYA, TYENNE</b><br><b>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA</b> |
| J7313       | ILUVIEN                               | Fluocinolone (ophthalmic insert)              | Y                   | Y                  |  |
| J9256       | IMAAVY<br>NON-PREFERRED               | Nipocalimab-aahu                              | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO</b><br><b>PREFERRED PRODUCT(S) MEDICARE: NA</b>  |
| J9026       | IMDELLTRA                             | Tarlatamab-dlle                               | Y                   | N                  |  |
| J9173       | IMFINZI<br>NON-PREFERRED              | Durvalumab                                    | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: For Biliary Tract Cancer, Endometrial Carcinoma - IMFINZI, KEYTRUDA; Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA; For Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA</b><br><b>PREFERRED PRODUCT(S) MEDICARE: For Non-Small Cell Lung Cancer - LIBTAYO</b>      |
| J9347       | IMJUDO<br>NON-PREFERRED               | Tremelimumab-actl                             | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA</b><br><b>PREFERRED PRODUCT(S) MEDICARE: NA</b>  |
| J9325       | IMLYGIC                               | Talimogene Laherparepvec                      | Y                   | N                  |  |
| Q5098       | IMULDOSA<br>NON-PREFERRED             | Ustekinumab-srlf                              | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK</b><br><b>PREFERRED PRODUCT(S) MEDICARE: NA</b>   |
| J1750       | INFED                                 | Iron dextran                                  | N                   | N                  |  |
| Q5103       | INFLECTRA                             | Infliximab-DYYB                               | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J1745       | INFLIXIMAB/ REMICADE<br>NON-PREFERRED | Infliximab injection                          | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS</b><br><b>PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS</b>  |
| J1439       | INJECTAFER<br>NON-PREFERRED           | Ferric carboxymaltose                         | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFR</b><br><b>PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFR</b>  |
| J9214/S0148 | INTRON-A/ PEG-INTRON                  | Interferon Alfa-2b Recombinant                | N                   | N                  | <b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim  |
| J2426       | INVEGA SUSTENNA                       | Paliperidone                                  | Y                   | N                  |  |
| J2427       | INVEGA TRINZA                         | Paliperidone                                  | Y                   | N                  |  |
| J9319       | ISTODAX                               | Romidepsin                                    | Y                   | N                  |  |
| J9207       | IXEMPRA                               | Ixabepilone                                   | Y                   | N                  |  |

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| Q5109                   | IXIFI<br>NON-PREFERRED    | Infliximab-QBTX   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS<br>PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS  |
| J7213                   | IXINITY<br>NON-PREFERRED  | Coagulation Fator IX (Recomb.)                                    | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN<br>PREFERRED PRODUCT(S) MEDICARE: N/A   |
| J2782                   | IZERVAY<br>NON-PREFERRED  | Avacincaptad pegol  | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: SYFOVRE<br>PREFERRED PRODUCT(S) MEDICARE: IZERVAY   |
| J9272                   | JEMPERLI<br>NON-PREFERRED | Dostarlimub   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: For Endometrial Cancer - IMFINZI, KEYTRUDA<br>PREFERRED PRODUCT(S) MEDICARE: NA   |
| J7316                   | JETREA                    | Ocriplasmin   | Y                   | Y                  |  |
| J3590/C9399             | JEUVEAU                   | PrabotulinumtoxinA-xvfs   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9043                   | JEVTANA                   | Cabazitaxel   | Y                   | N                  |  |
| J7208                   | JIVI                      | Factor viii, (antihemophilic factor, recombinant), pegylated-aucl | Y                   | Y                  |  |
| Q5160                   | JOBEVNE<br>NON-PREFERRED  | Bevacizumab-nwgd  | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV<br>PREFERRED PRODUCT(S) MEDICARE: NA   |
| Q5136                   | JUBBONTI<br>NON-PREFERRED | Denosumab   | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: Osteoprosis - PROLIA<br>PREFERRED PRODUCT(S) MEDICARE: Osteoporosis - JUBBONTI, ZOLEDRONIC ACID  |
| J9354                   | KADCYLA                   | ADO-trastuzumab emtansine   | Y                   | N                  |  |
| J1290                   | KALBITOR                  | Ecallantide   | Y                   | Y                  |  |
| Q5117                   | KANJINTI                  | Trastuzumab-anns (biosimilar)                                     | Y                   | N                  |  |
| J2840                   | KANUMA                    | Sebelipase  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J7168                   | KCENTRA                   | Prothrombin complex concentrate (human); Factor IX activity       | Y                   | Y                  |  |
| J2425                   | KEPIVANCE                 | Palifermin  | Y                   | Y                  |  |
| J9271                   | KEYTRUDA<br>NON-PREFERRED | Pembrolizumab   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: Biliary Tract Cancer, Endometrial Carcinoma - IMFINZI, KEYTRUDA; Hepatocellular Carcinoma Subsequent Therapy - KEYTRUDA; For Melanoma- KEYTRUDA, OPDIVO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Merkel Cell Carcinoma - KEYTRUDA, ZYNYZ;<br>Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA;<br>Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG<br><br>PREFERRED PRODUCT(S) MEDICARE: For Non-Small Cell Lung Cancer, Basal Cell, and Squamous Cell Cancers - LIBTAYO |
| C93990/<br>J9999/ J9277 | KEYTRUDA QLEX             | Pembrolizumab and berahyaluronidase alfa-pmph                     | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9274                   | KIMMTRAK                  | Tebenafusp-tebn   | Y                   | N                  |  |

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| J3590 | KINERET                             | Anakinra                       | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J0175 | KISUNLA                             | Donanemab-azbt                 | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J7192 | KOGENATE FS<br>NON-PREFERRED        | Factor VIII, Recombinant Human | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE<br>PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ   |
| J0879 | KORSUVA                             | Difelikefalin                  | Y                   | Y                  |  |
| J7211 | KOVALTRY                            | Factor VIII, Recombinant Human | Y                   | Y                  |  |
| J2507 | KRYSTEXXA                           | Pegloticase                    | Y                   | Y                  |  |
| Q2042 | KYMRIAH                             | Tisagenlecleucel               | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9047 | KYPROLIS<br>NON-PREFERRED           | Carfilzomib                    | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO<br>PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB  |
| J0217 | LAMZEDE                             | Velmanase alfa-tycv            | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J1932 | LANREOTIDE ACETATE<br>NON-PREFERRED | Lanreotide acetate             | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT<br>PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT   |
| J9285 | LARTRUVO                            | Olaratumab                     | Y                   | N                  |  |
| J0202 | LEMTRADA<br>NON-PREFERRED           | Alemtuzumab                    | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI<br>PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYSABRI   |
| J0174 | LEQEMBI                             | Lecanemab-irmb                 | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J1306 | LEQVIO                              | Inclisiran                     | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J2820 | LEUKINE<br>NON-PREFERRED            | Sargramostim                   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO<br>PREFERRED PRODUCT(S) MEDICARE: ZARXIO  |
| J9119 | LIBTAYO                             | Cemiplimab                     | Y                   | N                  |  |
| J3263 | LOQTORZI                            | Toripalimab-tpzi               | Y                   | N                  |  |
| J2778 | LUCENTIS<br>NON-PREFERRED           | Ranibizumab                    | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU  |
| J0221 | LUMIZYME<br>NON-PREFERRED           | Alglucosidase alfa             | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: NEXVIAZYME<br>PREFERRED PRODUCT(S) MEDICARE: N/A |
| J9313 | LUMOXITI                            | Moxetumomab pasudotox-piiq     | Y                   | N                  |  |
| J9350 | LUNSUMIO                            | Mosunetuzumab-axgb             | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9218 | LUPRON                              | Leuprolide Acetate             | N                   | N                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim  |

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| J1950                  | LUPRON DEPOT (Adults)<br>NON-PREFERRED     | Leuprolide depot suspension                                     | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to <b>diagnosis</b> codes submitted with claim<br><b>PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD, LUPRON DEPOT-PED</b><br><b>PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD</b> |
| J1950                  | LUPRON DEPOT (Pediatrics)<br>NON-PREFERRED | Leuprolide depot suspension                                     | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to <b>diagnosis</b> codes submitted with claim<br><b>PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer -ELIGARD, LUPRON DEPOT-PED</b><br><b>PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD</b>  |
| J3398                  | LUXTURNA                                   | Voretigene Neparvovec   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| C9307/ J9601/<br>J9999 | LYNOZYFIC                                  | Linvoseltamab-gcpt  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J7330                  | MACI                                       | Autologous Cultured Chondrocytes on a Porcine Collagen Membrane | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J2503                  | MACUGEN                                    | Pegaptanib sodium   | Y                   | Y                  |  |
| J1726                  | MAKENA                                     | Hydroxyprogesterone inj   | N                   | N                  |  |
| J9353                  | MARGENZA<br>NON-PREFERRED                  | Margetuximab-cmkb   | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ENHERTU, KADCYLA, PHESGO</b><br><b>PREFERRED PRODUCT(S) MEDICARE: N/A</b>  |
| Q4100                  | MEMBRANE WRAP                              | Skin substitute   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J3397                  | MEPSEVII                                   | Vestronidase Alfa-vjbk  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J0887                  | MIRCERA (ESRD)<br>NON-PREFERRED            | Methoxy PEG-Epotein Beta  | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT</b><br><b>PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT</b>   |
| J0888                  | MIRCERA (NON-ESRD)<br>NON-PREFERRED        | Methoxy PEG-Epotein Beta  | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT</b><br><b>PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT</b>   |
| J9349                  | MONJUVI                                    | Tafasitamab   | Y                   | N                  |  |
| J7190                  | MONOCLATE P                                | Factor VIII, Human plasma-derived                               | Y                   | Y                  |  |
| J1437                  | MONOFERRIC<br>NON-PREFERRED                | Ferric derisomaltose  | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFER</b><br><b>PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFER</b>  |
| J7327                  | MONOVISC<br>NON-PREFERRED                  | Hyaluronate sodium, stabilized                                  | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE</b><br><b>PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE</b>   |
| J2562                  | MOZOBIL                                    | Plerixafor  | Y                   | Y                  |  |
| Q5107                  | MVASI                                      | Bevacizumab-AWWB  | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to <b>diagnosis</b> codes submitted with claim   |
| J9203                  | MYLOTARG                                   | Gemtuzumab Ozogamicin   | Y                   | N                  |  |
| J0587                  | MYOBLOC<br>NON-PREFERRED                   | Rimabotulinum Toxin-B   | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: BOTOX, DAXXIFY, DYSPORT, XEOMIN</b><br><b>PREFERRED PRODUCT(S) MEDICARE: DYSPORT, XEOMIN</b>   |
| J1458                  | NAGLAZYME                                  | Galsulfase  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| C9399/J3590            | NEMLUVIO                                   | Nemolizumab-ilto  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J2506                  | NEULASTA<br>NON-PREFERRED                  | Pegfilgrastim   | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA</b><br><b>PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA</b>  |

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| J1442 | NEUPOGEN<br>NON-PREFERRED       | Filgrastim  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO<br>PREFERRED PRODUCT(S) MEDICARE: ZARXIO   |
| J0219 | NEXVIAZYME                      | Avalglucosidase Alfa-ngpt                         | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>COMMERCIAL PREFERRED: NEXVIAZYME<br>MEDICARE PREFERRED: N/A   |
|       | NINLARO                         | Ixazomib  |                     |                    | this a pharmacy drug and needs to be requested through the outpatient pharmacy  |
| Q5110 | NIVESTYM<br>NON-PREFERRED       | Filgrastim-AAFI                                   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO<br>PREFERRED PRODUCT(S) MEDICARE: ZARXIO   |
| J7182 | NOVOEIGHT<br>NON-PREFERRED      | Factor VIII, Recombinant Human                    | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE<br>PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ  |
| J7189 | NOVOSEVEN RT                    | Factor VIIa (activated), Recombinant Human        | Y                   | Y                  |   |
| J2802 | NPLATE                          | Romiplostim                                       | Y                   | Y                  |   |
| J2182 | NUCALA<br>NON-PREFERRED         | Mepolizumab                                       | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR<br>PREFERRED PRODUCT(S) MEDICARE: FASENRA, TEZSPIRE, XOLAIR   |
| J0485 | NULOJIX                         | Belatacept  | Y                   | N                  |   |
| J7209 | NUWIQ                           | Antihemophilic factor (viii)                      | Y                   | Y                  |   |
| J0121 | NUZYRA                          | Omadacycline                                      | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| Q5122 | NYVEPRIA<br>NON-PREFERRED       | Pegfilgrastim-apgf (biosimilar)                   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA<br>PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA   |
| J7188 | OBIZUR                          | Antihemophilic Factor (recomb. Porcine) (rpFVIII) | Y                   | Y                  |   |
| J2350 | OCREVUS                         | Ocrelizumab                                       | Y                   | Y                  | ** Services <b>MUST</b> be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office **   |
| J2351 | OCREVUS ZUNOVO<br>NON-PREFERRED | Ocrelizumab with hyaluronidase-ocsq               | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI<br>PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYSABRI   |
| J1568 | OCTAGAM                         | Immune globulin – non lyophilized (liquid)        | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| Q5114 | OGIVRI<br>NON-PREFERRED         | Trastuzumab-dkst (biosimilar)                     | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA<br>PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT  |
| J1097 | OMIDRIA                         | Phenylephrine/Ketorolac (ophthalmic irrigation)   | Y                   | Y                  |   |
| J2267 | OMVOH<br>NON-PREFERRED          | Mirikizumab-mrkz                                  | Y                   | Y                  | ** Services <b>MUST</b> be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office**<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA |
| J9205 | ONIVYDE                         | Irinotecan liposome                               | Y                   | N                  |   |

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| J0222 | ONPATTRO                        | Patisiran  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO<br>PREFERRED PRODUCT(S) MEDICARE: AMVUTTRA, ONPATTRO   |
| Q5112 | ONTRUZANT<br>NON-PREFERRED      | Trastuzumab-dttb (biosimilar)                          | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA<br>PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT   |
| J9299 | OPDIVO<br>NON-PREFERRED         | Nivolumab  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: Heptaocellular Carcinoma Subsequent Therapy - KEYTRUDA;<br>Melanoma - KEYTRUDA, OPDIVO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA;<br>Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG<br><br>PREFERRED PRODUCT(S) MEDICARE: Non-Small Cell Lung Cancer - LIBTAYO |
| J9289 | OPDIVO QVANTIG<br>NON-PREFERRED | Nivolumab  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: Heptaocellular Carcinoma Subsequent Therapy - KEYTRUDA;<br>Melanoma - KEYTRUDA, OPDIVO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA;<br>Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG<br><br>PREFERRED PRODUCT(S) MEDICARE: Non-Small Cell Lung Cancer - LIBTAYO |
| J9298 | OPDUALAG<br>NON-PREFERRED       | Nivolumab and relatimab-rmbw                           | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: Heptaocellular Carcinoma Subsequent Therapy - KEYTRUDA;<br>Melanoma - KEYTRUDA, OPDIVO, TECENTRIQ, TECENTRIQ HYBREZA<br><br>PREFERRED PRODUCT(S) MEDICARE: NA   |
| J2407 | ORBACTIV                        | Oritavancin  | Y                   | N                  |  |
| J0129 | ORENCIA IV<br>NON-PREFERRED     | Abatacept IV   | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA  |
| J7324 | ORTHOVISC<br>NON-PREFERRED      | Hyaluronan   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC  |
| Q5157 | OSENVELT                        | Denosumab-bmwo   | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| Q9999 | OTULFI<br>NON-PREFERRED         | Ustekinumab-aaaz                                       | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: NA  |
| J0224 | OXLUMO                          | Lumasiran  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J7312 | OZURDEX                         | Dexamethasone (intreivtrial)                           | Y                   | Y                  |  |
| J9267 | PACLITAXEL                      | Paclitaxel   | N                   | N                  |  |
| J9177 | PADCEV                          | Enfortumab vedotin-ejfv                                | Y                   | N                  |  |
| J1566 | PANGLOBULIN NF                  | Immune globulin – lyophilized, not otherwise specified | Y                   | Y                  | ** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office  |

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|-----------------------------|-------------------------------------|--|---------------------|--------------------|---|
| J1576                       | PANZYGA<br>NON-PREFERRED            | Immune globulin, IV, Non-lyophilized (liquid)                            | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN<br>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN |
| J0606                       | PARSABIV                            | Etelacacetide  | Y                   | N                  |   |
| Q5147                       | PAVBLU<br>NON-PREFERRED             | Aflibercept-ayyh   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU   |
| J9294/J9296/<br>J9297/J9314 | PEMETREXED                          | Pemetrexed   | N                   | N                  |   |
| J9304                       | PEMFEXY<br>NON-PREFERRED            | Pemetrexed   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: N/A<br>PREFERRED PRODUCT(S) MEDICARE: PEMETREXED   |
| J9306                       | PERJETA<br>NON-PREFERRED            | Pertuzumab   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: ENHERTU, KADCYLA, PHESGO<br>PREFERRED PRODUCT(S) MEDICARE: PHESGO  |
| J2798                       | PERSERIS                            | Risperidone  | Y                   | N                  |   |
| J9316                       | PHESGO                              | Pertuzumab, trastuzumab, hyaluronidase                                   | Y                   | N                  |   |
| J2787                       | PHOTREXA                            | Riboflavin 5'-phosphate (ophthalmic)                                     | Y                   | Y                  |   |
| J1307                       | PIASKY                              | Crovalimab-akkz  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>PREFERRED PRODUCT(S) COMMERCIAL: EPYSQLI<br>PREFERRED PRODUCT(S) MEDICARE: N/A  |
| J9309                       | POLIVY                              | Polatuzumab vedotin-piiq   | Y                   | N                  |   |
| J1203                       | POMBILITI                           | Cipaglucosidase alfa-atga  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br>PREFERRED PRODUCT(S) COMMERCIAL: NEXVIAZYME<br>PREFERRED PRODUCT(S) MEDICARE: N/A   |
| J9295                       | PORTRAZZA                           | Necitumumab  | Y                   | N                  |   |
| J9204                       | POTELIGEO                           | Mogamulizumab-KPKC   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J3590/C9399                 | PRAXBIND                            | Idarucizumab   | Y                   | Y                  |   |
| J2278                       | PRIALT                              | Ziconotide   | Y                   | Y                  |   |
| J1459                       | PRIVIGEN                            | Immune globulin – non lyophilized (liquid)                               | Y                   | Y                  |   |
| J0570                       | PROBUPHINE                          | Buprenorphine  | Y                   | N                  |   |
| Q4081                       | PROCRIT (ESRD)<br>NON-PREFERRED     | Epoetin alfa   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT<br>PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT  |
| J0885                       | PROCRIT (NON-ESRD)<br>NON-PREFERRED | Epoetin alfa   | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT<br>PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT  |
| J7194                       | PROFILNINE SD                       | Prothrombin Complex Concentrate, 3-factor, inactivated from human plasma | Y                   | Y                  |   |
| J0256                       | PROLASTIN- C, ZEMAIRA               | Alpha1-Proteinase Inhibitors (Human)                                     | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J0897                       | PROLIA<br>NON-PREFERRED             | Denosumab  | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: PROLIA<br>PREFERRED PRODUCT(S) MEDICARE: JUBBONTI, ZOLEDRONIC ACID  |
| Q2043                       | PROVENGE                            | Sipuleucel-T   | Y                   | N                  |   |

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| J7639            | PULMOZYME                            | Dornase alfa                          | Y                   | Y                  |   |
| Q9996/Q9997      | <b>PYZCHIVA<br/>NON-PREFERRED</b>    | <i>Ustekinumab-aauz</i>               | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br><b>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK</b><br><b>PREFERRED PRODUCT(S) MEDICARE: NA</b> |
| J1304            | QALSODY                              | Tofersen                              | Y                   | Y                  |   |
| J7174            | QFITLIA                              | Fitusiran                             | EXCLUDED            | EXCLUDED           | <b>EXCLUDED</b> - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J7336            | QUTENZA                              | Capsaicin Patch                       | Y                   | Y                  |   |
| J1301            | RADICAVA                             | Edaravone                             | EXCLUDED            | EXCLUDED           | <b>EXCLUDED</b> - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J3490            | RAPIBLYK                             | Landiolol                             | Y                   | N                  |   |
| Q3028            | REBIF                                | Interferon beta – 1a                  | Y                   | Y                  |   |
| J7203            | <b>REBINYN</b>                       | <i>Coagulation Factor IX</i>          | <b>EXCLUDED</b>     | <b>EXCLUDED</b>    | <b>EXCLUDED</b> - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br><b>PREFERRED PRODUCT(S) COMMERCIAL: NA</b><br><b>PREFERRED PRODUCT(S) MEDICARE: ALPROLIX, IDELVION, REBINYN</b>  |
| J0896            | REBLOZYL                             | Luspatercept–aamt                     | Y                   | N                  |   |
| J0742            | RECARBRIO                            | Imipenem, cilastatin and relebactam   | Y                   | Y                  |   |
| J3489            | RECLAST/ ZOMETA                      | Zoledronic acid                       | Y                   | N                  |   |
| J7192            | <b>RECOMBINATE<br/>NON-PREFERRED</b> | <i>Factor VIII, Recombinant Human</i> | Y                   | Y                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE</b><br><b>PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ</b>  |
| C93990/<br>J3490 | REDEMPLO                             | Plozasiran                            | EXCLUDED            | EXCLUDED           | <b>EXCLUDED</b> - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| Q5125            | <b>RELEUKO<br/>NON-PREFERRED</b>     | <i>Filgrastim-ayow (biosimilar)</i>   | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO</b><br><b>PREFERRED PRODUCT(S) MEDICARE: ZARXIO</b>   |
| J3285            | REMODULIN                            | Treprostinil                          | Y                   | Y                  |   |
| Q5104            | RENFLEXIS                            | Infliximab-ABDA                       | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| Q5105            | RETACRIT (ESRD)                      | Epoetin alfa (biosimilar)             | Y                   | N                  |   |
| Q5106            | RETACRIT (NON-ESRD)                  | Epoetin alfa (biosimilar)             | Y                   | N                  |   |
| J7311            | RETISERT                             | Fluocinolone (ophthalmic insert)      | Y                   | Y                  |   |
| J3490/J8499      | REVATIO                              | Sildenafil                            | Y                   | Y                  |   |
| J0349            | REZZAYO                              | Rezafungin                            | Y                   | Y                  |   |
| J2791            | RHOPHYLAC                            | Immune globulin                       | N                   | Y                  |   |
| Q5123            | <b>RIABNI<br/>NON-PREFERRED</b>      | <i>Rituximab-arrx, biosimilar</i>     | Y                   | N                  | <b>PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA</b><br><b>PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA</b>  |
| J7178            | RIASTAP                              | Fibrinogen                            | Y                   | Y                  |   |
| J2794            | RISPERDAL CONSTA                     | Risperidone                           | Y                   | N                  |   |
| J9312            | <b>RITUXAN<br/>NON-PREFERRED</b>     | <i>Rituximab</i>                      | Y                   | N                  | <b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim<br><b>PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA</b><br><b>PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA</b>   |

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| J9311                  | RITUXAN HYCELA<br>NON-PREFERRED  | Rituximab/ Hyaluronidase               | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA<br>PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA  |
| C9399/ J3490           | RIVFLOZA                         | Nedosiran                              | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J7200                  | RIXUBIS<br>NON-PREFERRED         | Factor IX, Recombinant Human           | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN<br>PREFERRED PRODUCT(S) MEDICARE: N/A  |
| J1412                  | ROCTAVIAN                        | Valoctogene roxaparvovec               | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J1449                  | ROLVEDON<br>NON-PREFERRED        | Eflapegrastim-xnst                     | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA<br>PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA  |
| J0596                  | RUCONEST                         | C1 esterase inhibitor, recomb          | Y                   | Y                  |   |
| Q5119                  | RUXIENCE                         | Rituximab-pvvr biosimilar              | Y                   | N                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim   |
| J9061                  | RYBREVANT                        | Amivantamab-vmjw                       | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| C9399/ J9999           | RYBREVANT FASPRO                 | Amivantamab-vmjw                       | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J9021                  | RYLAZE                           | Asparaginase Erwinia Chrysanthemi-rywn | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J2998                  | RYPLAZIM                         | Plasminogen, human-tvmh                | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J9333                  | RYSTIGGO                         | Rozanolixizumab-noli                   | Y                   | Y                  |   |
| J0870                  | RYTELO                           | Imetelstat                             | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J2354                  | SANDOSTATIN                      | Octreotide                             | Y                   | Y                  |   |
| J2353                  | SANDOSTATIN LAR<br>NON-PREFERRED | Octreotide                             | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT<br>PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT  |
| J0491                  | SAPHNELO<br>NON-PREFERRED        | Anifrolumab-fnia                       | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: BENLYSTA<br>PREFERRED PRODUCT(S) MEDICARE: N/A  |
| J9227                  | SARCLISA<br>NON-PREFERRED        | Isatuximab                             | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO<br>PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB   |
| J7352                  | SCENESSE                         | Afamelanotide                          | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| Q9998                  | SELARSDI<br>NON-PREFERRED        | Ustekinumab-aauz                       | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: NA |
| C9399/<br>J2502/ J3490 | SIGNIFOR LAR<br>NON-PREFERRED    | Pasireotide                            | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT<br>PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT  |

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| J1602        | SIMPONI ARIA IV                                | Golimumab                             | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J7402        | SINUVA   | Mometasone sinus implant              | Y                   | Y                  |   |
| J2327/ J3590 | SKYRIZI  | Risankizumab                          | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| C9399/ J3590 | SKYRIZI ON BODY                                | Risankizumab                          |                     |                    | This must go through the pharmacy benefits  |
| J1299/ J1300 | SOLIRIS<br>NON-PREFERRED                       | Eculizumab                            | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: Myasthenia Gravis - EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO;<br>Paroxysmal Nocturnal Hemoglobinuria (PNH) - EPYSQLI<br>PREFERRED PRODUCT(S) MEDICARE: BKEMV, VYVGART, VYVGART HYTRULO |
| J1930        | SOMATULINE DEPOT                               | Lanreotide acetate                    | Y                   | Y                  |   |
| C9399/J3590  | SOMAVERT<br>NON-PREFERRED                      | Pegvisomant                           | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT<br>PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT  |
| J2326        | SPINRAZA                                       | Nusinersen                            | Y                   | Y                  |   |
| S0013/ J0013 | SPRAVATO                                       | Esketamine                            | Y                   | N                  |   |
| J3357/ J3358 | STELARA SQ/ STELARA IV<br>NON-PREFERRED        | Ustekinumab                           | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA                                       |
| Q5099        | STEQEYMA<br>NON-PREFERRED                      | Ustekinumab-stba                      | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: NA   |
| Q5127        | STIMUFEND<br>NON-PREFERRED                     | Pegfilgrastim-fpgk (biosimilar)       | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA<br>PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA   |
| Q9991/ Q9992 | SUBLOCADE                                      | Buprenorphine                         | Y                   | N                  |   |
| J1961        | SUNLENCA                                       | Lenacapavir                           | Y                   | Y                  |   |
| J7321        | SUPARTZ FX<br>NON-PREFERRED                    | Sodium hyaluronate                    | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J9226        | SUPPRELIN LA                                   | Histrelin acetate                     | Y                   | Y                  |   |
| J2779        | SUSVIMO<br>NON-PREFERRED                       | Ranibizumab, via intravitreal implant | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU<br>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU   |
| J2781        | SYFOVRE  | Pegcetacoplan (intravitreal)          | Y                   | N                  |   |
| J2860        | SYLVANT  | Siltuximab                            | Y                   | N                  |   |
| J7331        | SYNOJOYNT<br>NON-PREFERRED                     | Sodium hyaluronate                    | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J9262        | SYNRIBO  | Omacetaxine mespesuccinate            | Y                   | N                  |   |
| J7325        | SYNVISC - multiple injections<br>NON-PREFERRED | Hylan G-F 20                          | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J7325        | SYNVISC-ONE - single injection                 | Hylan G-F 20                          | Y                   | Y                  |   |

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| J3055        | TALVEY                             | Talquetamab-tgvs  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| Q2053        | TECARTUS                           | Brexucabtagene  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J9022        | TECENTRIQ<br>NON-PREFERRED         | Atezolizumab  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: Melanoma - KEYTRUDA, OPCIVO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA;<br>Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Small Lung Cancer Extensive Stage - IMFINZI<br><br>PREFERRED PRODUCT(S) MEDICARE: Non-Small Cell Lung Cancer - LIBTAYO |
| J9024        | TECENTRIQ HYBREZA<br>NON-PREFERRED | Atezolizumab  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: Melanoma - KEYTRUDA, OPCIVO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA;<br>Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA;<br>Small Lung Cancer Extensive Stage - IMFINZI<br><br>PREFERRED PRODUCT(S) MEDICARE: Non-Small Cell Lung Cancer - LIBTAYO |
| J9380        | TECVAYLI                           | Teclistamab-cqyv  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J0712        | TEFLARO                            | Ceftaroline   | Y                   | Y                  |   |
| C9399/ J3490 | TEGSEDI<br>NON-PREFERRED           | Inotersen   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO<br>PREFERRED PRODUCT(S) MEDICARE: AMVUTTRA, ONPATTRO  |
| J9328        | TEMODAR                            | Temozolomide  | Y                   | N                  |   |
| J3241        | TEPEZZA                            | Teprotumumab-trbw   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J2356        | TEZSPIRE                           | Tezepelumab-ekko  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J7197        | THROMBATE III                      | Antithrombin, concentrate from human plasma and recombinant human | Y                   | Y                  |   |
| J3240        | THYROGEN                           | Thyrotropin Alfa  | N                   | N                  |   |
| J9273        | TIVDAK                             | Tisotumab Vedotin-tftv  | Y                   | N                  |   |
| J3535/ J7682 | TOBI                               | Tobramycin (Oral Inhalation)                                      | Y                   | Y                  |   |
| Q0235/ Q5133 | TOFIDENCE                          | Tocilizumab-bavi  | Y                   | N                  |   |
| J9330        | TORISEL                            | Temsirolimas  | Y                   | N                  |   |
| J1190        | TOTECT                             | Dexarazoxane  | N                   | N                  |   |
| Q5116        | TRAZIMERA<br>NON-PREFERRED         | Trastuzumab-qyyp (biosimilar)                                     | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA<br>PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGVRI, ONTRUZANT   |
| J9033        | TREANDA                            | Bendamustine  | Y                   | N                  |   |
| J3315        | TRELSTAR<br>NON-PREFERRED          | Triptorelin   | Y                   | N                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD<br>PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD   |
| J1628        | TREMFYA                            | Guselkumab  | Y                   | N                  |   |
| J7181        | TRETTEN                            | Coagulation factor XIII A-subunit (Recombinant)                   | Y                   | Y                  |   |

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| J7332        | TRILURON<br>NON-PREFERRED  | Hyaluronate                     | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J3316        | TRIPTODUR                  | Triptorelin Pamoate             | Y                   | Y                  |   |
| J7329        | TRIVISC<br>NON-PREFERRED   | Sodium hyaluronate              | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J9317        | TRODELVY                   | Sacituzumab govitecan-hziy      | Y                   | N                  |   |
| J1746        | TROGARZO                   | Ibalizumab                      | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| Q5115        | TRUXIMA                    | Rituximab (biosimilar)          | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim   |
| Q0235/ Q5135 | TYENNE                     | Tocilizumab-aazg                | Y                   | N                  |   |
| J3243        | TYGACIL                    | Tigecycline                     | Y                   | Y                  |   |
| Q5134        | TYRUKO<br>NON-PREFERRED    | Natalizumab-sztn, biosimilar    | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office**<br>PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI<br>PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYSABRI   |
| J2323        | TYSABRI                    | Natalizumab                     | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim<br>** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office**  |
| J7686        | TYVASO                     | Treprostinil                    | Y                   | Y                  |   |
| J9381        | TZIELD                     | Teplizumab-mzww                 | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| Q5111        | UDENYCA<br>NON-PREFERRED   | Pegfilgrastim-CBQV (biosimilar) | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA<br>PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA   |
| J1303        | ULTOMIRIS<br>NON-PREFERRED | Ravulizumab-cwvz                | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: Myasthenia Gravis - EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO;<br>Paroxysmal Nocturnal Hemoglobinuria (PNH) - EPYSQLI<br>PREFERRED PRODUCT(S) MEDICARE: BKEMV, VYVGART, VYVGART HYTRULO |
| J9999/C9399  | UNITUXIN                   | Dinutuximab                     | Y                   | N                  |   |
| J9275        | UNLOXCYT                   | Cosibelimab-ipdl                | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J1823        | UPLIZNA<br>NON-PREFERRED   | Inebilizumab                    | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: N/A<br>PREFERRED PRODUCT(S) MEDICARE: SOLIRIS, BKEMV  |
| J2777        | VABYSMO<br>NON-PREFERRED   | Faricimuab-svoa                 | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, PAVBLU<br>PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU  |
| J9225        | VANTAS                     | Histrelin implant               | Y                   | Y                  | *Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim   |
| J9303        | VECTIBIX                   | Panitumumab                     | Y                   | N                  |   |
| Q5129        | VEGZELMA<br>NON-PREFERRED  | Bevacizumab-adcd                | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV<br>PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV   |

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| J9041            | VELCADE<br>NON-PREFERRED | Bortezomib                                     | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO<br>PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB   |
| J1325            | VELETRI                  | Epoprostenol                                   | N                   | N                  |   |
| J1756            | VENOFER                  | Iron sucrose                                   | N                   | N                  |   |
| Q4074            | VENTAVIS                 | Iloprost                                       | Y                   | Y                  |   |
| J9376            | VEOPOZ                   | Pozelimab-bbfg                                 | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J9025            | VIDAZA                   | Azacitidine                                    | N                   | N                  |   |
| J1427            | VILTEPSO                 | Viltolarsen                                    | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J1322            | VIMIZIM                  | Elosulfase                                     | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J7321            | VISCO-3<br>NON-PREFERRED | Hyaluronate                                    | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC<br>PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC  |
| J0740/ J3490     | VISTIDE                  | Cidofovir                                      | Y                   | Y                  |   |
| J3396            | VISUDYNE                 | Verteporfin For IV Soln                        | Y                   | Y                  |   |
| J2315            | VIVITROL                 | Naltrexone inj.                                | Y                   | Y                  |   |
| J7179            | VONVENDI                 | Von Willebrand factor (recombinant)            | Y                   | Y                  |   |
| C93990/<br>J3590 | VOXYACT                  | Sibeprenlimab-szsi                             | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J3385            | VPRIV<br>NON-PREFERRED   | Velaglucerase alfa, 100 U                      | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: CEREZYME, ELELYSO<br>PREFERRED PRODUCT(S) MEDICARE: CEREZYME, ELELYSO   |
| J7356            | VYALEV                   | Foscarbidopa/foslevodopa                       | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J3032            | VYEPTI                   | Eptinezumab-jjmr                               | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J3401            | VYJUVEK                  | Beremagene geperpavec                          | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J1326            | VYLOY                    | Zolbetuximab-clzb                              | Y                   | N                  |   |
| J1429            | VYONDYS 53               | Golodirsen                                     | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| J9332            | VYVGART                  | Efgartigmod Alfa-fcab                          | Y                   | Y                  |   |
| J9334            | VYVGART HYTRULO          | Efgartigimod alfa, 2 mg and hyaluronidase-qvfc | Y                   | Y                  |   |
| J9153            | VYXEOS LIPOSOME          | Daunorubicin/Cytarabine Liposomal              | Y                   | N                  |   |
| C9399/J3490      | WAINUA                   | Eplone   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage  |
| Q5137/Q5138      | WEZLANA<br>NON-PREFERRED | Ustekinumab-auub                               | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK<br>PREFERRED PRODUCT(S) MEDICARE: NA |

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| J7183            | WILATE                                   | Human-plasma Derived von Willebrand Factor (contains factor VIII) | Y                   | Y                  |  |
| J3590/C9399      | WINREVAIR                                | Sotatercept-csrk  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| Q5136            | WYOST<br>NON-PREFERRED                   | Denosumab-bbdz  | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: Oncology Bone Regulators - OSENVELT<br>PREFERRED PRODUCT(S) MEDICARE: Oncology Bone Regulators - PAMIDRONATE, WYOST, ZOLEDRONIC ACID |
| J1558            | XEMBIFY<br>NON-PREFERRED                 | Immune globulin subcutaneous                                      | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY<br>PREFERRED PRODUCT(S) MEDICARE: HIZENTRA  |
| J0691            | XENLETA                                  | Lefamulin   | N                   | N                  |  |
| J0588            | XEOMIN                                   | IncobotulinumtoxinA   | Y                   | Y                  |  |
| J0897            | XGEVA<br>NON-PREFERRED                   | Denosumab   | Y                   | N                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **<br>PREFERRED PRODUCT(S) COMMERCIAL: OSENVELT<br>PREFERRED PRODUCT(S) MEDICARE: PAMIDRONATE, WYOST, ZOLEDRONIC ACID   |
| J0775            | XIAFLEX                                  | Collagenase clostridium histolyticum                              | Y                   | Y                  |  |
| J2357            | XOLAIR                                   | Omalizumab  | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **  |
| J7185            | XYNTHA/ XYNTHA SOLOFUSE<br>NON-PREFERRED | Factor VIII, Recombinant Human                                    | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE<br>PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ   |
| C93990/<br>J3590 | YARTEMLEA                                | Narsoplimab-wuug  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9228            | YERVOY<br>NON-PREFERRED                  | Ipilimumab  | Y                   | N                  | PREFERRED PRODUCT(S) COMMERCIAL: For Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA<br>PREFERRED PRODUCT(S) MEDICARE: NA  |
| Q2041            | YESCARTA                                 | Axicabtagene Ciloleucel   | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| Q5100            | YESINTEK                                 | Ustekinumab-kfce  | Y                   | N                  |  |
| J0738            | YEZTUGO                                  | Lenacapavir   | Y                   | Y                  |  |
| J9352            | YONDELIS                                 | Trabectedin   | N                   | N                  |  |
| J7314            | YUTIQ                                    | Fluocinolone (ophthalmic insert)                                  | Y                   | N                  |  |
| J9400            | ZALTRAP                                  | ZIV-afibercept  | Y                   | N                  |  |
| Q5101            | ZARXIO                                   | Filgrastim-SNDZ (biosimilar)                                      | N                   | N                  |  |
| J0291            | ZEMDRI                                   | Plazomicin  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| J9223            | ZEPZELCA                                 | Lurbinectedin   | Y                   | N                  |  |
| A9543            | ZEVALIN                                  | Ibritumomab tiuxetan  | EXCLUDED            | EXCLUDED           | EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage   |
| Q5120            | ZIEXTENZO<br>NON-PREFERRED               | Pegfilgrastim-bmez (biosimilar)                                   | Y                   | Y                  | PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA<br>PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA  |
| J9276            | ZIIHERA                                  | Zanidatamab-hri   | Y                   | N                  |  |
| J3304            | ZILRETTA                                 | Triamcinolone ER, Microsphere                                     | Y                   | Y                  |  |
| J0565            | ZINPLAVA                                 | Bezlotoxumab  | Y                   | Y                  |  |

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|------------------|--------------------------|-------------------------------|---------------------|--------------------|---|
| Q5118            | ZIRABEV                  | Bevacizumab-bvzr (biosimilar) | Y                   | N                  | <i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim   |
| J9202            | ZOLADEX<br>NON-PREFERRED | Goserelin Acetate implant     | Y                   | N                  | <i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim<br><b>PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD</b><br><b>PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD</b> |
| J3399            | ZOLGENSMA                | Onasemnogene abeparcovec-xioi | EXCLUDED            | EXCLUDED           | <b>EXCLUDED</b> - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage<br><b>PREFERRED PRODUCT(S) COMMERCIAL: ZOLGENSMA</b><br><b>PREFERRED PRODUCT(S) MEDICARE: N/A</b>                     |
| J1632            | ZULRESSO                 | Brexanolone                   | Y                   | N                  |   |
| C93990/<br>J3490 | ZYCUBO                   | Copper histidinate            | Y                   | Y                  |   |
| J1748            | ZYMFENTRA                | Infliximab-DYYB               | Y                   | Y                  | ** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **   |
| J9345            | ZYNYZ                    | Retifanlimab-dlwr             | Y                   | N                  |   |