





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 4/22/2026

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	ABRAXANE NON-PREFERRED	Paclitaxel, lyophilized	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: N/A PREFERRED PRODUCT(S) MEDICARE: DOCETAXEL, PACLITAXEL
J3262/Q0249	ACTEMRA IV NON-PREFERRED	Tocilizumab	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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA
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 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	ADVATE NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ
J7207	ADYNOVATE	Factor VIII, Recombinant Human Pegylated	Y	Y	
J7210	AFSTYLA	Factor VIII, Recombinant Human	Y	Y	
C9399/ J3590	AIMOVIG	Erenumab			this a pharmacy drug and needs to be requested through the outpatient pharmacy, requested via covermymeds
J3031	AJOVY	Fremanezumab-vfrm			this a pharmacy drug and needs to be requested through the outpatient pharmacy, requested via covermymeds
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	ALIMTA NON-PREFERRED	Pemetrexed	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: N/A PREFERRED PRODUCT(S) MEDICARE: PEMETREXED (generic, it shares the same Jcode so must confirm that they are using generic)
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	

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
J7214	ALTUVIII	Factor viii/von willebrand factor complex, recombinant	Y	Y	
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 PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
Q5126	ALYMSYS NON-PREFERRED	Bevacizumab-maly	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV 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 PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO 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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: PROLASTIN-C, ZEMAIRA PREFERRED PRODUCT(S) MEDICARE: PROLASTIN-C, ZEMAIRA
J0882	ARANESP (ESRD)	Darbeoetin alfa	Y	N	
J0881	ARANESP (NON-ESRD)	Darbeoetin alfa	Y	N	
J2793	ARCALYST	Rilonacept	Y	Y	
J2430	AREZIA	Pamidronate	Y	N	
J0884/ J0892/J0899	ARGATROBAN (ESRD)	Direct Thrombin Inhibitor	N	N	
J0883/ J0891/ 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 NON-PREFERRED	Immune globulin	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN 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) NON-PREFERRED	Bevacizumab	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV 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 PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU 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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS
J9184	AVYXA	Gemcitabine	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage NEED TO USE GENERIC
not available	AVZIVI NON-PREFERRED	Bevacizumab-trjnj	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV
J9023	BAVENCIO NON-PREFERRED	Avelumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: For Merkel Cell Carcinoma - KEYTRUDA, ZYNYZ; For Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG PREFERRED PRODUCT(S) MEDICARE: N/A
C9462/J3490 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 NON-PREFERRED	Factor IX, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN PREFERRED PRODUCT(S) MEDICARE: N/A
C9399/J0490/ 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 NON-PREFERRED	Brolucizumab	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: N/A PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU
J0597	BERINERT NON-PREFERRED	C1 Esterase Inhibitor, Concentrate from Human Plasma	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: RUCONEST PREFERRED PRODUCT(S) MEDICARE: N/A
J9229	BESPONSA	Inotuzumab Ozogamicin	Y	N	
J1830	BETASERON/EXTAVIA	Interferon beta-1b	Y	Y	
Q5162	BILDYOS/ BILPREVDA	Denosumab-nxxp	Y	N	
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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN 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

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Q5152	BKEMV NON-PREFERRED	<i>Eculizumab-aeeb</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: For Myasthenia Gravis - EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO; For Paroxysmal Nocturnal Hemoglobinuria (PNH) - EPYSQLI PREFERRED PRODUCT(S) MEDICARE: BKEMV, VYVGART, VYVGART HYTRULO
J9999/ C9399	BLENREP	Belantamab	Y	N	
J9039	BLINCYTO	Blinatumomab	Y	N	
J1740	BONIVA IV	Ibandronate sodium	N	N	
J9041/ J9046/ J9048/ J9049/ J9051/ J9054	BORTEZOMIB	Bortezomib	Y	N	
J0585	BOTOX NON-PREFERRED	<i>OnabotulinumtoxinA</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: BOTOX, DAXXIFY, DYSPORT, XEOMIN PREFERRED PRODUCT(S) MEDICARE: DYSPORT, XEOMIN
Q2054	BREYANZI	Lisocabtagene maraleucel	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0567	BRINEURA	Cerliponase Alfa	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2329	BRIUMVI NON-PREFERRED	<i>Ublituximab-xiiy</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYSABRI
Q5124	BYOOVIZ NON-PREFERRED	<i>Ranibizumab-nuna</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU
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	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1952	CAMCEVI NON-PREFERRED	<i>Leuprolide injectable</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD
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	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J3392	CASGEVY	Exagamglogene	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
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	CIMERLI NON-PREFERRED	<i>Ranibizumab-eqrn</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU
J0717	CIMZIA NON-PREFERRED	<i>Certolizumab pegol</i>	Y	Y	** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
J2786	CINQAIR NON-PREFERRED	Reslizumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR PREFERRED PRODUCT(S) MEDICARE: FASENRA, TEZSPIRE, XOLAIR
J0598	CINRYZE	C1 Esterase Inhibitor, Concentrate from Human Plasma	Y	Y	
J9027	CLOLAR	Clofarbine	Y	N	
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/ J3247/ J3590	COSENTYX/ COSENTYX UNOREADY	Secukinumab	EXCLUDED	EXCLUDED	EXCLUDED - This is a pharmacy drug that the member self injects PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK 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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY PREFERRED PRODUCT(S) MEDICARE: HIZENTRA
J1555	CUVITRU 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) ** PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY 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/ J0874/J0877/ 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/ 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	Tauroidine, 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, requested via covermymeds

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
J7318	<i>DUROLANE - single injection NON-PREFERRED</i>	<i>Hyaluronate</i>	Y	Y	<i>PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE</i>
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
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 moxeparovec-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	
C9399/ J3590	EMGALITY	Galcanezumab			this a pharmacy drug and needs to be requested through the outpatient pharmacy, requested via covermymeds
J3490	<i>EMPAVELI</i>	<i>Pegcetacoplan</i>	<i>EXCLUDED</i>	<i>EXCLUDED</i>	<i>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: EPYSQLI PREFERRED PRODUCT(S) MEDICARE: N/A</i>
J9176	<i>EMPLICITI NON-PREFERRED</i>	<i>Elotuzumab</i>	Y	N	<i>PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB</i>
J9326	EMRELIS	Telisotuzumab vedotin-tlv	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/ 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	<i>EPOGEN (ESRD) NON-PREFERRED</i>	<i>Epoetin alfa</i>	Y	N	<i>PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT</i>

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J0885	EPOGEN (NON-ESRD) NON-PREFERRED	<i>Epoetin alfa</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
Q5151	EPYSQLI	Eculizumab-aagh	Y	Y	
J0348	ERAXIS	Anidulafungin	Y	Y	
J9055	ERBITUX	Cetuximab	Y	N	
J9019	ERWINAZE	Erwinia asparaginase	Y	N	
J7204	ESPEROCT	Factor viii, antihemophilic factor (recombinant)	Y	Y	
J7323	EUFLEXXA NON-PREFERRED	<i>Sodium hyaluronate</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J3111	EVENITY NON-PREFERRED	<i>Romosozumab-appg</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: PROLIA PREFERRED PRODUCT(S) MEDICARE: JUBBONTI, ZOLEDRONIC ACID
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/ J3490	EXDENSUR	Depemokimab-ulaa	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1428	EXONDYS 51	Eteplirsen	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0178	EYLEA NON-PREFERRED	<i>Aflibercept, inj.</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU
J0177	EYLEA HD NON-PREFERRED	<i>Aflibercept, inj.</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU
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	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
Q0139	FERAHEME (ESRD on dialysis) NON-PREFERRED	<i>Ferumoxytol</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFR PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFR
Q0138	FERAHEME (NON-ESRD) NON-PREFERRED	<i>Ferumoxytol</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFR PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFR
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	FIRMAGON NON-PREFERRED	<i>Degarelix</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ELIGARD PREFERRED PRODUCT(S) MEDICARE: FIRMAGON

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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/ 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) **
J9307	FOLOTYN	Pralatrexate	Y	N	
J3110	FORTEO	Teriparatide	Y	Y	
C93990/ 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	FYLNETRA NON-PREFERRED	<i>Pegfilgrastim-pbbk (biosimilar)</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA
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	GAMMAGARD LIQUID IV NON-PREFERRED	<i>Immune globulin – lyophilized</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J1569	GAMMAGARD LIQUID SC NON-PREFERRED	<i>Immune globulin – lyophilized</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY PREFERRED PRODUCT(S) MEDICARE: NA
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	GAMMAKED NON-PREFERRED	<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) ** PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J1557	GAMMAPLEX NON-PREFERRED	<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) ** PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J1561	GAMUNEX-C NON-PREFERRED	<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) ** PREFERRED PRODUCT(S) COMMERCIAL: For IV - GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN; For SC - CUTAQUIG, HIZENTRA, XEMBIFY PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J9301	GAZYVA	Obinutuzumab	Y	N	
J7326	GEL-ONE NON-PREFERRED	<i>Hyaluronate</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE
J7328	GELSYN- 3 NON-PREFERRED	<i>Hyaluronate</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISCO

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J2941	GENOTROPIN, OMNITROPE, SEROSTIM, HUMATROPE, NUTROPIN, SAIZEN, TEV-TROPIN, ZORBTIVE, ACCRETROPIN, NORDITROPIN	Somatropin	Y	Y	
J7320	GENVISC 850 NON-PREFERRED	<i>Hyaluronate</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
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 NON-PREFERRED	<i>Alpha1-Proteinase Inhibitors (Human)</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) ** PREFERRED PRODUCT(S) COMMERCIAL: PROLASTIN-C, ZEMAIRA PREFERRED PRODUCT(S) MEDICARE: PROLASTIN-C, ZEMAIRA
J3590/ S0126/ S0128	GONAL-F NON-PREFERRED	<i>Follitropin alfa</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) ** PREFERRED PRODUCT(S) COMMERCIAL: FOLLISTIM AQ PREFERRED PRODUCT(S) MEDICARE: N/A
C9175/ J0614	GRAFAPEX	Treosulfan	Y	N	
J1447	GRANIX NON-PREFERRED	<i>TBO-filgrastim (biosimilar)</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO 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	HEMOPIL M	Factor VIII, Human plasma-derived	Y	Y	
J7190	HEMOPIL M/ KOATE/ KOATE-DVI	Factor VIII, Human plasma-derived	Y	Y	
J9355	HERCEPTIN NON-PREFERRED	<i>Trastuzumab *biosimilars excluded*</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT
J9356	HERCEPTIN HYLECTA NON-PREFERRED	<i>Trastuzumab Hyaluronidase</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT
Q5146	HERCESSI NON-PREFERRED	<i>Trastuzumab-strf</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT
Q5113	HERZUMA NON-PREFERRED	<i>Trastuzumab-pkrb (biosimilar)</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA 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 NON-PREFERRED	<i>Hyaluronic acid</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
J7322	HYMOVIS NON-PREFERRED	<i>Hyaluronate</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC

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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
J1575	HYQVIA 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) ** PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY PREFERRED PRODUCT(S) MEDICARE: HIZENTRA
J7202	IDELVION	Factor IX, Recombinant Human w/Albumin fusion	Y	Y	
J7355	iDose TR	Travoprost	EXCLUDED	EXCLUDED	EXCLUDED - 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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO, ILUMYA, SIMPONI ARIA, SKYRIZI, STELARA, TOFIDENCE, TREMFYA, TYENNE PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA
J7313	ILUVIEN	Fluocinolone (ophthalmic insert)	Y	Y	
J9256	IMAAVY NON-PREFERRED	Nipocalimab-aahu	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO PREFERRED PRODUCT(S) MEDICARE: NA
J9026	IMDELLTRA	Tarlatamab-dlle	Y	N	
J9173	IMFINZI NON-PREFERRED	Durvalumab	Y	N	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 PREFERRED PRODUCT(S) MEDICARE: For Non-Small Cell Lung Cancer - LIBTAYO
J9347	IMJUDO NON-PREFERRED	Tremelimumab-actl	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA PREFERRED PRODUCT(S) MEDICARE: NA
J9325	IMLYGIC	Talimogene Laherparepvec	Y	N	
Q5098	IMULDOSA NON-PREFERRED	Ustekinumab-srlf	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: NA
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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS
J1439	INJECTAFER NON-PREFERRED	Ferric carboxymaltose	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFER PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFER
J9214/S0148	INTRON-A/ PEG-INTRON	Interferon Alfa-2b Recombinant	N	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
J2426	INVEGA SUSTENNA	Paliperidone	Y	N	
J2427	INVEGA TRINZA	Paliperidone	Y	N	

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J9319	ISTODAX	Romidepsin	Y	N	
J9207	IXEMPRA	Ixabepilone	Y	N	
Q5109	IXIFI 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) ** PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS
J7213	IXINITY NON-PREFERRED	Coagulation Factor IX (Recomb.)	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN PREFERRED PRODUCT(S) MEDICARE: N/A
J2782	IZERVAY NON-PREFERRED	Avacincaptad pegol	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: SYFOVRE PREFERRED PRODUCT(S) MEDICARE: IZERVAY
J9272	JEMPERLI NON-PREFERRED	Dostarlimub	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: For Endometrial Cancer - IMFINZI, KEYTRUDA 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 NON-PREFERRED	Bevacizumab-nwgd	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV PREFERRED PRODUCT(S) MEDICARE: NA
Q5136	JUBBONTI 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) ** PREFERRED PRODUCT(S) COMMERCIAL: Osteoporosis - PROLIA 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 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; Merkel Cell Carcinoma - KEYTRUDA, ZYNYZ; Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA; Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA; Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG PREFERRED PRODUCT(S) MEDICARE: For Non-Small Cell Lung Cancer, Basal Cell, and Squamous Cell Cancers - LIBTAYO
C93990/ 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 NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE 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 NON-PREFERRED	Carfilzomib	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO 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 NON-PREFERRED	Lanreotide acetate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
J9285	LARTRUVO	Olaratumab	Y	N	
J0202	LEMTRADA NON-PREFERRED	Alemtuzumab	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYSABRI
J3391	LENMELDY	Atidarsagene	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0174	LEQEMBI	Lecanemab-irnb	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 NON-PREFERRED	Sargramostim	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
J1950	LEUPROLIDE DEPOT	Leuprolide depot suspension	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
J9119	LIBTAYO	Cemiplimab	Y	N	
J3263	LOQTORZI	Toripalimab-tpzi	Y	N	
J2778	LUCENTIS NON-PREFERRED	Ranibizumab	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU
J0221	LUMIZYME 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) ** PREFERRED PRODUCT(S) COMMERCIAL: NEXVIAZYME 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

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
J9218	LUPRON	Leuprolide Acetate	N	N	<i>*Appears in multiple categories*</i> benefit coverage subject to diagnosis codes submitted with claim
J1950	LUPRON DEPOT (Adults) NON-PREFERRED	Leuprolide depot suspension	Y	Y	<i>*Appears in multiple categories*</i> benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD, LUPRON DEPOT-PED, LEUPROLIDE PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD, LEUPROLIDE NOTE - Generic and this brand share the same Jcode
J1950	LUPRON DEPOT (Pediatrics) NON-PREFERRED	Leuprolide depot suspension	Y	Y	<i>*Appears in multiple categories*</i> benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer -ELIGARD, LUPRON DEPOT-PED, LEUPROLIDE PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD, LEUPROLIDE NOTE - Generic and this brand share the same Jcode
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
J3394	LYFGENIA	Lovotibeglogene	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/ 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 NON-PREFERRED	Margetuximab-cmkb	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ENHERTU, KADCYLA, PHESGO PREFERRED PRODUCT(S) MEDICARE: N/A
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-vjbjk	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) NON-PREFERRED	Methoxy PEG-Epotein Beta	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
J0888	MIRCERA (NON-ESRD) NON-PREFERRED	Methoxy PEG-Epotein Beta	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
J9349	MONJUVI	Tafasitamab	Y	N	
J7190	MONOCLATE P	Factor VIII, Human plasma-derived	Y	Y	
J1437	MONOFERRIC NON-PREFERRED	Ferric derisomaltose	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFR PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFR
J7327	MONOVISC NON-PREFERRED	Hyaluronate sodium, stabilized	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE
J2562	MOZOBIL	Plerixafor	Y	Y	
Q5107	MVASI	Bevacizumab-AWWB	Y	Y	<i>*Appears in multiple categories*</i> benefit coverage subject to diagnosis codes submitted with claim
J9203	MYLOTARG	Gemtuzumab Ozogamicin	Y	N	
J0587	MYOBLOC NON-PREFERRED	Rimabotulinum Toxin-B	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: BOTOX, DAXXIFY, DYSPORT, XEOMIN PREFERRED PRODUCT(S) MEDICARE: DYSPORT, XEOMIN

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
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 NON-PREFERRED	Pegfilgrastim	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA
J1442	NEUPOGEN NON-PREFERRED	Filgrastim	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO 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 COMMERCIAL PREFERRED: NEXVIAZYME MEDICARE PREFERRED: N/A
	NINLARO	Ixazomib			this a pharmacy drug and needs to be requested through the outpatient pharmacy
Q5110	NIVESTYM NON-PREFERRED	Filgrastim-AAFI	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
J7182	NOVOEIGHT NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ
J7189	NOVOSEVEN RT	Factor VIIa (activated), Recombinant Human	Y	Y	
J2802	NPLATE	Romiplostim	Y	Y	
J2182	NUCALA 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) ** PREFERRED PRODUCT(S) COMMERCIAL: DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR PREFERRED PRODUCT(S) MEDICARE: FASENRA, TEZSPIRE, XOLAIR
J1809	NULIBRY	Fosdenopterin	Y	Y	
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 NON-PREFERRED	Pegfilgrastim-apgf (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA
J7188	OBIZUR	Antihemophilic Factor (recomb. Porcine) (rpFVIII)	Y	Y	
J2350	OCREVUS	Ocrelizumab	Y	Y	** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office **
J2351	OCREVUS ZUNOVO NON-PREFERRED	Ocrelizumab with hyaluronidase-ocsq	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI 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 NON-PREFERRED	Trastuzumab-dkst (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT
J1097	OMIDRIA	Phenylephrine/Ketorolac (ophthalmic irrigation)	Y	Y	

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
J2267	OMVOH NON-PREFERRED	Mirikizumab-mrkz	Y	Y	** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA
J9205	ONIVYDE	Irinotecan liposome	Y	N	
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 PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO PREFERRED PRODUCT(S) MEDICARE: AMVUTTRA, ONPATTRO
Q5112	ONTRUZANT NON-PREFERRED	Trastuzumab-dttb (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, ONTRUZANT
J9299	OPDIVO NON-PREFERRED	Nivolumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: Heptaocellular Carcinoma Subsequent Therapy - KEYTRUDA; Melanoma - KEYTRUDA, OPDIVO, TECENTRIQ, TECENTRIQ HYBREZA; Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA; Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA; Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG PREFERRED PRODUCT(S) MEDICARE: Non-Small Cell Lung Cancer - LIBTAYO
J9289	OPDIVO QVANTIG NON-PREFERRED	Nivolumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: Heptaocellular Carcinoma Subsequent Therapy - KEYTRUDA; Melanoma - KEYTRUDA, OPDIVO, TECENTRIQ, TECENTRIQ HYBREZA; Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA; Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA; Renal Cell Carcinoma - KEYTRUDA, OPDIVO, OPDIVO QVANTIG PREFERRED PRODUCT(S) MEDICARE: Non-Small Cell Lung Cancer - LIBTAYO
J9298	OPDUALAG NON-PREFERRED	Nivolumab and relatimab-rmbw	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: Heptaocellular Carcinoma Subsequent Therapy - KEYTRUDA; Melanoma - KEYTRUDA, OPDIVO, TECENTRIQ, TECENTRIQ HYBREZA PREFERRED PRODUCT(S) MEDICARE: NA
J2407	ORBACTIV	Oritavancin	Y	N	
J0129	ORENCIA IV 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA
J7324	ORTHOVISC NON-PREFERRED	Hyaluronan	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC 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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK 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 (intraocular)	Y	Y	
J9267	PACLITAXEL	Paclitaxel	N	N	

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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
J1576	PANZYGA 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) ** PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID IV AND S/D, GAMMAPLEX, OCTAGAM, PANZYGA, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J3404	PAPZIMEOS	Zopapogene imadenovec-drba	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0606	PARSABIV	Etelacacetide	Y	N	
Q5147	PAVBLU NON-PREFERRED	Aflibercept-ayyh	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN EYLEA, EYLEA HD, LUCENTIS, PAVBLU
J9305/ J9294/J9296/ J9297/J9314	PEMETREXED	Pemetrexed	N	N	
J9304	PEMFEXY NON-PREFERRED	Pemetrexed	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: N/A PREFERRED PRODUCT(S) MEDICARE: PEMETREXED
J9306	PERJETA NON-PREFERRED	Pertuzumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ENHERTU, KADCYLA, PHESGO 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	Crevalimab-akkz	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: EPYSQLI PREFERRED PRODUCT(S) MEDICARE: N/A
J9309	POLIVY	Polatuzumab vedotin-piiq	Y	N	
J1203	POMBILITI	Cipaglifosidase 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 PREFERRED PRODUCT(S) COMMERCIAL: NEXVIAZYME 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) NON-PREFERRED	Epoetin alfa	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
J0885	PROCRIT (NON-ESRD) NON-PREFERRED	Epoetin alfa	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
J7194	PROFILNINE SD	Prothrombin Complex Concentrate, 3-factor, inactivated from human plasma	Y	Y	

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: PROLIA PREFERRED PRODUCT(S) MEDICARE: JUBBONTI, ZOLEDRONIC ACID
Q2043	PROVENGE	Sipuleucel-T	Y	N	
J7639	PULMOZYME	Dornase alfa	Y	Y	
Q9996/Q9997	PYZCHIVA 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: NA
J1304	QALSODY	Tofersen	Y	Y	
J7174	QFITLIA	Fitusiran	EXCLUDED	EXCLUDED	EXCLUDED - 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	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J3490	RAPIBLYK	Landirolol	Y	N	
Q3028	REBIF	Interferon beta – 1a	Y	Y	
J7203	REBINYN	Coagulation Factor IX	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: NA PREFERRED PRODUCT(S) MEDICARE: ALPROLIX, IDELVION, REBINYN
J0896	REBLOZYL	Luspatercept–aamt	Y	N	
J0742	RECARBRIO	Imipenem, cilastatin and relebactam	Y	Y	
J3489	RECLAST/ ZOMETA	Zoledronic acid	Y	N	
J7192	RECOMBINATE NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ
C93990/ J3490	REDEMPLO	Plozasiran	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
Q5125	RELEUKO NON-PREFERRED	Filgrastim-ayow (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
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	RIABNI NON-PREFERRED	Rituximab-arrx, biosimilar	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
J7178	RIASTAP	Fibrinogen	Y	Y	
J2794	RISPERDAL CONSTA	Risperidone	Y	N	
J9312	RITUXAN NON-PREFERRED	Rituximab	Y	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA
J9311	RITUXAN HYCELA NON-PREFERRED	Rituximab/ Hyaluronidase	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA 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 NON-PREFERRED	Factor IX, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN PREFERRED PRODUCT(S) MEDICARE: N/A
J1412	ROCTAVIAN	Valoctogene roxaparvec	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 NON-PREFERRED	Eflapegrastim-xnst	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA 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 NON-PREFERRED	Octreotide	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
J0491	SAPHNELO 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) ** PREFERRED PRODUCT(S) COMMERCIAL: BENLYSTA PREFERRED PRODUCT(S) MEDICARE: N/A
J9227	SARCLISA NON-PREFERRED	Isatuximab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO 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

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
Q9998	SELARSDI 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: NA
C9399/ J2502/ J3490	SIGNIFOR LAR NON-PREFERRED	Pasireotide	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
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
J3387	SKYSONA	Elivaldogene	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1299/ J1300	SOLIRIS 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) ** PREFERRED PRODUCT(S) COMMERCIAL: Myasthenia Gravis - EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO; Paroxysmal Nocturnal Hemoglobinuria (PNH) - EPYSQLI PREFERRED PRODUCT(S) MEDICARE: BKEMV, VYVGART, VYVGART HYTRULO
J1930	SOMATULINE DEPOT	Lanreotide acetate	Y	Y	
C9399/J3590	SOMAVERT NON-PREFERRED	Pegvisomant	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: OCTREOTIDE ACETATE, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
J1747	SPEVIGO	Spesolimab-sbzo	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2326	SPINRAZA	Nusinersen	Y	Y	
S0013/ J0013	SPRAVATO	Esketamine	Y	N	
J3357/ J3358	STELARA SQ/ STELARA IV 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA, TREMFYA
Q5099	STEQUEYMA 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: NA
Q5127	STIMUFEND NON-PREFERRED	Pegfilgrastim-fpgk (biosimilar)	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA
Q9991/ Q9992	SUBLOCADE	Buprenorphine	Y	N	
J1961	SUNLENCA	Lenacapavir	Y	Y	
J7321	SUPARTZ FX NON-PREFERRED	Sodium hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J9226	SUPPRELIN LA	Histrelin acetate	Y	Y	

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J2779	SUSVIMO NON-PREFERRED	Ranibizumab, via intravitreal implant	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, PAVBLU 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 NON-PREFERRED	Sodium hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J9262	SYNRIBO	Omacetaxine mespesuccinate	Y	N	
J7325	SYNVISC - multiple injections NON-PREFERRED	Hylan G-F 20	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J7325	SYNVISC-ONE - single injection	Hylan G-F 20	Y	Y	
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 NON-PREFERRED	Atezolizumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: Melanoma - KEYTRUDA, OPCIVO, TECENTRIQ, TECENTRIQ HYBREZA; Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA; Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA; Small Lung Cancer Extensive Stage - IMFINZI PREFERRED PRODUCT(S) MEDICARE: Non-Small Cell Lung Cancer - LIBTAYO
J9024	TECENTRIQ HYBREZA NON-PREFERRED	Atezolizumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: Melanoma - KEYTRUDA, OPCIVO, TECENTRIQ, TECENTRIQ HYBREZA; Non-Small Cell Lung Cancer Adjuvant - IMFINZI, KEYTRUDA, TECENTRIQ, TECENTRIQ HYBENZA; Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA; Small Lung Cancer Extensive Stage - IMFINZI 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 NON-PREFERRED	Inotersen	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO 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	

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Q5116	TRAZIMERA NON-PREFERRED	<i>Trastuzumab-qyyp (biosimilar)</i>	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGVIRI, ONTRUZANT
J9033	TREANDA	Bendamustine	Y	N	
J3315	TRELSTAR NON-PREFERRED	<i>Triptorelin</i>	Y	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD
J1628	TREMFYA	Guselkumab	Y	N	
J7181	TRETTEN	Coagulation factor XIII A-subunit (Recombinant)	Y	Y	
J7332	TRILURON NON-PREFERRED	<i>Hyaluronate</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
J3316	TRIPTODUR	Triptorelin Pamoate	Y	Y	
J7329	TRIVISC NON-PREFERRED	<i>Sodium hyaluronate</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
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 NON-PREFERRED	<i>Natalizumab-sztn, biosimilar</i>	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim ** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office** PREFERRED PRODUCT(S) COMMERCIAL: BRIUMVI, OCREVUS, TYRUKO, TYSABRI PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYSABRI
J2323	TYSABRI	Natalizumab	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim ** 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	Tepilizumab-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 NON-PREFERRED	<i>Pegfilgrastim-CBQV (biosimilar)</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA
J1303	ULTOMIRIS NON-PREFERRED	<i>Ravulizumab-cwvz</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) ** PREFERRED PRODUCT(S) COMMERCIAL: Myasthenia Gravis - EPYSQLI, RYSTIGGO, VYVGART, VYVGART HYTRULO; Paroxysmal Nocturnal Hemoglobinuria (PNH) - EPYSQLI 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

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J1823	UPLIZNA 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) ** PREFERRED PRODUCT(S) COMMERCIAL: N/A PREFERRED PRODUCT(S) MEDICARE: SOLIRIS, BKEMV
J2777	VABYSMO NON-PREFERRED	Faricimab-svoa	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, PAVBLU 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 NON-PREFERRED	Bevacizumab-adcd	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV
J9041	VELCADE NON-PREFERRED	Bortezomib	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB
J1325	VELETRI	Epoprostenol	N	N	
J1756	VENOFER	Iron sucrose	Y	N	
Q4074	VENTAVIS	Iloprost	Y	Y	
J9376	VEOPOZ	Pozelimumab-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	Azacididine	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 NON-PREFERRED	Hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
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/ 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 NON-PREFERRED	Velaglycerase 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) ** PREFERRED PRODUCT(S) COMMERCIAL: CEREZYME, ELELYSO 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-ijmr	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	

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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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO IV, ILUMYA, SIMPONI ARIA, SKYRIZI, TREMFYA, TOFIDENCE, TYENNE IV, YESINTEK PREFERRED PRODUCT(S) MEDICARE: NA
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 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) ** PREFERRED PRODUCT(S) COMMERCIAL: Oncology Bone Regulators - OSENVELT PREFERRED PRODUCT(S) MEDICARE: Oncology Bone Regulators - PAMIDRONATE, WYOST, ZOLEDRONIC ACID
J1558	XEMBIFY NON-PREFERRED	Immune globulin subcutaneous	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA, XEMBIFY PREFERRED PRODUCT(S) MEDICARE: HIZENTRA
J0691	XENLETA	Lefamulin	N	N	
J0218	XENPOZYME	Olipudase alfa-rpcp	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0588	XEOMIN	IncobotulinumtoxinA	Y	Y	
J0897	XGEVA 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) ** PREFERRED PRODUCT(S) COMMERCIAL: OSENVELT 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 NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA, XYNTHA SOLOFUSE PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY, NUWIQ
C93990/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 NON-PREFERRED	Ipilimumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: For Non-Small Cell Lung Cancer Metastatic - KEYTRUDA, LIBTAYO, TECENTRIQ, TECENTRIQ HYBREZA 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-aflibercept	Y	N	

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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
J3389	ZEVASKYN	prademagene zamikeracel	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 NON-PREFERRED	<i>Pegfilgrastim-bmez (biosimilar)</i>	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA, UDENYCA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, NEULASTA
J9276	ZIIHERA	Zanidatamab-hri	Y	N	
J3304	ZILRETTA	Triamcinolone ER, Microsphere	Y	Y	
J0565	ZINPLAVA	Bezlotoxumab	Y	Y	
Q5118	ZIRABEV	Bevacizumab-bvzr (biosimilar)	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to diagnosis codes submitted with claim
J9202	ZOLADEX NON-PREFERRED	<i>Goserelin Acetate implant</i>	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: For Prostate Cancer - ELIGARD PREFERRED PRODUCT(S) MEDICARE: For Prostate Cancer - ELIGARD
J3399	ZOLGENSMA	<i>Onasemnogene abeparcovec-xioi</i>	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: ZOLGENSMA PREFERRED PRODUCT(S) MEDICARE: N/A
J1632	ZULRESSO	Brexanolone	Y	N	
J9282	ZUSDURI	Mitomycin gel for intravesical	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage NEED TO USE GENERIC
C93990/ 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) **
J3393	ZYNTEGLO	Betibeglogene	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9345	ZYNYZ	Retifanlimab-dlwr	Y	N	