Health Plans

# Commercial and Individual & Family Pharmacy Benefits Management

## Medications Requiring Prior Authorization

Fax completed prior authorization forms to 317.962.6219. For questions call 866.822.6504.

**These infusions and injections require authorization prior to administering. Medical claims billed using these J-codes will not pay without prior authorization.**

| J-Code | Brand Name | Description | Step Therapy Required (Refer to Step Therapy List) |
|---|---|---|---|
| C9175 | | INJECTION, TREOSULFAN, 50 MG | |
| J3391 | | INJECTION, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT | |
| J7172 | | INJECTION, MARSTACIMAB-HNCQ, 0.5 MG | |
| Q5098 | | INJECTION, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG | |
| Q5099 | | INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG | |
| Q5100 | | INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG | |
| Q5153 | | INJECTION, UFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG | |
| J2351 | | INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ | |
| Q2057 | | AFAMITRESGENE AUTOLEUCEL, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE | |
| Q5148 | | INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MCG | |
| Q5151 | | INJECTION, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG | |
| Q5152 | | INJECTION, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG | |
| Q9999 | | INJECTION, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG | |
| A9615 | | INJECTION, PEGULICIANINE, 1 MG | |
| J0139 | | INJECTION, ADALIMUMAB, 1 MG | |
| J1552 | | INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG | |
| J2802 | | INJECTION, ROMIPLOSTIM, 1 MCG | |
| J3392 | | INJECTION, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT | |
| J9026 | | INJECTION, TARLATAMAB-DLLE, 1 MG | |
| J9028 | | INJECTION, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MCG | |
| J9292 | | INJECTION, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG | |
| J9332 | | INJ EFGARTIGIMOD 2MG | |
| J9333 | | INJ RONZANOLIXIZUM-NOLI 1 MG | |
| J9334 | | INJ EFGART-ALFA 2MG HYA-QVFC | |

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## Commercial and Individual & Family Pharmacy Benefits Management

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| J-Code | Brand Name | Description | Step Therapy Required (Refer to Step Therapy List) |
|---|---|---|---|
| Q5113 | | INJ HERZUMA 10 MG | |
| Q5114 | | INJ OGIVRI 10 MG | |
| Q5140 | | INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG | |
| Q5141 | | INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG | |
| Q5142 | | INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG | |
| Q5143 | | INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG | |
| Q5144 | | INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG | |
| Q5145 | | INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG | |
| Q5146 | Trastuzumab | INJECTION, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG | |
| Q9996 | | INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG | |
| Q9997 | | INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG | |
| Q9998 | | INJECTION, USTEKINUMAB-AEKN (SELARSDI), 1 MG | |
| J0175 | | INJECTION, DONANEMAB-AZBT, 2 MG | |
| J1203 | | INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG | |
| J3393 | | INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT | |
| J3394 | | INJECTION, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT | |
| J7171 | | INJECTION, ADAMTS13, RECOMBINANT-KRHN, 10 IU | |
| J9334 | | INJECTION, EFGARTIGIMOD ALFA, 2MG AND HYALURONIDASE-QVC | |
| J9361 | | INJECTION, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG | |
| Q5135 | | INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG | |
| Q5136 | | INJECTION, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG | |
| Q2055 | ABECMA | IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE | |
| J3262 | ACTEMRA | INJECTION, TOCILIZUMAB, 1 MG | YES |
| J0801 | ACTHAR GEL | INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS | |
| J0802 | ACTHAR GEL | INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS | |
| J9216 | ACTIMMUNE | INTERFERON GAMMA 1-B | |
| J2504 | ADAGEN | PEGADEMASE BOVINE 25 IU | |
| J0791 | ADAKEVO | INJECTION CRIZANLIZUMAB-TMCA 1 MG | |
| J0172 | ADUHELM | INJECTION, ADUCANUMAB-AVWA, 2 MG | |
| J7192 | ADVATE | FACTOR VIII RECOMBINANT NOS | YES |
| J3031 | AJOVY | INJECTION FREMANEZUMAB-VFRM 1 MG | |
| J1931 | ALDURAZYME | LARONIDASE INJECTION | |
| J9294 | ALIMTA | INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG | |
| J9296 | ALIMTA | INJECTION, PEMETREXED (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG | |
| J9297 | ALIMTA | INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG | |

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| J-Code | Brand Name | Description | Step Therapy Required (Refer to Step Therapy List) |
|---|---|---|---|
| C9142 | ALYMSYS | INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10MG | YES |
| J1426 | AMONDYS 45 | INJECTION, CASIMERSEN, 10 MG | |
| J0225 | AMVUTTRA | INJECTION, VUTRISIRAN, 1 MG | YES |
| J7169 | ANDEXXA | ING COAF DAC XA INACTV-ZHZO 10MG | |
| J0364 | APOKYN | INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG | |
| J0256 | ARALAST NP, PROLASTIN, PROLASTIN C, ZEMAIRA | INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG | YES |
| J2793 | ARCALYST | RILONACEPT | |
| J1554 | ASCENIV | INJECTION IMMUNE GLOBULIN 500 MG | |
| J3145 | AVEED | INJECTION, TESTOSTERONE UNDECANOATE, 1 MG | |
| Q5121 | AVSOLA | INJ-IFX-AXXQ- BIOSIMILAR AVSOLA 10MG | |
| A9590 | AZEDRA | IODINE I-131 IOBENGUANE TX 1 MCI | |
| J7195 | BENEFIX | INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOS | YES |
| J0490 | BENLYSTA | INJECTION, BELIMUMAB, 10 MG | |
| J0179 | BEOVU | INJECTION BROLUCIZUMAB-DBLL 1 MG | |
| J0597 | BERINERT | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS | YES |
| J1556 | BIVIGAM | INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG | |
| J1740 | BONIVA | INJECTION, IBANDRONATE SODIUM, 1 MG | |
| J0585 | BOTOX | INJECTION, ONABOTULINUMTOXINA, 1 UNIT | |
| Q2054 | BREYANZI | LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE | |
| J0567 | BRINEURA | INJECTION CERLIPONASE ALFA 1 MG | |
| J2329 | BRIUMVI | INJECTION, UBLITUXIMAB-XIIY, 1 MG | YES |
| J0577 | BRIXADI | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY | |
| J0578 | BRIXADI | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY | |
| Q5124 | BYOOVIZ | INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG | |
| C9047 | CABLIVI | INJECTION CAPLACIZUMAB-YHDP 1 MG | |
| J1952 | CAMCEVI | LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG | |
| Q2056 | CARVYKTI | CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE | |
| J1786 | CEREZYME | INJECTION, IMIGLUCERASE, 10 UNITS | |
| Q5128 | CIMERLI | INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG | YES |
| J0717 | CIMZIA | INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) | YES |

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| J-Code | Brand Name | Description | Step Therapy Required (Refer to Step Therapy List) |
|---|---|---|---|
| J2786 | CINQAIR | INJECTION, RESLIZUMAB, 1 MG | YES |
| J0598 | CINRYZE | INJECTION, C-1 ESTERASE, 10 UNITS | |
| J1932 | CIPLA | INJECTION, LANREOTIDE, (CIPLA), 1 MG | |
| J1448 | COSELA | INJECTION, TRILACICLIB, 1 MG | |
| J0584 | CRYSVITA | INJECTION BUROSUMAB-TWZA 1 MG | |
| J1551 | CUTAQUIG | INJECTION IMMUNE GLOBULIN 100 MG | |
| J1555 | CUVITRU | INJECTION IMMUNE GLOBULIN 100 MG | |
| J3121 | DELATESTRYL | INJECTION, TESTOSTERONE ENANTHATE, 1 MG | |
| J1071 | DEPO-TESTOSTERONE | INJECTION, TESTOSTERONE CYPIONATE, 1 MG | |
| J7318 | DUROLANE | HYALN/DERIV DUROLANE IA INJ 1 MG | YES |
| J0586 | DYSPORT | ABOBOTULINUMTOXINA | |
| J1743 | ELAPRASE | INJECTION, IDURSULFASE | |
| J3060 | ELELYSO | INJECTION, TALIGLUCERACE ALFA, 10 UNITS | YES |
| J9269 | ELZONRIS | INJECTION TAGRAXOFUSP-ERZS 10 MCG | |
| J2781 | EMPAVELI | INJECTION, PEGCETACOPLAN, 1 MG | YES |
| J1438 | ENBREL | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED) | |
| J1302 | ENJAYMO | INJECTION, SUTIMLIMAB-JOME, 10 MG | |
| J3380 | ENTYVIO | INJECTION VEDOLIZUMAB 1 MG | |
| J7204 | ESPEROCT | INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU | YES |
| J7323 | EUFLEXXA | EUFLEXXA INJ PER DOSE | YES |
| J3111 | EVENITY | INJECTION ROMOSOZUMAB-AQQG 1 MG | |
| J1305 | EVKEEZA | INJECTION, EVINACUMAB-DGNB, 5 MG | |
| J1428 | EXONDYS | INJECTION ETEPLIRSEN 10 MG | |
| J0180 | FABRAZYME | INJECTION, AGALSIDASE BETA, 1 MG | |
| J0517 | FASENRA | INJECTION BENRALIZUMAB 1 MG | |
| J1951 | FENSOLVI | INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG | |
| J1444 | FERRIC PYROPHOSPHATE CITRATE | INJECTION FPC POWDER 0.1 MG IRON | |
| J1744 | FIRAZYR | INJECTION, ICATIBANT, 1 MG | |
| J1572 | FLEBOGAMMA | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG | |
| J1325 | FLOLAN | EPOPROSTENOL INJECTION | |
| Q5130 | FYLNETRA | INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG | YES |
| J1460 | GAMASTAN | INJECTION, GAMMA GLOBULIN, 1CC | |
| J1560 | GAMASTAN | INJECTION, GAMMA GLOBULIN, 10CC | |
| J9210 | GAMIFANT | INJECTION EMAPALUMAB-LZSG 1 MG | |
| J1569 | GAMMAGARD LIQUID | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG | |
| J1566 | GAMMAGARD S/D / CARIMUNE NF | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG | |
| J1557 | GAMMAPLEX | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG | |

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| J-Code | Brand Name | Description | Step Therapy Required (Refer to Step Therapy List) |
|---|---|---|---|
| J1561 | GAMUNEX, GAMMUNEX-C, GAMMAKED | INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG | |
| J7328 | GELSYN | HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG | YES |
| J9196 | GEMZAR | INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG | |
| J2941 | GENOTROPIN | SOMATROPIN | YES |
| J7320 | GENVISC 850 | HYLAN/DER GENVISC 850 FOR IA INJ 1 MG | YES |
| J0223 | GIVLAARI | INJECTION GIVOSIRAN 0.5 MG | |
| J0257 | GLASSIA | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG | YES |
| J0599 | HAEGARDA | INJ C-1 ESTERASE INHIBITOR 10 UNITS | |
| J7192 | HELIXATE | FACTOR VIII RECOMBINANT NOS | YES |
| J9355 | HERCEPTIN | INJ TRASTUZUMAB EXCLD BIOSIM 10 MG | YES |
| J9356 | HERCEPTIN HYLECTA | INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK | YES |
| J1559 | HIZENTRA | HIZENTRA INJECTION | |
| J7326 | HYALURONAN "GEL-ONE" | HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE | YES |
| J7322 | HYMOVIS | HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG | YES |
| J1575 | HYQYVIA | INJ IG/HYALURONIDASE 100 MG IG | |
| J0638 | ILARIS | INJECTION, CANAKINUMAB | |
| J3245 | ILUMYA | INJECTION TILDRAKIZUMAB 1 MG | |
| J7313 | ILUVIEN | INJ FA INTRAVITREAL IMPL 0.01 MG | |
| Q5103 | INFLECTRA | INJ INFLIXIMAB-DYYB BIOSIMILAR 10 MG | |
| Q5109 | IXIFI | INJ INFLIXIMAB-QBTX BIOSIMILAR 10 MG | |
| J7195 | IXINITY | INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOS | YES |
| J0889 | JESDUVROQ | DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS) | |
| J7316 | JETREA | INJECTION, OCRIPLASMIN, 0.125 MG | |
| J1290 | KALBITOR | INJECTION, ECALLANTIDE | |
| J2840 | KANUMA | INJECTION, SEBELIPASE ALFA, 1 MG | |
| J2507 | KRYSTEXXA | INJECTION, PEGLOTICASE, 1 MG | |
| Q2042 | KYMRIAH | CTIL019 TO 600 M CAR-+ VI T CE P TD | |
| J0202 | LEMTRADA | INJECTION ALEMTUZUMAB 1 MG | YES |
| J0174 | LEQEMBI | INJECTION, LECANEMAB-IRMB, 1 MG | |
| J1306 | LEQVIO | INJECTION, INCLISIRAN, 1 MG | |
| J2778 | LUCENTIS | INJECTION, RANIBIZUMAB, 0.1 MG | YES |
| J0221 | LUMIZYME | INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG | |
| A9513 | LUTATHERA | LUTETIUM LU 177 DOTATATE THER 1 MCI | |
| J3398 | LUXTURNA | INJ VORETGN NEPARVVC-RZYL 1 B VEC G | |
| J2503 | MACUGEN | INJECTION, PEGAPTANIB SODIUM, 0.3 MG | YES |
| J1726 | MAKENA | INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG | |
| J9353 | MARGENZA | INJECTION, MARGETUXIMAB-CMKB, 5 MG | YES |
| J3397 | MEPSEVII | INJECT VESTRONIDASE ALFA-VJBK 1 MG | |
| J7327 | MONOVISC | MONOVISC INJ PER DOSE | |
| J2562 | MOZOBIL | PLERIXAFOR | |
| J0587 | MYOBLOC | INJECTION, RIMABOTULINUMTOXINB, 100 UNITS | YES |
| J0220 | MYOZYME | INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED | |

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| J-Code | Brand Name | Description | Step Therapy Required (Refer to Step Therapy List) |
|---|---|---|---|
| J1458 | NAGLAZYME | GALSULFASE INJECTION | |
| J2403 | NESACAINE | CHLOROPROCAINE HCl OPTHALMIC, 3% GEL, 1 MG | |
| J0219 | NEXVIAZYME | INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG | |
| J7353 | NEXOBRID | ANACAULASE-BCDB, 8.8% GEL, 1 GM | |
| J2182 | NUCALA | INJECTION, MEPOLIZUMAB, 1 MG | |
| J0485 | NULOJIX | INJECTION, BELATACEPT, 1 MG | |
| Q5122 | NYVEPRIA | INJ PEGFILGRASTIM-APGF BS 0.5 MG | YES |
| J2350 | OCREVUS | INJECTION, OCRELIZUMAB, 1 MG | |
| J1568 | OCTAGAM | INJECTION, OCTAGAM, 500MG | |
| J8562 | OFORTA | ORAL FLUDARABINE PHOSPHATE | |
| J0222 | ONPATTRO | INJECTION PATISIRAN 0.1 MG | |
| Q5112 | ONTRUZANT | INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG | YES |
| J0129 | ORENCIA | INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED) | YES |
| J7324 | ORTHOVISC | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE | |
| J0224 | OXLUMO | INJECTION, LUMASIRAN, 0.5 MG | |
| J2590 | OXYTOCIN | IV 20-100 UNITS | |
| J7312 | OZURDEX | INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1MG | |
| J1576 | PANZYGA | INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG | |
| J1599 | PANZYGA | IVIG, NON-LYOPHILIZED, LIQUID, NOS | |
| J9324 | PEMRYDI | INJECTION, PEMETREXED (PEMRYDI RTU), 10 MG | |
| J2798 | PERSERIS | INJECTION RISPERIDONE 0.5 MG | |
| J2787 | PHOTEXTRA VISCOUS | RIBOFLAVIN 5'-PHO OPHTH SOL TO 3 ML | |
| J9204 | POTELIGEO | INJECTION MOGAMULIZUMAB-KPKC 1 MG | |
| J1459 | PRIVIGEN | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG | |
| Q2043 | PROVENGE | SIPULEUCEL-T AUTO CD54+ | |
| J7639 | PULMOZYME | DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG | |
| J7336 | QUTENZA | CAPSAICIN 8% PATCH, PER SQ CM | |
| J1301 | RADICAVA | INJECTION EDARAVONE 1 MG | |
| Q3028 | REBIF | INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE | |
| J0896 | REBLOZYL | INJECTION LUSPATERCEPT-AAMT 0.25 MG | |
| J7213 | RECOMBINANT | INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 IU | YES |
| J7192 | RECOMBINATE | FACTOR VIII RECOMBINANT NOS | YES |
| J2212 | RELISTOR | INJECTION, METHYLNALTREXONE, 0.1 MG | |
| J1745 | REMICADE | INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG | YES |
| J3285 | REMODULIN | TREPROSTINIL INJECTION | |
| Q5104 | RENFLEXIS | INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG | |
| J0349 | REZZAYO | INJECTION, REZAFUNGIN, 1 MG | |
| Q5123 | RIABNI | INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG | YES |
| J9311 | RITUXAN HYCELA | INJ RITUXIMAB 10 MG & HYALURONIDASE | YES |

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|---|---|---|---|
| J9312 | RITUXAN | INJECTION RITUXIMAB 10 MG | YES |
| J7200 | RIXUBIS | INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU | YES |
| J0596 | RUCONEST | INJ C1 ESTERASE INHIB RUCONEST 10 U | |
| J2998 | RYPLAZIM | INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG | |
| J2353 | SANDOSTATIN LAR | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG | YES |
| J0491 | SAPHNELO | INJECTION, ANIFROLUMAB-FNIA, 1 MG | |
| J7352 | SCNESSE | AFAMELANOTIDE IMPLANT 1 MG | |
| J2502 | SIGNIFOR LAR | INJ PASIREOTIDE LONG ACTING 1 MG | YES |
| J1602 | SIMPONI ARIA | INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE | |
| J7402 | SINUVA | MOMETASONE FUROATE SIN IMPL 10 MCG | |
| J2327 | SKYRIZI | INJECTION, RISANKIZUMAB-RZAA | YES |
| J1299 | SOLIRIS | INJECTION, ECULIZUMAB, 10 MG | |
| J1930 | SOMATULINE DEPOT | LANREOTIDE INJECTION | |
| J2326 | SPINRAZA | INJECTION NUSINERSEN 0.1 MG | |
| S0013 | SPRAVATO | ESKETAMINE, NASAL SPRAY, 1 MG | |
| J3357 | STELARA | USTEKINUMAB INJECTION | |
| J3358 | STELARA | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG | |
| Q5127 | STIMUFEND | INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG | YES |
| J0572 | SUBOXONE | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG | |
| J0573 | SUBOXONE | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG | |
| J0574 | SUBOXONE | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG | |
| J0575 | SUBOXONE | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG | |
| J0571 | SUBUTEX | BUPRENORPHINE, ORAL, 1 MG | |
| J1961 | SUNLENCA | INJECTION, LENACAPAVIR, 1 MG | |
| J7321 | SUPARTZ / HYALGAN | HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE | YES |
| J9226 | SUPPRELIN LA | HISTRELIN IMPLANT | |
| J2779 | SUSVIMO | INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT, 0.1 MG | YES |
| J2781 | SYFOVRE | INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG | |
| J2860 | SYLVANT | INJECTION SILTUXIMAB 10 MG | |
| 90378 (CPT) | SYNAGIS | PALIVIZUMAB | |
| J7331 | SYNOJOYNT | HYAL/DERIV SYNOJOYNT IA INJ 1 MG | YES |
| J7325 | SYNVISC/ SYNVISC-ONE | HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG | |
| J0593 | TAKHZYRO | INJECTION LANADELUMAB-FLYO 1 MG | |
| Q2053 | TECARTUS | BREXUCABTAGNE AUTOLCL TO 200 M AUTO | |
| J3490 | TEGSEDI | INOTERSEN INJECTION | YES |
| J3241 | TEPEZZA | INJECTION TEPROTUMUMAB-TRBW 10MG | |
| S0189 | TESTOPEL | IMPLANT, TESTOSTERONE PELLET | |
| J2356 | TEZSPIRE | INJECTION, TEZEPELUMAB-EKKO, 1 MG | YES |

**These infusions and injections require authorization prior to administering. Medical claims billed using these J-codes will not pay without prior authorization.**

| J-Code | Brand Name | Description | Step Therapy Required (Refer to Step Therapy List) |
|---|---|---|---|
| Q5116 | TRAZIMERA | INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG | YES |
| J1628 | TREMFYA | INJECTION GUSELKUMAB 1 MG | |
| J7332 | TRILURON | HYAL/DERIV TRILURON IA INJ 1 MG | YES |
| J7329 | TRIVISC | HYALN/DERIV TRIVISC FOR IA INJ 1 MG | YES |
| J1746 | TROGARZO | INJECTION IBALIZUMAB-UIYK 10 MG | |
| J2323 | TYSABRI | INJECTION, NATALIZUMAB, 1 MG | |
| J7686 | TYVASO | TREPROSTINIL, NON-COMP UNIT | |
| J9381 | TZIELD | INJECTION, TEPLIZUMAB-MZWV, 5 MCG | |
| Q5111 | UDENYCA | INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG | YES |
| J1823 | UPLIZNA | INJECTION INEBILIZUMAB-CDON 1 MG | |
| J1303 | ULTOMIRIS | INJECTION RAVULIZUMAB-CWVZ 10 MG | |
| J2777 | VABYSMO | INJECTION, FARICIMAB-SVOA, 0.1 MG | |
| J9225 | VANTAS | HISTRELIN IMPLANT (VANTAS), 50 MG | |
| Q5129 | VEGZELMA | INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG | YES |
| Q4074 | VENTAVIS | ILOPROST NON-COMP UNIT DOSE | |
| J1427 | VILTEPSO | INJECTION VILTOLARSEN 10 MG | |
| J1322 | VIMIZIM | INJECTION, ELOSULFASE ALFA, 1 MG | |
| J7321 | VISCO-3 | HYALGAN SUPARTZ VISCO-3 DOSE | YES |
| J3396 | VISUDYNE | INJECTION, VERTEPORFIN, 0.1 MG | YES |
| J1562 | VIVAGLOBIN | IVIG | |
| J2315 | VIVITROL | INJECTION, NALTREXONE, DEPOT FORM, 1 MG | |
| J3385 | VPRIV | VELAGLUCERASE ALFA | YES |
| J3032 | VYEPTI | INJECTION EPTINEZUMAB-JJMR 1 MG | |
| J1429 | VYONDYS 53 | INJECTION GOLODIRSEN 10MG | |
| J9332 | VYVGART | INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG | |
| Q5137 | WEZLANA | INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SC, 1 MG | YES |
| Q5138 | WEZLANA | INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, IV, 1 MG | YES |
| J1558 | XEMBIFY | INJ IMMUNE GLOBULIN XEMBIFY 100MG | |
| J0691 | XENLETA | INJECTION LEFAMULIN XENLETA 1 MG | |
| J0588 | XEOMIN | INJECTION, INCOBOTULINUMTOXINA, 1 UNIT | |
| A9606 | XOFIGO | RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE | |
| J2357 | XOLAIR | INJECTION, OMALIZUMAB, 5 MG | |
| Q2041 | YESCARTA | KTE-C19 TO 200 M AUTO ANTI-CD19 CAR | |
| J7314 | YUTIQ | INJECT FA INTRAVITREAL IMPL 0.01 MG | |
| Q5120 | ZIEXTENZO | INJ PEGFILGRASTIM-BMEZ 0.5MG | YES |
| J0565 | ZINPLAVA | INJECTION BEZLOTOXUMAB 10 MG | |
| J3399 | ZOLGENSMA | INJ AVSX-101-XIOI P_TX TO 5X10^15VG | |
| J1632 | ZULRESSO | INJECTION BREXANOLONE 1 MG | |
| | | | |

## Step Therapy Preferred and Non-Preferred Products

| Disease Category | J-Code | Product | Status |
|---|---|---|---|
| Acromegaly | J1930 | Somatuline Depot | Preferred |
| | J2353 | Sandostatin LAR | Preferred |
| | J1932 | Lanreotide Acetate | Non-Preferred |
| | J2502 | Signifor LAR | Non-Preferred |
| | J3490 | Somavert | Non-Preferred |
| Alpha-1 Antitrypsin Deficiency | J0256 | Prolastin-C | Preferred |
| | J0256 | Aralast | Non-Preferred |
| | J0257 | Glassia | Non-Preferred |
| | J0256 | Zemaira | Non-Preferred |
| Autoimmune | Q5121 | Avsola | Preferred |
| | J3380 | Entyvio | Preferred |
| | J3245 | Ilumya | Preferred |
| | Q5103 | Inflectra | Preferred |
| | J1602 | Simponi Aria | Preferred |
| | J3357, J3358 | Stelara | Preferred |
| | Q5137 | Wezlana | Preferred |
| | Q5138 | Wezlana | Preferred |
| | Q0599 | Steqeyma | Preferred |
| | Q5100 | Yesintek | Preferred |
| | Q5153 | Opuviz | Preferred |
| | J3262 | Actemra | Non-Preferred |
| | J0717 | Cimzia | Non-Preferred |
| | J0129 | Orencia | Non-Preferred |
| | J1745 | Remicade | Non-Preferred |
| | Q5104 | Renflexis | Non-Preferred |

# Step Therapy Preferred and Non-Preferred Products

| Disease Category | J-Code | Product | Status |
|---|---|---|---|
| | J2327, J3590 | Skyrizi | Non-Preferred |
| Bevacizumab | Q5107 | Mvasi | Preferred |
| | C9142, Q5126 | Alymsys | Non-Preferred |
| | J9035 | Avastin | Non-Preferred |
| | Q5129 | Vegzelma | Non-Preferred |
| | Q5118 | Zirabev | Preferred |
| Botulinum Toxin | J0585 | Botox | Preferred |
| | J0586 | Dysport | Preferred |
| | J0588 | Xeomin | Preferred |
| | J0587 | Myobloc | Non-Preferred |
| Breast Cancer - MAB | J9358 | Enhertu | Preferred |
| | J9354 | Kadcyla | Preferred |
| | J9306 | Perjeta | Preferred |
| | J9999 | Phesgo | Preferred |
| | J9353 | Margenza | Non-Preferred |
| Gaucher Disease | J3060 | Elelyso | Preferred |
| | J1786 | Cerezyme | Non-Preferred |
| | J3385 | VPRIV | Non-Preferred |
| Hemophilia – Factor VIII | J7192 | Advate | Preferred |
| | J7207 | Adynovate | Preferred |
| | J7210 | Afstyla | Preferred |
| | J7199, J7208 | Jivi | Preferred |
| | J7192 | Kogenate | Preferred |
| | J7211 | Kovaltry | Preferred |
| | J7182 | Novoeight | Preferred |
| | J7185 | Xyntha | Preferred |
| | J7205 | Eloctate | Preferred |
| | J7209 | Nuwiq | Preferred |
| | J7192 | Recombinate | Non-Preferred |
| Hemophilia – Factor IX | J7202 | Idelvion | Preferred |
| | J7203 | Rebinyn | Preferred |
| | J7201 | Alprolix | Preferred |
| | J7195 | Benefix | Non-Preferred |
| | J7195 | Ixinity | Non-Preferred |
| | J7200 | Rixubis | Non-Preferred |
| Hematologic, | J2506 | Neulasta | Preferred |

# Step Therapy Preferred and Non-Preferred Products

| Disease Category | J-Code | Product | Status |
|---|---|---|---|
| Neutropenia Colony Stimulating Factors – Long Acting | Q5108 | Fulphila | Preferred |
| | Q5120 | Ziextenzo | Non-Preferred |
| | Q5130 | Fylnetra | Non-Preferred |
| | Q5122 | Nyvepria | Non-Preferred |
| | Q5127 | Stimufend | Non-Preferred |
| | Q5111 | Udencya | Non-Preferred |
| Hereditary Angioedema | J0596 | Ruconest | Preferred |
| | J0597 | Berinert | Non-Preferred |
| Hereditary Transthyretin Amyloidosis | J0222 | Onpattro | Preferred |
| | J0225 | Amvuttra | Non-Preferred |
| | J3490 | Tegsedi | Non-Preferred |
| Long-Acting Reversible Contraceptives | J7296 | Kyleena | Preferred |
| | J7297 | Liletta | Preferred |
| | J7298, S4989 | Mirena | Preferred |
| | J7307 | Nexplanon | Preferred |
| | J7300, S4989 | Paragard | Preferred |
| | J7301, S4989 | Skyla | Preferred |
| MS (infusion) | J2350 | Ocrevus | Preferred |
| | J2323 | Tysabri | Preferred |
| | J2329 | Briumvi | Non-Preferred |
| | J0202 | Lemtrada | Non-Preferred |
| Myasthenia Gravis | J1299 | Soliris | Preferred |
| | J1303 | Ultomiris | Preferred |
| Osteoarthritis – Multi Injection | J7324 | Orthovisc | Preferred |
| | J7323 | Euflexxa | Non-Preferred |
| | J7325 | Synvisc | Non-Preferred |
| | J7328 | Gelsyn-3 | Non-Preferred |
| | J7320 | GenVisc | Non-Preferred |
| | J7321 | Hyalgan | Non-Preferred |
| | J7322 | Hymovis | Non-Preferred |
| | J7321 | Supartz FX | Non-Preferred |
| | J7331 | SynoJoynt | Non-Preferred |
| | J7332 | Triluron | Non-Preferred |
| | J7329 | TriVisc | Non-Preferred |
| | J7321 | Visco-3 | Non-Preferred |
| Osteoarthritis – | J7327 | Monovisc | Preferred |

## Step Therapy Preferred and Non-Preferred Products

| Disease Category | J-Code | Product | Status |
|---|---|---|---|
| Single injection | J7325 | Synvisc-One | Preferred |
| | J7318 | Durolane | Non-Preferred |
| | J7326 | Gel-One | Non-Preferred |
| PNH | J1299 | Soliris | Preferred |
| | J1303 | Ultomiris | Preferred |
| | C9151 | Empaveli | Non-Preferred |
| Rituximab | Q5115 | Truxima | Preferred |
| | J9999, Q5123 | Riabni | Non-Preferred |
| | Q5119 | Ruxience | Preferred |
| | J9311 | Rituxan Hycela | Non-Preferred |
| | J9312 | Rituxan | Non-Preferred |
| Severe Asthma | J3590 | Dupixent | Preferred |
| | J0517 | Fasenra | Preferred |
| | J2182, C9473 | Nucala | Preferred |
| | J2356 | Tezspire | Preferred |
| | J2357 | Xolair | Preferred |
| | J2786 | Cinqair | Non-Preferred |
| Spinal Muscular Atrophy | J3399 | Zolgensma | Preferred |
| Trastuzumab | Q5117 | Kanjinti | Preferred |
| | Q5114 | Ogivri | Preferred |
| | J9355 | Herceptin | Non-Preferred |
| | J9356 | Herceptin Hylecta | Non-Preferred |
| | Q5113 | Herzuma | Preferred |
| | Q5112 | Ontruzant | Non-Preferred |