



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)
C9305		INJECTION, NIPOCALIMAB-AAHU, 3 MG	
J0614		INJECTION, TREOSULFAN, 50 MG	
J1809		INJECTION, FOSDENOPTERIN, 0.1 MG	
J2151		INJECTION, MANNITOL, 250 MG	
J3290		INJECTION, TRANEXAMIC ACID, 5 MG	
J3402		INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	
J3403		REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT	
J7173		INJECTION, CONCIZUMAB-MTCI, 0.5 MG	
J7174		INJECTION, FITUSIRAN, 0.04 MG	
Q5154		INJECTION, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG	
Q5156		INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	
Q5157		INJECTION, DENOSUMAB-BMW (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	
Q5158		INJECTION, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG	
Q5159		INJECTION, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 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	

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J-Code	Brand Name	Description	Step Therapy Required (Refer to Step Therapy List)
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	
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-ADBIM, 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),	



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J-Code	Brand Name	Description	Step Therapy Required (Refer to Step Therapy List)
		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	
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-XIY, 1 MG	YES



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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
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	DYSPOET	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 ROMOSUZUMAB-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	



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J-Code	Brand Name	Description	Step Therapy Required (Refer to Step Therapy List)
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	EOPROSTENOL 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	
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	



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Q2042	KYMRIAH	CTIL019 TO 600 M CAR+ VI T CE P TD	
J0202	LEMTADA	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	
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	
J1458	NAGLAZYME	GALSULFASE INJECTION	
J2403	NESACAINE	CHLOROPROCAINE HCI OPHTHALMIC, 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 OPTH 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,	



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		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
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, ECUKIZUMAB, 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



Commercial and Individual & Family Pharmacy Benefits Management

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)
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
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	



Commercial and Individual & Family Pharmacy Benefits Management

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J-Code	Brand Name	Description	Step Therapy Required (Refer to Step Therapy List)
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



Commercial and Individual & Family Pharmacy Benefits Management

Step Therapy Preferred and Non-Preferred Products

Disease Category	J-Code	Product	Status
	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	Stequeyma	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
	Q5156	Avtozma	Non-Preferred
	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



Commercial and Individual & Family Pharmacy Benefits Management

Step Therapy Preferred and Non-Preferred Products

Disease Category	J-Code	Product	Status
	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, Neutropenia Colony Stimulating Factors – Long Acting	J2506	Neulasta	Preferred
	Q5108	Fulphila	Preferred
	Q5120	Ziextenzo	Non-Preferred
	Q5130	Fylmetra	Non-Preferred
	Q5122	Nyvepria	Non-Preferred
	Q5127	Stimufend	Non-Preferred
Hereditary Angioedema	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



Commercial and Individual & Family Pharmacy Benefits Management

Step Therapy Preferred and Non-Preferred Products

Disease Category	J-Code	Product	Status
	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	SynjoJoynt	Non-Preferred
	J7332	Triluron	Non-Preferred
	J7329	TriVisc	Non-Preferred
	J7321	Visco-3	Non-Preferred
Osteoarthritis – Single injection	J7327	Monovisc	Preferred
	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



Commercial and Individual & Family Pharmacy Benefits Management

Step Therapy Preferred and Non-Preferred Products

Disease Category	J-Code	Product	Status
	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