



1199SEIU Benefit Funds

MEDICAL BENEFIT MANAGEMENT PROGRAM SPECIALTY DRUG LIST

Effective April 1, 2019

As of April 1, 2015, providers must use the web-based ExpressPAth platform to obtain prior authorization of drug treatments.

Register at <https://www.express-path.com>. If you have questions, please call (877) 273-2122.



The symbol [PA] next to a drug name indicates that this medication is subject to the Prior Authorization Program. The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program. The symbol [eviCore] next to a drug name indicates that this medication is subject to the eviCore Comprehensive Oncology Management Program. Please contact (888) 910-1199 for additional assistance.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
ACTEMRA ♦	TOCILIZUMAB	INFLAMMATORY CONDITIONS ♦	PA/ EVICORE		YES	J3262
ADAGEN	PEGADEMASE BOVINE	ENZYME DEFICIENCIES		CPA	YES	J2504
ADCIRCA	TADALAFIL	PULMONARY HYPERTENSION	PA		YES	J8499
ADEMPAS	RIOCIGUAT	CIRCULATION DISORDERS	PA		YES	J8499
ADIPEX-P	PHENTERMINE	WEIGHT LOSS	PA		YES	J8499
ADVATE	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA			YES	J7192
ADYNOVATE	FACTOR VIII (ANTHEMOPHL FCTR) RECOMB PEGYLATED	HEMOPHILIA			YES	C9137, J7199, J7207
AFSTYLA	ANTHEMOPHL FCTR (RECOMB) SINGLE CHAIN	HEMOPHILIA			YES	J7210
AIMOVIG	ERENUMAB	MIGRAINE	PA		YES	C9399, J3590
AJOVY	FREMANEZUMAB	MIGRAINE	PA		YES	C9040, J3590
ALDURAZYME	LARONIDASE	ENZYME DEFICIENCIES		CPA	YES	J1931
ALPHANATE	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA			YES	J7186
ALPHANINE SD	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA			YES	J7193
ALPROLIX	FACTOR IX Fc FUSION PROTEIN RECOMB	HEMOPHILIA			YES	J7201
AMPYRA	DALFAMPRIDINE	MULTIPLE SCLEROSIS	PA		YES	J8499

- ✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).
- ♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.
- ★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
APOKYN	APOMORPHINE HCL	MISCELLANEOUS CNS DISORDERS			YES	J0364
ARALAST NP	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA		YES	J0256
ARCALYST	RILONACEPT	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	PA		YES	J2793
ARISTADA	ARIPIRAZOLE LAUROXIL INJ	MENTAL CONDITIONS			YES	J1942
ATGAM	LYMPHOCYTE IMMUNE GLOBULIN	TRANSPLANT			YES	J7504
AUBAGIO	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	PA		YES	J8499
AUSTEDO	DEUTETRABENAZINE	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J8499
AVASTIN ♦	BEVACIZUMAB	OPHTHALMIC CONDITIONS/ CANCER ♦	PA/ EVICORE		YES	C9257
AVEED	TESTOSTERONE UNDECANOATE	ENDOCRINE DISORDERS	PA		YES	J3145
AVONEX	INTERFERON BETA-1A	MULTIPLE SCLEROSIS	PA		YES	J1826, Q3027
BEBULIN	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA			YES	J7194
BELVIQ	LORCASERIN	WEIGHT LOSS	PA		YES	J8499
BENEFIX	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA			YES	J7195
BENLYSTA IV	BELIMUMAB	INFLAMMATORY CONDITIONS			YES	J0490
BENLYSTA SC	BELIMUMAB	INFLAMMATORY CONDITIONS - SYSTEMIC LUPUS ERYTHEMATOSUS	PA		YES	C9399, J3590
BENZPHETAMINE	BENZPHETAMINE	WEIGHT LOSS	PA		YES	J3490
BERINERT	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA		YES	J0597
BETASERON	INTERFERON BETA-1B	MULTIPLE SCLEROSIS	PA		YES	J1830
BEVACIZUMAB ♦	BEVACIZUMAB	OPHTHALMIC CONDITIONS/ CANCER ♦	PA/ EVICORE		YES	C9257, J7999
BIVIGAM	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1556
BONIVA (IV)	IBANDRONATE	OSTEOPOROSIS	PA		YES	J1740
BOTOX	BOTULINUM TOXIN A	NEUROMUSCULAR CONDITIONS/COSMETIC	PA		YES	J0585
BRINEURA	CERLIPONASE ALFA	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J0567 eff. 1/1/2019
CABLVI †	CAPLACIZUMAB-YHDP	BLOOD CELL DEFICIENCY	PA		YES	J9999
CARIMUNE NF	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1566
CELLCEPT	MYCOPHENOLATE MOFETIL	TRANSPLANT			YES	J7517, J7599
CEPROTIN	PROTEIN C CONCENTRATE, HUMAN	MISCELLANEOUS SPECIALTY CONDITIONS			YES	J2724
CERDELGA	ELIGLUSTAT	ENZYME DEFICIENCIES		CPA	YES	J8499

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
CEREDASE	ALGLUCERASE	ENZYME DEFICIENCIES		CPA	YES	J0205
CEREZYME	IMIGLUCERASE	ENZYME DEFICIENCIES		CPA	YES	J1786
CHEMET	SUCCIMER	IRON TOXICITY	PA		YES	J8499
CHENODAL	CHENODIOL	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	NO HCPC
CIMZIA	CERTOLIZUMAB PEGOL	INFLAMMATORY CONDITIONS	PA		YES	J0717
CINQAIR	RESLIZUMAB	RESPIRATORY CONDITIONS	PA		YES	C9481, J2786
CINRYZE	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA		YES	J0598
COAGADEX	FACTOR X HUMAN	HEMOPHILIA		CPA	YES	J7175
CONTRAVE	NALTREXONE/BUPROPION	WEIGHT LOSS	PA		YES	J3490
COPAXONE	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	PA		YES	J1595
COPEGUS	RIBAVIRIN	HEPATITIS C	PA		YES	J8499
CORIFACT	FACTOR XIII	HEMOPHILIA			YES	J7180
COSENTYX	SECUKINUMAB	INFLAMMATORY CONDITIONS	PA		YES	C9399, J3590
CRYSVITA	BUROSUMAB-TWZA	METABOLIC DISORDER	PA		YES	C9399, J3590, (J0584 eff. 1/1/19)
CUBICIN	DAPTOMYCIN	INFECTIOUS DISEASE			YES	J0878
CUVITRU	IMMUNE GLOBULIN - SQ	IMMUNE DEFICIENCY	PA		YES	J1555
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOB	IMMUNE DEFICIENCY		CPA	YES	90291, J0850
DAKLINZA	DACLATASVIR	HEPATITIS C	PA		YES	J8499
DALFAMPRIDINE	DALFAMPRIDINE	MULTIPLE SCLEROSIS	PA		YES	J8499
DDAVP	DESMOPRESSIN ACETATE	ENDOCRINE DISORDERS			YES	J2597
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	ENDOCRINE DISORDERS	PA		YES	J1071
DESFERAL	DEFEROXAMINE MESYLATE	IRON TOXICITY	PA		YES	J0895
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE	ENDOCRINE DISORDERS			YES	J2597
DIETHYLPROPION	DIETHYLPROPION	WEIGHT LOSS	PA		YES	J3490
DOPTELET	AVATROMBOPAG	THROMBOCYTOPENIA	PA		YES	C9399, J8499
DUPIXENT	DUPIUMAB	INFLAMMATORY CONDITIONS	PA		YES	C9399, J3590
DUROLANE	SODIUM HYALURONATE, HYALURONIC ACID	OSTEOARTHRITIS	PA		YES	C9465, J3490, (J7318 eff. 1/1/19)
DYLOJECT	DICLOFENAC SODIUM INJ	PAIN MANAGEMENT			YES	J1130
DYSPORT	ABOBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS/COSMETIC	PA		YES	J0586

- ✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).
- ◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.
- ★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
EGRIFTA	TESAMORELIN ACETATE	ENDOCRINE DISORDERS	PA		YES	C9399, J3490
ELAPRASE	IDURSULFASE	ENZYME DEFICIENCIES		CPA	YES	J1743
ELELYSO	TALIGLUCERASE ALFA	ENZYME DEFICIENCIES		CPA	YES	J3060
ELIGARD ♦	LEUPROLIDE DEPOT	MISCELLANEOUS CONDITIONS/CANCER ♦	PA/ EVICORE		YES	J9217
ELOCTATE	FACTOR IX Fc FUSION PROTEIN RECOMB	HEMOPHILIA			YES	J7205
EMFLAZA	FACTOR IX Fc FUSION PROTEIN RECOMB	MUSCULAR DYSTROPHY	PA		YES	J8499
EMGALITY	GALCANEZUMAB	MIGRAINE	PA		YES	C9399, J3590
ENBREL	ETANERCEPT	INFLAMMATORY CONDITIONS	PA		YES	J1438
ENDARI	L-GLUTAMINE	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J8499
ENTYVIO	VEDOLIZUMAB	INFLAMMATORY CONDITIONS	PA		YES	J3380
EPCLUSA	SOFOSBUVIR/VELPATASVIR	HEPATITIS C	PA		YES	J8499
EPIDIOLEX	CANNABIDIOL	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J8499
EPOGEN ♦	EPOETIN ALFA	BLOOD CELL DEFICIENCY/ CANCER ♦	PA/ EVICORE		YES	J0885, Q4081
EPOPROSTENOL SODIUM	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA		YES	J1325
ESBRIET	PIRFENIDONE	IDIOPATHIC PULMONARY FIBROSIS	PA		YES	J8499
EUFLEXXA	SODIUM HYALURONATE	OSTEOARTHRITIS	PA		YES	J7323
EXJADE	DEFERASIROX	IRON TOXICITY	PA		YES	J8499
EXTAVIA	INTERFERON BETA-1B	MULTIPLE SCLEROSIS	PA		YES	J1830
EYLEA	AFLIBERCEPT	OPHTHALMIC CONDITIONS	PA		YES	J0178
FABRAZYME	AGALSIDASE	ENZYME DEFICIENCIES		CPA	YES	J0180
FASENRA	BENRALIZUMAB	RESPIRATORY CONDITIONS	PA		YES	C9466. (J0517 eff. 1/1/19)
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	HEMOPHILIA			YES	J7198
FERRIPROX	DEFERIPRONE	IRON TOXICITY	PA		YES	J8499
FIRAZYR	ICATIBANT ACETATE	HEREDITARY ANGIOEDEMA			YES	J1744
FIRDAPSE †	AMIFAMPRIDINE	MUSCULAR DYSTROPHY		CPA	YES	J8499
FLEBOGAMMA DIF	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1572
FLOLAN	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA		YES	J1325
FOLLISTIM AQ	FOLLITROPIN BETA, RECOMB	INFERTILITY			YES	S0128

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
FORTEO	TERIPARATIDE	OSTEOPOROSIS	PA		YES	J3110
FUZEON	ENFUVIRTIDE	HIV			YES	J1324
GALAFOLD	MIGALASTAT	ENZYME DEFICIENCIES	PA		YES	C9399, J8499
GAMASTAN S-D	IMMUNE GLOBULIN - IM	IMMUNE DEFICIENCY			YES	90281, J1460, J1560
GAMMAGARD LIQUID	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, 90284, J1569
GAMMAGARD S-D	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1566
GAMMAKED	IMMUNE GLOBULIN - IV/SQ	IMMUNE DEFICIENCY	PA		YES	90283, 90284, J1561
GAMMAPLEX	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1557
GAMUNEX-C	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, 90284, J1561
GEL-ONE	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	J7326
GELSYN-3	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	J7328
GENOTROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941
GENVISC 850	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	Q9980, J7320
GILENYA	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	PA		YES	J8499
GLASSIA	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA		YES	J0257
GLATOPA	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	PA		YES	J1595
GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT	ASTHMA AND ALLERGY	PA		YES	J3590, C9399
H.P. ACTHAR GEL	CORTICOTROPIN	MISCELLANEOUS CNS DISORDERS	PA		YES	J0800
HAEGARDA	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA		YES	J0599 eff. 1/1/2019
HARVONI	LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	PA		YES	J8499
HELIXATE FS	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA			YES	J7192
HEMLIBRA	EMICIZUMAB	HEMOPHILIA	PA		YES	Effective 7/1/2018 Q9995, (J7170 eff. 1/1/19)
HEMOFIL M	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA			YES	J7190
HEPAGAM B	HEPB IMMUNE GLOB/MALTOSE	HEPATITIS B			YES	J1571, J1573
HETLIOZ	TASIMELTEON	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J8499
HIZENTRA	IMMUNE GLOBULIN- SQ	IMMUNE DEFICIENCY	PA		YES	90284, J1599

- ✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).
- ◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.
- ★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
HUMATE-P	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA			YES	J7187
HUMATROPE	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941
HUMIRA	ADALIMUMAB	INFLAMMATORY CONDITIONS	PA		YES	J0135
HYALGAN	SODIUM HYALURONATE	OSTEOARTHRITIS	PA		YES	J7321
HYDROXYPROGES-TERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J1726
HYMOVIS	HYALURONIC ACID	OSTEOARTHRITIS	PA		YES	C9471, J7322
HYPERHEP B S-D	HEPATITIS B IMMUNE GLOBULIN	HEPATITIS B			YES	90371
HYPERRAB S-D	RABIES IMMUNE GLOBULIN	IMMUNE DEFICIENCY			YES	90375
HYQVIA	IMMUNE GLOBULIN - SQ	IMMUNE DEFICIENCY	PA		YES	J1575
IDELVION	FACTOR IX ALBUMIN FUSION PROTEIN RECOMB	HEMOPHILIA			YES	C9139, J7202
ILARIS	CANAKINUMAB	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	PA		YES	J0638
ILUMYA	TILDRAKIZUMAB	INFLAMMATORY CONDITIONS	PA		YES	C9399, J3590, (J3245 eff. 1/1/19)
ILUVIEN	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	OPHTHALMIC CONDITIONS			YES	J7313
IMOGAM RABIES-HT	RABIES IMMUNE GLOBULIN	IMMUNE DEFICIENCY			YES	90376
INCRELEX	MECASERMIN	GROWTH DEFICIENCY	PA		YES	J2170
INFLECTRA	INFLIXIMAB - dyyb	INFLAMMATORY CONDITIONS	PA		YES	Q5103
INGREZZA	VALBENZAZINE	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J8499
INVANZ	ERTAPENEM	INFECTIOUS DISEASE			YES	J1335
IXINITY	COAGULATION FACTOR IX RECOMB	HEMOPHILIA			YES	J7195
JADENU	DEFERASIROX	IRON TOXICITY	PA		YES	J8499
JIVI	ANTIHEMOPHILIC FACTOR, AHF, FACTOR VIII	HEMOPHILIA	PA		YES	C9141, J7199
JUXTAPID	LOMITAPIDE	HYPERCHOLESTEROLEMIA	PA		YES	J8499
JYNARQUE	TOLVAPTAN	MISCELLANEOUS CONDITIONS	PA		YES	J8499
KALBITOR	ECALLANTIDE	HEREDITARY ANGIOEDEMA	PA		YES	J1290
KALYDECO	IVACAFTOR	CYSTIC FIBROSIS	PA		YES	J8499
KANUMA	SEBELIPASE ALFA	ENZYME DEFICIENCIES		CPA	YES	C9478, J2840
KCENTRA	PROTHROMBIN COMPLEX HUMAN	HEMOPHILIA			YES	C9132
KENALOG	TRIAMCINOLONE ACETONIDE	INFLAMMATORY CONDITIONS			YES	J3301
KEVZARA	SARILUMAB	INFLAMMATORY CONDITIONS	PA		YES	C9399, J3590

- ✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).
- ◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.
- ★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
KINERET ♦	ANAKINRA	INFLAMMATORY CONDITIONS ♦	PA/ EVICORE		YES	J3590
KOATE-DVI	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA			YES	J7190
KOGENATE FS	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA			YES	J7192
KORLYM	MIFEPRISTONE	ENDOCRINE DISORDERS	PA		YES	J8499
KOVALTRY	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA			YES	J7211
KRYSTEXXA	PEGLOTICASE	GOUT	PA		YES	J2507
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	ENDOCRINE DISORDERS	PA		YES	J8499
KYLEENA	LEVONORGESTREL	CONTRACEPTIVE			YES	J7296
KYNAMRO	MIPOMERSEN	HYPERCHOLESTEROLEMIA	PA		YES	C9399, J3490
LEMTRADA	ALEMTUZUMAB	MULTIPLE SCLEROSIS	PA		YES	J0202
LETAIRIS	AMBRISENTAN	PULMONARY HYPERTENSION	PA		YES	J8499
LILETTA	LEVONORGESTREL	CONTRACEPTIVE			YES	J7297
LOMAIRA	PHENTERMINE	WEIGHT LOSS	PA		YES	J3490
LUCENTIS	RANIBIZUMAB	OPHTHALMIC CONDITIONS	PA		YES	J2778
LUMIZYME	ALGLUCOSIDASE ALFA	ENZYME DEFICIENCIES		CPA	YES	J0221
LUPANETA ♦	LEUPROLIDE DEPOT/ NORETHINDRONE	MISCELLANEOUS CONDITIONS/CANCER ♦	PA/ EVICORE		YES	C9399, J3490
LUPRON DEPOT PED ♦	LEUPROLIDE DEPOT	MISCELLANEOUS CONDITIONS/CANCER ♦	PA/ EVICORE		YES	J1950
LUPRON DEPOT ♦	LEUPROLIDE DEPOT	MISCELLANEOUS CONDITIONS/CANCER ♦	PA/ EVICORE		YES	J1950, J9217
LUXTURNA	VORETIGENE NAPARVOVEC	OPHTHALMIC CONDITIONS	PA		YES	C9032, (J3398 eff. 1/1/19)
MACUGEN	PEGAPTANIB SODIUM	OPHTHALMIC CONDITIONS	PA		YES	J2503
MAKENA	HYDROXYPROGESTERONE CAPROATE	MISCELLANEOUS SPECIALTY CONDITIONS	PA		YES	J1726
MAVYRET	GLECAPREVIR/PIBRENTASVIR	HEPATITIS C	PA		YES	J8499
MIRCERA	EPOETIN BETA	BLOOD CELL DEFICIENCY	PA		YES	J0887, J0888
MIRENA	LEVONORGESTREL	CONTRACEPTIVE			YES	J7298
MODERIBA	RIBAVIRIN	HEPATITIS C			YES	J8499
MONOCLATE-P	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA			YES	J7190
MONONINE	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA			YES	J7193
MONOVISC	SODIUM HYALURONATE	OSTEOARTHRITIS	PA		YES	J7327
MULPLETA	LUSUTROMBOPAG	THROMBOCYTOPENIA	PA		YES	C9399, J8499
MYALEPT	METRELEPTIN	LIPODYSTROPHY	PA		YES	J3590, C9399

- ✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).
- ♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.
- ★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL	TRANSPLANT			YES	J7517
MYFORTIC	MYCOPHENOLATE SODIUM	TRANSPLANT			YES	J7518
MYOBLOC	BOTULINUM TOXIN TYPE B	NEUROMUSCULAR CONDITIONS/COSMETIC	PA		YES	J0587
NABI-HB	HEPATITIS B IMMUNE GLOBULIN	HEPATITIS B			YES	90371
NAGLAZYME	GALSULFASE	ENZYME DEFICIENCIES		CPA	YES	J1458
NATPARA	PARATHYROID HORMONE	ENDOCRINE DISORDERS	PA		YES	C9399, J3590
NEUPOGEN ♦	FILGRASTIM, G-CSF	BLOOD CELL DEFICIENCY/ CANCER ♦	PA/ EVICORE		YES	J1442
NEXPLANON	ETONOGESTREL	CONTRACEPTIVE			YES	J7307
NIVESTYM ♦	FILGRASTIM-AAFI	BLOOD CELL DEFICIENCY/ CANCER ♦	PA/ EVICORE		YES	Q5110
NORDITROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941
NOVOEIGHT	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA			YES	J7182
NOVOSEVEN RT	FACTOR VIIA, RECOMB (BHK CELLS)	HEMOPHILIA			YES	J7189
NPLATE	ROMIPLOSTIM	THROMBOCYTOPENIA	PA		YES	J2796
NUCALA	MEPOLIZUMAB	RESPIRATORY CONDITIONS	PA		YES	C9473, J2182
NULOJIX	BELATACEPT	TRANSPLANT	PA		YES	J0485
NUPLAZID	PIMAVANSERIN	MENTAL/NEURO DISORDERS	PA		YES	J8499
NUTROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941
NUVARING	ETONOGESTREL/ETHYNYL ESTRADIOL	CONTRACEPTIVE			YES	J7303
NUWIQ	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA			YES	C9138 , J7209
OBIZUR	ANTIHEMOPHL FCTR (RECOMB) PORCINE SEQUENCE	HEMOPHILIA			YES	J7194
OCREVUS	OCRELIZUMAB	MULTIPLE SCLEROSIS	PA		YES	J2350
OCTAGAM	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1568
OCTREOTIDE ACETATE	OCTREOTIDE	ENDOCRINE DISORDERS			YES	J2354
OFEV	NINTEDANIB	IDIOPATHIC PULMONARY FIBROSIS	PA		YES	J8499
OLUMIANT	BARICITINIB	INFLAMMATORY CONDITIONS	PA		YES	C9399, J8499
OLYSIO	SIMEPREVIR	HEPATITIS C	PA		YES	J8499
OMNITROPE	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
ONPATTRO	PATISIRAN	AMYLOIDOSIS	PA		YES	C9399, J3490 (C9036 eff. 1/1/19)
OPSUMIT	MACITENTAN	PULMONARY HYPERTENSION	PA		YES	J8499
ORALAIR	MIXED GRASS POLLENS ALLERGENS EXTRACT	ASTHMA AND ALLERGY	PA		YES	C9399, J3590
ORENCIA	ABATACEPT/MALTOSE	INFLAMMATORY CONDITIONS	PA		YES	J0129
ORENITRAM	TREPROSTINIL	PULMONARY HYPERTENSION	PA		YES	J8499
ORKAMBI	LUMACAFTOR/IVACAFTOR	CYSTIC FIBROSIS	PA		YES	J8499
ORTHOVISC	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	J7324
OTEZLA	APREMILAST	INFLAMMATORY CONDITIONS	PA		YES	J8499
OTIPRIO	CIPROFLOXACIN	INFECTIOUS DISEASE			YES	J7342
OZURDEX	DEXAMETHASONE, INTRAVITREAL IMPLANT	OPHTHALMIC CONDITIONS			YES	J7312
PALYNZIQ	PEGVALIASE	METABOLIC DISORDER	PA		YES	C9399, J3590
PANZYGA	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1599
PARAGARD	INTRAUTERINE COPPER IUD	CONTRACEPTIVE			YES	J7300
PEGASYS ♦	PEGINTERFERON ALFA-2A	HEPATITIS C/CANCER ♦	PA/ EVICORE		YES	S0145, J3590
PEGINTRON ♦	PEGINTERFERON ALFA-2A	HEPATITIS C/CANCER ♦	PA/ EVICORE		YES	S0148, J3590
PHENDIMETRAZINE	PHENDIMETRAZINE	WEIGHT LOSS	PA		YES	J3490
PLEGRIDY	PEGINTERFERON BETA-1A	MULTIPLE SCLEROSIS	PA		YES	C9399, J3590
PRALUENT	ALIROCUMAB	HYPERCHOLESTEROLEMIA	PA		YES	C9399, J3590
PREGNYL	GONADOTROPIN, CHORIONIC	INFERTILITY			YES	J0725
PRIALT	ZICONOTIDE ACETATE	PAIN MANAGEMENT			YES	J2278
PRIVIGEN	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA		YES	90283, J1459
PROBUPHINE IMPLANT †	BUPRENORPHINE HCL	MISCELLANEOUS SPECIALTY CONDITIONS			YES	J0570
PROCRIT ♦	EPOETIN ALFA	BLOOD CELL DEFICIENCY/ CANCER ♦	PA/ EVICORE		YES	J0885, Q4081
PROFILNINE/ PROFILNINE SD	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA			YES	J7194
PROGESTERONE	PROGESTERONE	ENDOCRINE DISORDERS			YES	J2675
PROGRAF	TACROLIMUS	TRANSPLANT			YES	J7507, J7525
PROLASTIN-C	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA		YES	J0256
PROLIA ♦	DENOSUMAB	OSTEOPOROSIS/CANCER ♦	PA/ EVICORE		YES	J0897

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
PROMACTA	ELTROMBOPAG OLAMINE	THROMBOCYTOPENIA	PA		YES	J8499
PULMOZYME	DEOXYRIBONUCLEASE	RESPIRATORY CONDITIONS			YES	J7639
QSYMIA	PHENTERMINE; TOPIRAMATE	WEIGHT LOSS	PA		YES	J8499
RADICAVA	EDAVARONE	AMYOTROPHIC LATERAL SCLEROSIS	PA		YES	C9493, (J1301 eff. 1/1/19)
RAPAMUNE	SIROLIMUS	TRANSPLANT			YES	J7520
REBETOL	RIBAVIRIN	HEPATITIS C	PA		YES	J8499
REBIF	INTERFERON BETA-1A/ALBUMIN	MULTIPLE SCLEROSIS	PA		YES	Q3028
REBINYN	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA			YES	C9468, J7199, J7203
RECLAST ♦	ZOLEDRONIC ACID	OSTEOPOROSIS/CANCER ♦	PA/ EVICORE		YES	J3489
RECOMBINATE	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA			YES	J7192
REGIMEX	BENZPHETAMINE	WEIGHT LOSS	PA		YES	J3490
REMICADE	INFLIXIMAB	INFLAMMATORY CONDITIONS	PA		YES	J1745
REMODULIN	TREPROSTINIL SODIUM	PULMONARY HYPERTENSION	PA		YES	J3285
RENFLEXIS	INFLIXIMAB - abda	INFLAMMATORY CONDITIONS	PA		YES	Q5104
REPATHA	EVOLOCUMAB	HYPERCHOLESTEROLEMIA	PA		YES	C9399, J3590
RETACRIT ♦	EPOETIN ALFA	BLOOD CELL DEFICIENCY/ CANCER ♦	PA/ EVICORE		YES	Q5105, Q5106
REVATIO	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	PA		YES	J3490, J8499
RIBAPAK	RIBAVIRIN	HEPATITIS C	PA		YES	J8499
RIBASPHERE	RIBAVIRIN	HEPATITIS C	PA		YES	J8499
RIBAVIRIN	RIBAVIRIN	HEPATITIS C	PA		YES	J8499
RITUXAN ♦	RITUXIMAB	INFLAMMATORY CONDITIONS/ CANCER ♦	PA/ EVICORE		YES	J9312 effective 1/2019, J9310
RIXUBIS	FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA			YES	J7200
RUCONEST	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA		YES	J0596
SAIZEN	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941
SANDOSTATIN	OCTREOTIDE	ENDOCRINE DISORDERS			YES	J2354
SANDOSTATIN LAR	OCTREOTIDE	ENDOCRINE DISORDERS			YES	J2353
SAXENDA	LIRAGLUTIDE	WEIGHT LOSS	PA		YES	J3490
SEROSTIM	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941
SIGNIFOR	PASIREOTIDE DIASPARTATE	ENDOCRINE DISORDERS	PA		YES	C9399, J3490

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
SIGNIFOR LAR	PASIREOTIDE DIASPARTATE INJ	ENDOCRINE DISORDERS	PA		YES	C9454, J2502
SILDENAFIL CITRATE	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	PA		YES	J3490, J8499
SILIQ	BRODALUMAB	INFLAMMATORY CONDITIONS	PA		YES	C9399
SIMPONI	GOLIMUMAB	INFLAMMATORY CONDITIONS	PA		YES	C9399, J3590
SIMPONI ARIA	GOLIMUMAB	INFLAMMATORY CONDITIONS	PA		YES	J1602
SIMULECT	BASILIXIMAB	TRANSPLANT			YES	J0480
SKYLA	LEVONORGESTREL	CONTRACEPTIVE			YES	J7301
SOLESTA	DEXTRANOMER/HYALURONATE/SOD	MISCELLANEOUS SPECIALTY CONDITIONS			YES	L8605
SOLIRIS	ECULIZUMAB	BLOOD MODIFYING	PA		YES	J1300
SOMATULINE DEPOT	LANREOTIDE ACETATE	ENDOCRINE DISORDERS			YES	J1930
SOVALDI	SOFOSBUVIR	HEPATITIS C	PA		YES	J8499
SPINRAZA	NUSINERSEN	NEUROMUSCULAR CONDITIONS	PA		YES	J2326
SPRAVATO †	ESKETAMINE	MISCELLANEOUS CONDITIONS	PA		YES	J3490
STELARA	USTEKINUMAB	INFLAMMATORY CONDITIONS	PA		YES	J3357
STELARA IV	USTEKINUMAB	INFLAMMATORY CONDITIONS	PA		YES	J3358
STRENSIQ	ASFOTASE ALFA	ENZYME DEFICIENCIES	PA		YES	C9399, J3590
SUPARTZ FX	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	J7321
SYMDEKO	TEZACAFTOR/IVACAFTOR	CYSTIC FIBROSIS	PA		YES	J8499
SYNAGIS	PALIVIZUMAB	RSV PREVENTION	PA		YES	90378
SYNVISC	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	J7325
SYNVISC-ONE	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	J7325
TACROLIMUS	TACROLIMUS	TRANSPLANT			YES	J7507
TADALAFIL	TADALAFIL	PULMONARY HYPERTENSION	PA		YES	J8499
TAKHZYRO	LANADELUMAB	HEREDITARY ANGIOEDEMA	PA		YES	C9399, J3590
TALTZ	IXEKIZUMAB	INFLAMMATORY CONDITIONS	PA		YES	C9399
TAVALISSE	FOSTAMATINIB	THROMBOCYTOPENIA	PA		YES	J8499
TECFIDERA	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	PA		YES	J8499
TECHNIVIE	OMBITASVIR, PARITAPREVIR, AND RITONAVIR	HEPATITIS C	PA		YES	J8499
TEFLARO	CEFTAROLINE	INFECTIOUS DISEASE			YES	J0712
TEGSEDI	INOTERSEN	AMYLOIDOSIS	PA		YES	C9399, J3490
TESTOPEL	TESTOSTERONE PELLETT	ENDOCRINE DISORDERS	PA		YES	J3490, S0189
TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE	ENDOCRINE DISORDERS	PA		YES	J3121
THYMOGLOBULIN	LYMPHOCYTE IMMUNE GLOBULIN	TRANSPLANT			YES	J7511

- † Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).
- ◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.
- ★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
TOBI	TOBRAMYCIN	RESPIRATORY CONDITIONS			YES	J3535, J7682
TRACLEER	BOSENTAN	PULMONARY HYPERTENSION	PA		YES	J8499
TREMFYA	GUSELKUMAB	INFLAMMATORY CONDITIONS	PA		YES	J1628
TRETTEN	FACTOR XIII A-SUBUNIT, (RECOMBINANT)	HEMOPHILIA			YES	J7181
TRIPTODUR ♦	TRIPTORELIN	MISCELLANEOUS CONDITIONS/CANCER ♦	PA/ EVICORE		YES	C9016, J3490, (J3316 eff. 1/1/19)
TRIVISC	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	C9399, (J7329 eff. 1/1/19)
TROGARZO	IBALIZUMAB	HIV	PA		YES	C9399, J3590, (J1746 eff. 1/1/19)
TRUXIMA ♦	RITUXIMAB - abbs	INFLAMMATORY CONDITIONS/ CANCER ♦	PA/ EVICORE		YES	C9399, J3490
TYMLOS	ABALOPARATIDE	OSTEOPOROSIS	PA		YES	C9399
TYSABRI	NATALIZUMAB	MULTIPLE SCLEROSIS	PA		YES	J2323
TYVASO	TREPROSTINIL (TYVASO)	PULMONARY HYPERTENSION	PA		YES	J7686
UPTRAVI	SELEXIPAG	PULMONARY HYPERTENSION	PA		YES	J8499
VAPRISOL	CONIVAPTAN	MISCELLANEOUS SPECIALTY CONDITIONS			YES	C9488
VELETRI	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA		YES	J1325
VENTAVIS	ILOPROST	PULMONARY HYPERTENSION	PA		YES	Q4074
VIEKIRA PAK	OMBITASVIR, PARITAPREVIR, AND RITONAVIR; DASABUVIR	HEPATITIS C	PA		YES	J8499
VIEKIRA XR	OMBITASVIR, PARITAPREVIR, AND RITONAVIR; DASABUVIR	HEPATITIS C	PA		YES	J8499
VIMIZIM	ELOSULFASE ALFA	ENZYME DEFICIENCIES		CPA	YES	C9022, J1322
VISCO-3	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		YES	J7321
VISUDYNE	VERTEPORFIN	OPHTHALMIC CONDITIONS			YES	J3396
VIVITROL	NALTREXONE MICROSPHERES	MISCELLANEOUS CNS DISORDERS			YES	J2315
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	HEMOPHILIA			YES	J7179
VOSEVI	SOFOSBUVIR; VELPATASVIR; VOXILAPREVIR	HEPATITIS C	PA		YES	J8499
VPRIV	VELAGLUCERASE ALFA	ENZYME DEFICIENCIES		CPA	YES	J3385
WILATE	VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HEMOPHILIA			YES	J7183

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Claim Edit	Reimb. Code
XELJANZ	TOFACITINIB	INFLAMMATORY CONDITIONS	PA		YES	J8499
XENAZINE	TETRABENAZINE	MISCELLANEOUS CNS DISORDERS	PA		YES	J8499
XENICAL	ORLISTAT	WEIGHT LOSS	PA		YES	J3490
XEOMIN	INCOBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS/COSMETIC	PA		YES	J0588
XGEVA ♦	DENOSUMAB	OSTEOPOROSIS/CANCER ♦	PA/ EVICORE		YES	J0897
XIAFLEX †	COLLAGENASE CLOSTRIDIUM HIST.	MISCELLANEOUS SPECIALTY CONDITIONS		YES	NO	J0775
XOLAIR	OMALIZUMAB	RESPIRATORY CONDITIONS	PA		YES	J2357
XULANE	NORELGESTROMIN/ETHINYL ESTRADIOL	CONTRACEPTIVE			YES	J7304
XYNTHA/XYNTHA SOLOFUSE	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA			YES	J7185
ZARXIO ♦	FILGRASTIM-sndz	BLOOD CELL DEFICIENCY/ CANCER ♦	PA/ EVICORE		YES	Q5101
ZAVESCA	MIGLUSTAT	ENZYME DEFICIENCIES		CPA	NO	J8499
ZEMAIRA	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA		YES	J0256
ZEPATIER	ELBASVIR/GRAZOPREVR	HEPATITIS C	PA		YES	J8499
ZILRETTA	TRIAMCINOLONE MICROSPHERES	OSTEOARTHRITIS			YES	J3304
ZINPLAVA	BEZLOTOXUMAB	INFECTIOUS DISEASE			YES	J0565
ZOLEDRONIC ACID ♦	ZOLEDRONIC ACID	OSTEOPOROSIS/CANCER ♦	PA/ EVICORE		YES	J3489
ZOMACTON	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941
ZOMETA ♦	ZOLEDRONIC ACID	OSTEOPOROSIS/CANCER ♦	PA/ EVICORE		YES	J3489
ZORBTVIE	SOMATROPIN	GROWTH DEFICIENCY	PA		YES	J2941

- † Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).
- ♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.
- ★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.