1199SEIU Benefit Funds

EVICORE SPECIALTY DRUG PROGRAM REFERENCE FILE

Effective January 1, 2026

*** This reference file is published quarterly. Please refer to the CMS website for the most up-to-date information on drug codes and medical claim billing.***

EviCore Specialty Drug Program
Website: https://www.evicore.com

The symbol [PA] next to a drug name indicates that this medication is subject to the Prior Authorization Program which is managed by eviCore (888) 910-1199.

The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program and reviewed by the Fund. Please call the Fund office at (646) 473-7160 to initiate the prior authorization process.

The symbol ♦ next to a drug name indicates that this medication is subject to the eviCore Comprehensive Oncology Management Program for drugs prescribed in the treatment of cancer. If the member is being treated for cancer, please use the eviCore medical oncology module for pre-certification or please contact (888) 910-1199 for additional assistance.

The symbol [ST] next to a drug name indicates a first line drug therapy designated as a preferred products. Step therapy is designed to provide safe, effective treatment while controlling prescription costs. With step therapy, you are required to try established, lower-cost, clinically appropriate alternatives before progressing to other, more costly medications.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
ABILIFY ASIMTUFII	ARIPIPRAZOLE	CENTRAL NERVOUS SYSTEM AGENTS	PA			YES	J0402
ABILIFY MAINTENA	ARIPIPRAZOLE	CENTRAL NERVOUS SYSTEM AGENTS	PA			YES	J0401
ABRILADA	ADALIMUMAB-AFZB	INFLAMMATORY CONDITIONS	PA			YES	Q5145
ACTEMRA♦	TOCILIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3262
ACTHAR GEL	CORTICOTROPIN	Endocrine and Metabolic Drugs	PA			YES	J0801
ADAKVEO	CRIZANLIZUMAB-TMCA	SICKLE CELL DISEASE	PA			YES	J0791
ADVATE	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7192

Modifiers JK and JL are effective July 1, 2023. These impact HCPCS J1811, J1813 and J1817 and are used to indicate a 1 month or 3 month supply.

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ADYNOVATE	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED	HEMOPHILIA	PA			YES	J7207
ADZYNMA	ADAMTS13, RECOMBINANT-KRHN	ENZYME DEFICIENCIES	PA			YES	J7171
AFSTYLA	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7210
ALDURAZYME	LARONIDASE	ENZYME DEFICIENCIES	PA			YES	J1931
ALPHANATE	VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HEMOPHILIA	PA			YES	J7186
ALPHANINE SD	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT)	HEMOPHILIA	PA			YES	J7193
ALPROLIX	FACTOR IX (FC FUSION PROTEIN, RECOMBINANT)	HEMOPHILIA	PA			YES	J7201
ALTUVIIIO PER FACTOR VIII IU	FACTOR VIII / VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT	HEMOPHILIA	PA			YES	J7214
ALYGLO	IMMUNE GLOBULIN INTRAVENOUS, HUMAN-STWK	IMMUNE DEFICIENCY	PA			YES	J1552
AMJEVITA	ADALIMUMAB-ATTO	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
AMONDYS 45	CASIMERSEN	NEUROMUSCULAR DRUGS	PA			YES	J1426
AMVUTTRA	VUTRISIRAN SODIUM	AMYLOIDOSIS	PA			YES	J0225
APOKYN	APOMORPHINE	NEUROMUSCULAR DRUGS	PA			YES	J0364
APRETUDE	CABOTEGRAVIR EXTENDED-RELEASE INJECTABLE SUSPENSION	HIV	PA			YES	J0739
ARALAST NP	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256
ARANESP FOR NON-ESRD♦	DARBEPOETIN ALFA	BLOOD CELL DEFICIENCY	PA			YES	J0881
ARCALYST	RILONACEPT	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	PA			YES	J2793
ARISTADA	ARIPIPRAZOLE LAUROXIL	MENTAL CONDITIONS				YES	J1944

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ARISTADA INITIO	ARIPIPRAZOLE LAUROXIL	MENTAL CONDITIONS				YES	J1943
ASCENIV	IMMUNE GLOBULIN INTRAVENOUS, HUMAN	IMMUNE DEFICIENCY	PA			YES	J1554, 90283
AVASTIN ♦	BEVACIZUMAB	OPHTHALMIC CONDITIONS	PA			YES	C9257, J7999
AVSOLA	INFLIXIMAB-AXXQ	INFLAMMATORY CONDITIONS	PA		ST – Non-Preferred	YES	Q5121
AVTOZMA	TOCILIZUMAB-ANOH	INFLAMMATORY CONDITIONS	PA			YES	Q5156
BEBULIN	FACTOR IX COMPLEX	HEMATOLOGICAL AGENTS	PA			YES	J7194
PROFILNINE/PROFILNINE SDBALFAXAR	FACTOR IX COMPLEX	HEMATOLOGICAL AGENTS	PA			YES	J7194
BENEFIX	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7195
BENLYSTA	BELIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	J0490
BEOVU	BROLUCIZUMAB-DBLL	OPHTHALMIC CONDITIONS	PA			YES	J0179
BEQVEZ	FIDANACOGENE ELAPARVOVEC-DZKT	HEMOPHILIA	PA			YES	J1414
BERINERT	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0597
BILDYOS♦✢	DENOSUMAB-NXXP	OSTEOPOROSIS; ONCOLOGY	PA			YES	C9399, J3590
BIVIGAM	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1556
BKEMV	ECULIZUMAB-AEEB	BLOOD MODIFYING	PA			YES	Q5152
BOSAYA♦✢	DENOSUMAB-KYQQ	OSTEOPOROSIS; ONCOLOGY	PA			YES	C9399, J3590
BOTOX	BOTULINUM TOXIN A	NEUROMUSCULAR CONDITIONS	PA			YES	J0585
BRIUMVI	UBLITUXIMAB-XIIY	MULTIPLE SCLEROSIS	PA			YES	J2329
BYOOVIZ	RANIBIZUMAB-NUNA	OPHTHALMIC CONDITIONS	PA			YES	Q5124
BRIXADI✢	BUPRENORPHINE EXTENDED-RELEASE (WEEKLY) LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	ANALGESIC AND ANESTHETIC AGENTS				YES	J0577

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BRIXADI✧	BUPRENORPHINE EXTENDED-RELEASE (MONTHLY) GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY	ANALGESIC AND ANESTHETIC AGENTS				YES	J0578
CABENUVA	CABOTEGRAVIR AND RILPIVIRINE	HIV	PA			YES	J0741
CABLIVI	CAPLACIZUMAB-YHDP	BLOOD CELL DEFICIENCY	PA			YES	C9047, J3590
CARIMUNE NF	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1566, 90283
CASGEVY	EXAGAMGLOGENE	SICKLE CELL/BETA THALASSEMIA	PA			YES	J3392
CERDELGA	ELIGLUSTAT	ENZYME DEFICIENCIES		CPA		NO	J8499
CEREZYME	IMIGLUCERASE	ENZYME DEFICIENCIES	PA			YES	J1786
CIMERLI	RANIBIZUMAB-EQRN	OPHTHALMIC CONDITIONS	PA			YES	Q5128
CINQAIR	RESLIZUMAB	RESPIRATORY CONDITIONS	PA			YES	J2786
CINRYZE	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0598
COAGADEX	COAGULATION FACTOR X (HUMAN)	HEMOPHILIA	PA			YES	J7175
CONEXXENCE◆	DENOSUMAB-BNHT	OSTEOPOROSIS; ONCOLOGY	PA			YES	Q5158
CORIFACT	FACTOR XIII CONCENTRATE (ANTIHEMOPHILIC FACTOR, HUMAN)	HEMOPHILIA	PA			YES	J7180
CORTROPHIN	CORTICOTROPIN (ANI)	ENDOCRINE AND METABOLIC DRUGS	PA			YES	J0802
COSENTYX	SECUKINUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3247
CRYSVITA◆	BUROSUMAB-TWZA	METABOLIC DISORDER	PA			YES	J0584
CUTAQUIG	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1551, 90284
CUVITRU	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1555, 90284
CYLTEZO	ADALIMUMAB-ADBM	INFLAMMATORY CONDITIONS	PA			YES	Q5143

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CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOB	IMMUNE DEFICIENCY				YES	J0850
DAXXIFY	DAXIBOTULINUMTOXINA-LANM	NEUROMUSCULAR CONDITIONS	PA			YES	J0589
DUPIXENT	DUPILUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
DUROLANE	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7318
DURYSTA	BIMATOPROST INTRACAMERAL IMPLANT	OPHTHALMIC CONDITIONS	PA			YES	J7351
DYSPORT	ABOBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS	PA			YES	J0586
ELAPRASE	IDURSULFASE	ENZYME DEFICIENCIES	PA			YES	J1743
ELELYSO	TALIGLUCERASE ALFA	ENZYME DEFICIENCIES	PA			YES	J3060
ELFABRIO	PEGUNIGALSIDASE-ALFA-IWXJ	ENZYME DEFICIENCIES	PA			YES	J2508
ELOCTATE	FACTOR IX Fc FUSION PROTEIN RECOMB	HEMOPHILIA	PA			YES	J7205
ENBREL	ETANERCEPT	INFLAMMATORY CONDITIONS	PA			YES	J1438
ENCELTO	REVAKINAGENE TARORETCEL-LWEY	MISCELLANEOUS CONDITIONS	PA			YES	J3403
ENJAYMO	SUTINLIMAB-JOME	MISCELLANEOUS CONDITIONS	PA			YES	J1302
ENOBY♦✢	DENOSUMAB-QBDE	OSTEOPOROSIS; ONCOLOGY	PA			YES	C9399, J3590
ENTYVIO	VEDOLIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3380
EPOGEN	EPOETIN ALFA	BLOOD CELL DEFICIENCY	PA			YES	J0885
EPOPROSTENOL	EPOPROSTENOL	PULMONARY HYPERTENSION	PA			YES	J1325
EPYSQLI	ECULIZUMAB-AAGH	MISCELLANEOUS CONDITIONS	PA			YES	Q5151
ESPEROCT	ANTIHEMOPHILIC FACTOR (RECOMBINANT). GLYCOPEGYLATED-EXEI	HEMOPHILIA	PA			YES	J7204
EUFLEXXA	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST - Preferred	YES	J7323

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EVENITY	ROMOSOZUMAB-AQQG	OSTEOPOROSIS	PA			YES	J3111
EVKEEZA	EVINACUMAB-DGNB	HIGH BLOOD CHOLESTEROL	PA			YES	J1305
EVRYSDI	RISDIPLAM	SPINAL MUSCULAR ATROPHY		CPA		NO	J8499
EXONDYS 51	ETEPLIRSEN	NEUROMUSCLAR DRUGS	PA			YES	J1428
EYLEA	AFLIBERCEPT	OPHTHALMIC CONDITIONS	PA			YES	J0178
EYLEA HD	ALFIBERCEPT	OPHTHALMIC CONDITIONS	PA			YES	J0177
FABRAZYME	AGALSIDASE	ENZYME DEFICIENCIES	PA			YES	J0180
FASENRA	BENRALIZUMAB	RESPIRATORY CONDITIONS	PA			YES	J0517
FEIBA	ANTI-INHIBITOR COAGULANT COMP.	HEMOPHILIA	PA			YES	J7198
FENSOLVI	LEUPROLIDE ACETATE	ENDOCRINE DISORDERS	PA			YES	J1951
FERAHEME	FERUMOXYTOL	HEMATOLOGICAL AGENTS	PA			YES	Q0138
FIBRYGA	HUMAN FIBRINOGEN CONCENTRATE	HEMATOLOGY	PA			YES	J7177
FIRDAPSE	AMIFAMPRIDINE	MUSCULAR DYSTROPHY		CPA		NO	J8499
FLEBOGAMMA DIF	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1572, 90283
FLOLAN	EPOPROSTENOL	PULMONARY HYPERTENSION	PA			YES	J1325
GAMIFANT	EMAPALUMAB-LZSG	MISCELLANEOUS CONDITIONS	PA			YES	J9210
GAMMAGARD LIQUID	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1569, 90283
GAMMAGARD S/D	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1566, 90283
GAMMAKED	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	J1561, 90283, 90284
GAMMAPLEX	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	J1557, 90283
GAMUNEX-C	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	J1561, 90283

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GEL-ONE	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7326
GELSYN-3	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7328
GENVISC 850	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7320
GIVLAARI	GIVOSIRAN	HEMATOLOGICAL AGENTS	PA			YES	J0223
GLASSIA	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0257
HADLIMA	ADALIMUMAB-BWWD	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
HEMGENIX	ETRANACOGENE DEZAPARVOVEC - DRLB	HEMOPHILIA	PA			YES	J1411
HEMLIBRA	EMICIZUMAB-KXWH	HEMATOLOGICAL AGENTS	PA			YES	J7170
HEMOFIL M	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN)	HEMATOLOGICAL AGENTS	PA			YES	J7190
HIZENTRA	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1559, 90284
HULIO	ADALIMUMAB-FKIP	INFLAMMATORY CONDITIONS	PA			YES	Q5140
HUMATE-P	VON WILLEBRAND FACTOR COMPLEX	HEMOPHILIA	PA			YES	J7187
HUMIRA	ADALIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	J0139
HYALGAN	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7321
HYMOVIS	INTRA-ARTICULAR HYALURONAN INJECTIONS (TWO DOSE REGIMEN)	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7322
HYMOVIS ONE✧	INTRA-ARTICULAR HYALURONAN INJECTIONS (ONE DOSE REGIMEN)	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7322
HYQVIA	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1575
HYRIMOZ	ADALIMUMAB-ADAZ	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
IDACIO	ADALIMUMAB-AACF	INFLAMMATORY CONDITIONS	PA			YES	Q5144
IDELVION	FACTOR IX (ALBUMIN FUSION PROTEIN, RECOMBINANT)	HEMOPHILIA	PA			YES	J7202

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IDOSE TR	TRAVAPROST INTRACAMERAL IMPLANT	OPHTHALMIC CONDITIONS	PA			YES	J7355
ILARIS	CANAKINUMAB	ANTI-INFLAMMATORY AGENTS	PA			YES	J0638
ILUMYA	TILDRAKIZUMAB-ASMN	DERMATOLOGIC AGENTS	PA			YES	J3245
IMAAVY✢	NIPOCALIMAB-AAHU	MYASTHENIA GRAVIS	PA			YES	J9256
IMCIVREE	SETMELANOTIDE	ENDOCRINE DISORDERS		CPA		NO	J3490, J3590
IMULDOSA	USTEKINUMAB-SRLF	INFLAMMATORY CONDITIONS	PA			YES	Q5098
INFLECTRA	INFLIXIMAB-DYYB	GASTROINTESTINAL AGENTS	PA		ST - Preferred	YES	Q5103
INJECTAFER	FERRIC CARBOXYMALTOSE	HEMATOLOGICAL AGENTS	PA			YES	J1439
IXINITY	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7213
IZERVAY	AVACINCAPTAD PEGOL	OPHTHALMIC CONSITIONS	PA			YES	J2782
JIVI	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL	HEMOPHILIA	PA			YES	J7208
JUBBONTI♦	DENOSUMAB-BBDZ	OSTEOPOROSIS; ONCOLOGY	PA			YES	Q5136
KALBITOR	ECALLANTIDE	HEMATOLOGICAL AGENTS	PA			YES	J1290
KANUMA	SEBELIPASE ALFA	ENDOCRINE AND METABOLIC DRUGS	PA			YES	J2840
KISUNLA	DONANEMAB-AZBT	ALZHEIMER'S DISEASE	PA			YES	J0175
KOATE	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN)	HEMOPHILIA	PA			YES	J7190
KOATE-DVI	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN)	HEMOPHILIA	PA			YES	J7190
KOGENATE FS	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7192
KOVALTRY	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7211
KRYSTEXXA	PEGLOTICASE	GOUT	PA			YES	J2507

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KYLEENA	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	CONTRACEPTION				YES	J7296
LAMZEDE	VELMANASE ALFA-TYCV	ENDOCRINE AND METABOLIC DRUGS	PA			YES	J0217
LANREOTIDE (CIPLA) ♦	LANREOTIDE (CIPLA)	ENDOCRINE AND METABOLIC DRUGS	PA			YES	J1932
LEMTRADA	ALEMTUZUMAB	MULTIPLE SCLEROSIS	PA			YES	J0202
LENMELDY	ATIDARSAGENE AUTOTEMCEL	ENZYME DEFICIENCIES	PA			YES	J3391
LEQEMBI	LECANEMAB-IRMB	ALZHEIMER'S DISEASE	PA			YES	J0174
LEQVIO	INCLISIRAN	CARDIOVASCULAR AGENTS	PA			YES	J1306
LILETTA	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	CONTRACEPTION				YES	J7297
LUCENTIS	RANIBIZUMAB	OPHTHALMIC CONDITIONS	PA			YES	J2778
LUMIZYME	ALGLUCOSIDASE ALFA	ENZYME DEFICIENCIES	PA			YES	J0221
LUPRON ♦	LEUPROLIDE ACETATE	ENDOCRINE AND METABOLIC DRUGS	PA			YES	J1950
LUXTURNA	VORETIGENE NEPARVOVEC-RZYL	OPHTHALMIC CONDITIONS	PA			YES	J3398
LYFGENIA	LOVOTIBEGLOGENE AUTOTEMCEL	SICKLE CELL DISEASE	PA			YES	J3394
MEPSEVII	VESTRONIDASE ALFA-VJBK	HEPATITIS C	PA			YES	J3397
MIRCERA FOR NON-ESRD	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA	HEMATOLOGICAL AGENTS	PA			YES	J0888
MIRENA	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	CONTRACEPTION				YES	J7298
MIUDELLA✦	INTRAUTERINE COPPER CONTRACEPTIVE	CONTRACEPTION				YES	J7299
MONOFERRIC	FERRIC DERISOMALTOSE	HEMATOLOGICAL AGENTS	PA			YES	J1437
MONONINE	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT)	HEMATOLOGICAL AGENTS	PA			YES	J7193

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1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
MONOVISC	INTRA-ARTICULAR HYALURONAN INJECTIONS	NEUROMUSCLAR DRUGS	PA		ST - Preferred	YES	J7327
MYOBLOC	RIMABOTULINUMTOXINB	NEUROMUSCLAR DRUGS	PA			YES	J0587
NAGLAZYME	GALSULFASE	ENZYME DEFICIENCIES	PA			YES	J1458
NEUPOGEN♦	FILGRASTIM, G-CSF	BLOOD CELL DEFICIENCY	PA			YES	J1442
NEXVIAZYME	AVALGLUCOSIDAE ALFA-NGPT	ENZYME DEFICIENCIES	PA			YES	J0219
NIVESTYM♦	FILGRASTIM-AAFI	BLOOD CELL DEFICIENCY	PA			YES	Q5110
NOVOEIGHT	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA	PA			YES	J7182
NOVOSEVEN RT	FACTORE VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7189
NPLATE♦	ROMIPLOSTIM	THROMBOCYTO-PENIA	PA			YES	J2802
NUCALA	MEPOLIZUMAB	RESPIRATORY CONDITIONS	PA			YES	J2182
NULIBRY	FOSDENOPTERIN	ENZYME DEFICIENCIES	PA			YES	J1809
NULOJIX	BELATACEPT	IMMUNOSUPPR-RESIVE AGENTS	PA			YES	J0485
NUPLAZID	PIMAVANSERIN	CENTRAL NERVOUS SYSTEM AGENTS				YES	J8499
NUWIQ	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7209
NYPOZI♦	FILGRASTIM-TXID	BLOOD CELL DEFICIENCY	PA			YES	Q5148
OBIZUR	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	HEMOPHILIA	PA			YES	J7188
OCREVUS	OCRELIZUMAB	MULTIPLE SCLEROSIS	PA			YES	J2350
OCREVUS ZUNOVO	OCRELIZUMAB AND HYALURONIDASE-OCSQ	MULTIPLE SCLEROSIS	PA			YES	J2351
OCTAGAM	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1568, 90283
OMVOH	MIRIKIZUMAB-MRKZ	INFLAMMATORY CONDITIONS	PA			YES	J2267

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1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
ONPATTRO	PATISIRAN	AMYLOIDOSIS	PA			YES	J0222
OPUVIZ	AFLIBERCEPT-YSZY	OPHTHALMIC CONDITIONS	PA			YES	Q5153
ORENCIA	ABATACEPT	INFLAMMATORY CONDITIONS	PA			YES	J0129
ORTHOVISC	INTRA-ARTICULAR HYALURONAN INJECTIONS	NEUROMUSCLAR DRUGS	PA		ST - Preferred	YES	J7324
OSPOMYV	DENOSUMAB-DSSB	OSTEOPOROSIS; ONCOLOGY	PA			YES	Q5159
OTULFI	USTEKINUMAB-AAUZ	INFLAMMATORY CONDITIONS	PA			YES	Q9999
OXLUMO	LUMASIRAN	GENITOURINARY PRODUCTS	PA			YES	J0224
PANGLOBULIN NF	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1566
PANZYGA	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1576, 90283
PAPZIMEOS✢	ZOPAPOGENE IMADENOVEC-DRBA	MISCELLANEOUS PRODUCTS	PA			YES	C9399, J3590
PAVBLU	AFLIBERCEPT-AYYH	OPHTHALMIC AGENTS	PA			YES	Q5147
PIASKY	CROVALIMAB-AKKZ	TREATMENT OF PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)	PA			YES	J1307
POMBILITI	CIPAGLUCOSIDASE ALFA-ATGA	TREATMENT OF LATE-ONSET POMPE DISEASE	PA			YES	J1203
PRIVIGEN	IMMUNE GLOBULIN	IMMUNE DEFICIENCY	PA			YES	J1459, 90283
PROLIA♦	DENOSUMAB	OSTEOPOROSIS	PA			YES	J0897
PYZCHIVA	USTEKINUMAB-TTWE	INFLAMMATORY CONDITIONS	PA			YES	Q9996, Q9997
QALSODY	TOFERSEN	NEUROMUSCLAR DRUGS	PA			YES	J1304
RADICAVA	EDAVARONE	NEUROMUSCLAR DRUGS	PA			YES	J1301
REBINYN	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED	HEMOPHILIA	PA			YES	J7203
REBLOZYL♦	LUSPATERCEPT-AAMT	BLOOD MODIFYING	PA			YES	J0896

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1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
REBYOTA	FECAL MICROBIOTA, LIVE-JSL	GASTROINTESTINAL AGENTS	PA			YES	J1440
RECLAST	ZOLEDRONIC ACID	OSTEOPOROSIS	PA			YES	J3489
RECOMBINATE	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMATOLOGICAL AGENTS	PA			YES	J7192
RELEUKO♦	FILGRASTIM-AYOW	BLOOD CELL DEFICIENCY	PA			YES	Q5125
REMICADE	INFLIXIMAB	INFLAMMATORY CONDITIONS	PA		ST - Preferred	YES	J1745
REMODULIN	TREPROSTINIL	CARDIOVASCULAR AGENTS	PA			YES	J3285
RENFLEXIS	INFLIXIMAB-ABDA	INFLAMMATORY CONDITIONS	PA		ST – Non-Preferred	YES	Q5104
REPATHA	EVOLOCUMAB	HYPERCHOLES-TEROLEMIA	PA			YES	C9399, J3590
RETACRIT♦	EPOETIN ALFA - EPBX	BLOOD CELL DEFICIENCY	PA			YES	Q5106
REVCOVI	ELAPEGADEMASE-LVLR	ADA-SCID	PA			YES	C9399, J3590
RIABNI♦	RITUXIMAB-ARRX	INFLAMMATORY CONDITIONS	PA		ST - Preferred	YES	Q5123
RIASTAP♦	FIBRINOGEN (HUMAN)	HEMATOLOGY	PA			YES	J7178
RISPERIDONE	RYKINDO	CENTRAL NERVOUS SYSTEM AGENTS				YES	J2801
RITUXAN ♦	RITUXIMAB	INFLAMMATORY CONDITIONS	PA		ST – Non-preferred	YES	J9312
RIXUBIS	FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7200
ROCTAVIAN	VALOCTOCOGENE	HEMOPHILIA	PA			YES	J1412
RUCONEST	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0596
RUXIENCE♦	RITUXIMAB-PVVR	INFLAMMATORY CONDITIONS	PA		ST - Preferred	YES	Q5119
RYPLAZIM	PLASMINOGEN, HUMAN-TVMH	HEMATOLOGY	PA			YES	J2998
RYSTIGGO	ROZANOLIXIZUMAB-NOLI	MISCELAANEOUS CONDITIONS	PA			YES	J9333
SANDOSTATINt	OCTREOTIDE, NON-DEPOT	ENDOCRINE DISORDERS	PA			YES	J2354
SANDOSTATIN LAR♦	OCTREOTIDE	ENDOCRINE DISORDERS	PA			YES	J2353

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1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
SANDOZ	ADALIMUMAB-ADAZ	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
SAPHNELO	ANIFROLUMAB-FNIA	MISCELLANEOUS PRODUCTS	PA			YES	J0491
SAXENDA	LIRAGLUTIDE	WEIGHT LOSS	PA			YES	J3490
SCENESSE	AFAMELANOTIDE	DERMATOLOGIC AGENTS	PA			YES	J7352
SELARSDI	USTEKINUMAB-AEKN	INFLAMMATORY CONDITIONS	PA			YES	Q9998
SEVENFACT	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW	HEMOPHILIA	PA			YES	J7212
SIGNIFOR LAR	PASIREOTIDE	ENDOCRINE DISORDERS	PA			YES	J2502
SIMLANDI	ADALIMUMAB-RYVK	INFLAMMATORY CONDITIONS	PA			YES	Q5142
SIMPONI ARIA	GOLIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	J1602
SKYLA	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	CONTRACEPTION				YES	J7301
SKYRIZI	RISANKIZUMAB-RZAA	INFLAMMATORY CONDITIONS	PA			YES	J2327
SKYSONA✧	ELIVALDOGENE AUTOTEMCEL	HEMATOLOGICAL AGENTS	PA			YES	J3387
SODIUM HYALURONATE 1%	INTRA-ARTICULAR HYALURONAN INJECTIONS	NEUROMUSCLAR DRUGS	PA		ST – Non-Preferred	YES	C9399, J3490
SOLIRIS	ECULIZUMAB	BLOOD MODIFYING	PA			YES	J1299
SOMATULINE♦	LANREOTIDE	ENDOCRINE DISORDERS	PA			YES	J1930
SPEVIGO	SPESOLIMAB-SBZO	INFLAMMATORY CONDITIONS	PA			YES	J1747
SPINRAZA	NUSINERSEN	NEUROMUSCULAR CONDITIONS	PA			YES	J2326
SPRAVATO✧	ESKETAMINE	CENTRAL NERVOUS SYSTEMS DRUGS	PA			YES	J0013
STELARA	USTEKINUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3358
STEQEYMA	USTEKINUMAB-STBA	INFLAMMATORY CONDITIONS	PA			YES	Q5099

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1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
SUBLOCADE	BUPRENORPHINE EXTENDED-RELEASE, LESS THAN OR EQUAL TO 100 MG	ANALGESIC AND ANESTHETIC AGENTS				YES	Q9991
SUBLOCADE	BUPRENORPHINE EXTENDED-RELEASE, GREATER THAN OR EQUAL TO 100 MG	ANALGESIC AND ANESTHETIC AGENTS				YES	Q9992
SUNLENCA	LENACAPAVIR	HIV	PA			YES	J1961
SUPARTZ	INTRA-ARTICULAR HYALURONAN INJECTIONS	NEUROMUSCLAR DRUGS	PA		ST – Non-Preferred	YES	J7321
SUPARTZ FX	INTRA-ARTICULAR HYALURONAN INJECTIONS	NEUROMUSCLAR DRUGS	PA		ST – Non-Preferred	YES	J7321
SUPPRELIN LA	HISTRELIN ACETATE	ENDOCRINE AND METABOLIC DRUGS	PA			YES	J9226
SUSVIMO	RANIBIZUMAB	OPHTHALMIC CONDITIONS	PA			YES	J2779
SYFOVRE	PEGCETACOPLAN	OPHTHALMIC CONDITIONS	PA			YES	J2781
SYNAGIS	PALIVIZUMAB	RSV PREVENTION	PA			YES	90378
SYNOJOYNT	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7331
SYNVISC	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7325
SYNVISC-ONE	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7325
TEPEZZA	TEPROTUMUMAB-TRBW	OPHTHALMIC CONDITIONS	PA			YES	J3241
TEZSPIRE	TEZEPELUMAB-EKKO	ASTHMA & ALLERGY	PA			YES	J2356
TOFIDENCE♦	TOCILIZUMAB-BAVI	INFLAMMATORY CONDITIONS	PA			YES	Q5133
TREMFYA	GUSELKUMAB	INFLAMMATORY CONDITIONS	PA			YES	J1628
TRETTEN	COAGULATION FACTOR XIII A-SUBUNIT (RECOMBINANT)	HEMOPHILIA	PA			YES	J7181
TRILURON	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7332
TRIPTODUR	TRIPTORELIN ER	ENDOCRINE AND METABOLIC DRUGS	PA			YES	J3316
TRIVISC	INTRA-ARTICULAR HYALURONAN INJECTIONS	OSTEOARTHRITIS	PA		ST – Non-Preferred	YES	J7329
TROGARZO	IBALIZUMAB-URYK	HIV	PA			YES	J1746

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1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
TRUXIMA♦	RITUXIMAB - ABBS	INFLAMMATORY CONDITIONS	PA		ST - Preferred	YES	Q5115
TYENNE♦	TOCILIZUMAB-AAZG	INFLAMMATORY CONDITIONS	PA			YES	Q5135
TYRUKO✦	NATALIZUMAB-SZTN	MULTIPLE SCLEROSIS	PA			YES	Q5134
TYSABRI	NATALIZUMAB	MULTIPLE SCLEROSIS	PA			YES	J2323
TZIELD	TEPLIZUMAB - MZWV	ENDOCRINE DISORDERS	PA			YES	J9381
ULTOMIRIS	RAVULIZUMAB-CWVZ	HEMATOLOGICAL AGENTS	PA			YES	J1303
UPLIZNA	INEBILIZUMAB-CWVZ	MISCELLANEOUS CONDITIONS	PA			YES	J1823
UZEDY	RISPERIDONE	CENTRAL NERVOUS SYSTEM AGENTS				YES	J2799
VABYSMO	FARICIMAB-SVOA	OPHTHALMIC CONDITIONS	PA			YES	J2777
VEKLURY	REMDESIVIR	ANTI-INFECTIVE AGENTS	PA			YES	J0248
EPOPROSTENOL	VELETRI	CARDIOVASCULAR AGENTS	PA			YES	J1325
VEOPOZ	POZELIMAB-BBFG	HEMATOLOGICAL AGENTS	PA			YES	J9376
VILTEPSO	VILTOLARSEN	NEUROMUSCLAR DRUGS	PA			YES	J1427
VIMIZIM	ELOSULFASE ALFA	ENZYME DEFICIENCIES	PA			YES	J1322
VISCO-3	INTRA-ARTICULAR HYALURONAN INJECTIONS	NEUROMUSCLAR DRUGS	PA		ST – Non-Preferred	YES	J7321
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	HEMOPHILIA	PA			YES	J7179
VPRIV	VELAGLUCERASE ALFA	ENZYME DEFICIENCIES	PA			YES	J3385
VYEPTI	EPTINEZUMAB-JJMR	MISCELLANEOUS CONDITIONS	PA			YES	J3032
VYJUVEK	BEREMAGENE-GEPERPAVEC-SVDT	MISCELLANEOUS CONDITIONS	PA			YES	J3401
VYONDYS 53	GOLODIRSEN	NEUROMUSCLAR DRUGS	PA				J1429

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1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
VYVGART	EFGARTIGIMOD ALFA-FCAB	MISCELLANEOUS CONDITIONS	PA			YES	J9332
VYVGART HYTRULO	EFGARTIGIMOD ALFA-FCAB & HYALURONIDASE-QVFC	MISCELLANEOUS CONDITIONS	PA			YES	J9334
WEZLANA	USTEKINUMAB-AUUB	CHROHN'S DISEASE & ULCERATIVE COLITIS	PA			YES	Q5138
WILATE	VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HEMOPHILIA	PA			YES	J7183
XEMBIFY	IMMUNE GLOBULIN - SQ	IMMUNE DEFICIENCY	PA			YES	J1558, 90284
XENPOZYME	OLIPUDASE ALFA-RPCP	ENZYME DEFICIENCIES	PA			YES	J0218
XEOMIN	INCOBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS	PA			YES	J0588
XIAFLEX	COLLAGENASE CLOSTRIDIUM HIST.	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J0775
XOLAIR	OMALIZUMAB	RESPIRATORY CONDITIONS	PA			YES	J2357
XYNTHA	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA	PA			YES	J7185
YCANTH	CANTHARIDIN	DERMATOLOGIC AGENTS				YES	J7354
YESAFILI	AFLIBERCEPT-JBVF	OPHTHALMIC CONDITIONS	PA			YES	Q5155
YESINTEK	USTEKINUMAB-KFCE	INFLAMMATORY CONDITIONS	PA			YES	Q5100
YEZTUGO	LENACAPAVIR	HIV PREP	PA			YES	J0738 (injectable), J0752 (oral)
YIMMUGO	IMMUNE GLOBULIN IV SOLUTION-DIRA	IMMUNE DEFICIENCY	PA			YES	C9399, J3590
YUFLYMA	ADALIMUMAB-AATY	INFLAMMATORY CONDITIONS	PA			YES	Q5141
YUSIMRY	ADALIMUMAB-AQVH	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
ZARXIO♦	FILGRASTIM-SNDZ	BLOOD CELL DEFICIENCY	PA			YES	Q5101
ZAVESCA	MIGLUSTAT	ENZYME DEFICIENCIES		CPA		NO	J8499
ZILRETTA	TRIAMCINOLONE ER	OSTEOARTHRITIS	PA			YES	J3304

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ZINPLAVA	BEZLOTOXUMAB	INFECTIOUS DISEASE	PA			YES	J0565
ZOLGENSMA	ONASEMNOGENE ABEPARVOVEC-XIOI	NEUROMUSCULAR CONDITIONS	PA			YES	J3399
ZYNTEGLO	BETIBEGLOGENE	BLOOD CELL DEFICIENCY	PA			YES	J3393

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