



1199SEIU Benefit Funds

EVICORE SPECIALTY DRUG PROGRAM REFERENCE FILE

Effective April 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 ASIMTUFI | ARIPIRAZOLE | CENTRAL NERVOUS SYSTEM AGENTS | | | | YES | J0402 |
| ABILIFY MAINTENA | ARIPIRAZOLE | CENTRAL NERVOUS SYSTEM AGENTS | | | | 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 |
| ADALIMUMAB-ADAZ † | ADALIMUMAB-ADAZ (SANDOZ) | INFLAMMATORY CONDITIONS | PA | | | YES | C9399, J3590 |
| ADVATE | FACTOR VIII (ANTHEMOPHILIC 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 |
| ALTUVIIIIO 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 |
| ARISTADA INITIO | ARIPIPRAZOLE LAUROXIL | MENTAL CONDITIONS | | | | YES | J1943 |

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|-----------------------------------|---|---------------------------------|------------------|--|--------------------|------------|--------------------|
| ASCENIV | IMMUNE GLOBULIN INTRAVENOUS, HUMAN-SIRA | 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 |
| BERINERT | C1 ESTERASE INHIBITOR | HEREDITARY ANGIOEDEMA | PA | | | YES | J0597 |
| BILDYOS♦ | DENOSUMAB-NXXP | OSTEOPOROSIS; ONCOLOGY | PA | | ST - Preferred | YES | Q5162 † |
| BIVIGAM | IMMUNE GLOBULIN | IMMUNE DEFICIENCY | PA | | | YES | J1556 |
| BKEMV | ECULIZUMAB-AEEB | BLOOD MODIFYING | PA | | | YES | Q5152 |
| BONCRESAt † | DENOSUMAB-MOBZ | OSTEOPOROSIS; ONCOLOGY | PA | | ST – Non-Preferred | YES | C9399, J3590 |
| BOSAYA♦ | DENOSUMAB-KYQQ | OSTEOPOROSIS; ONCOLOGY | PA | | ST – Non-Preferred | YES | Q5161 † |
| BOTOX | BOTULINUM TOXIN A | NEUROMUSCULAR CONDITIONS | PA | | | YES | J0585 |
| BRIUMVI | UBLITUXIMAB-XIYY | 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 SUBCUTANEOUS | IMMUNE DEFICIENCY | PA | | | YES | J1551, 90284 |
| CUVITRU | IMMUNE GLOBULIN | IMMUNE DEFICIENCY | PA | | | YES | J1555, 90284 |
| CYLTEZO | ADALIMUMAB-ADBIM | 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 |
| DYSPOBT | 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 | | ST – Non-Preferred | 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 |
| EVENITY | ROMOSOZUMAB-AQQG | OSTEOPOROSIS | PA | | | YES | J3111 |

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|------------------------|--------------------------------|--------------------------|------------------|--|--------------|------------|---------------------|
| EVKEEZA | EVINACUMAB-DGNB | HIGH BLOOD CHOLESTEROL | PA | | | YES | J1305 |
| EVRYSDI | RISDIPLAM | SPINAL MUSCULAR ATROPHY | | CPA | | NO | J8499 |
| EXDENSUR † | DEPEMOKIMAB-ULAA | MISCELLANEOUS CONDITIONS | PA | | | YES | C9399, J3590 |
| 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 |
| FILKRit † | FILGRASTIM-LAHA | BLOOD CELL DEFICIENCY | PA | | | YES | C9399, J3590 |
| 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 LIQUID ERC † | IMMUNE GLOBULIN INFUSION HUMAN | IMMUNE DEFICIENCY | PA | | | YES | J1569, 90283, 90284 |
| GAMMAGARD S/D | IMMUNE GLOBULIN | IMMUNE DEFICIENCY | PA | | | YES | J1566, 90283 |
| GAMMAKED | IMMUNE GLOBULIN - INTRAVENOUS | IMMUNE DEFICIENCY | PA | | | YES | J1561, 90283, 90284 |

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| GAMMAPLEX | IMMUNE GLOBULIN - INTRAVENOUS | IMMUNE DEFICIENCY | PA | | | YES | J1557, 90283 |
| GAMUNEX-C | IMMUNE GLOBULIN - INTRAVENOUS | IMMUNE DEFICIENCY | PA | | | YES | J1561, 90283 |
| GAZYVAt † | OBINUTUZUMAB | LUPUS NEPHRITIS | PA | | | YES | J9301 |
| 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 |
| HEMOPIL 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 |

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| IDACIO | ADALIMUMAB-AACF | INFLAMMATORY CONDITIONS | PA | | | YES | Q5144 |
| IDELVION | FACTOR IX (ALBUMIN FUSION PROTEIN, RECOMBINANT) | HEMOPHILIA | PA | | | YES | J7202 |
| 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 INTRAVENOUS | 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 | | ST - Preferred | 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 |

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|----------------------|--|-------------------------------|------------------|--|--------------|------------|--------------------|
| KOGENATE FS | FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) | HEMOPHILIA | PA | | | YES | J7192 |
| KOVALTRY | FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) | HEMOPHILIA | PA | | | YES | J7211 |
| KRYSTEXXA | PEGLOTICASE | GOUT | PA | | | YES | J2507 |
| 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 |

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|-----------------|--|-------------------------------|------------------|--|----------------|------------|--------------------|
| MONOFERRIC | FERRIC DERISOMALTOSE | HEMATOLOGICAL AGENTS | PA | | | YES | J1437 |
| MONONINE | FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) | HEMATOLOGICAL AGENTS | PA | | | YES | J7193 |
| 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 |

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|-----------------|---------------------------------------|--|------------------|--|--------------------|------------|--------------------|
| OCTAGAM | IMMUNE GLOBULIN | IMMUNE DEFICIENCY | PA | | | YES | J1568, 90283 |
| OMVOH | MIRIKIZUMAB-MRKZ | INFLAMMATORY CONDITIONS | PA | | | YES | J2267 |
| 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 | | ST – Non-Preferred | YES | Q5159 |
| OTULFI | USTEKINUMAB-AAUZ INTRAVENOUS | 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 | J3404 † |
| 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 |
| PROCRIT◆ | EPOETIN ALFA | BLOOD CELL DEFICIENCY | PA | | | YES | J0885 |
| PROLIA◆ | DENOSUMAB | OSTEOPOROSIS | PA | | | YES | J0897 |
| PYZCHIVA | USTEKINUMAB-TTWE INTRAVENOUS | INFLAMMATORY CONDITIONS | PA | | | YES | Q9997 |
| QALSODY | TOFERSEN | NEUROMUSCLAR DRUGS | PA | | | YES | J1304 |

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|-----------------|--|----------------------------------|------------------|--|--------------------|------------|--------------------|
| QIVIGY † | IMMUNE GLOBULIN INTRAVENOUS HUMAN-KTHM | IMMUNE DEFICIENCY, IMMUNE SERUMS | PA | | | YES | C9399, J3590 |
| REBINYN | FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED | HEMOPHILIA | PA | | | YES | J7203 |
| REBLOZYL ◆ | LUSPATERCEPT-AAMT | BLOOD MODIFYING | PA | | | YES | J0896 |
| 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 | HYPERCHOLESTEROLEMIA | 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 |
| RYKINDO † | RISPERIDONE | CENTRAL NERVOUS SYSTEM AGENTS | | | | YES | J2801 |

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|-----------------------|--|-------------------------------|------------------|--|--------------------|------------|--------------------|
| RYPLAZIM | PLASMINOGEN, HUMAN-TVMH | HEMATOLOGY | PA | | | YES | J2998 |
| RYSTIGGO | ROZANOLIXIZUMAB-NOLI | MISCELAANEOUS CONDITIONS | PA | | | YES | J9333 |
| SANDOSTATIN◆ | OCTREOTIDE | ENDOCRINE DISORDERS | | | | YES | J2354 |
| SANDOSTATIN LAR◆ | OCTREOTIDE DEPOT | ENDOCRINE DISORDERS | PA | | | YES | J2353 |
| 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 INTRAVENOUS | 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 |

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|-----------------|---|---------------------------------|------------------|--|--------------------|------------|--------------------|
| STARJEMZA † | USTEKINUMAB-HMNY INTRAVENOUS | INFLAMMATORY CONDITIONS | PA | | | | C9399, J3590 |
| STELARA | USTEKINUMAB INTRAVENOUS | INFLAMMATORY CONDITIONS | PA | | | YES | J3358 |
| STOBOCLOt † | DENOSUMAB-BMWO | OSTEOPOROSIS, ONCOLOGY | PA | | ST - Preferred | | Q5157 |
| STEQEYMA | USTEKINUMAB-STBA INTRAVENOUS | INFLAMMATORY CONDITIONS | PA | | | YES | Q5099 |
| 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 | TEZPELUMAB-EKKO | ASTHMA & ALLERGY | PA | | | YES | J2356 |
| TOFIDENCE ♦ | TOCILIZUMAB-BAVI | INFLAMMATORY CONDITIONS | PA | | | YES | Q5133 |
| TREMFYA | GUSELKUMAB | INFLAMMATORY CONDITIONS | PA | | | YES | J1628 |

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|-----------------|---|-------------------------------|------------------|--|--------------------|------------|--------------------|
| TRETEN | 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 |
| 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 - MZWW | 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 |
| VELETRI | EPOPROSTENOL | 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 |

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|-----------------|---|------------------------------------|------------------|--|--------------|------------|----------------------------------|
| 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 |
| VYVGART | EFGARTIGIMOD ALFA-FCAB | MISCELLANEOUS CONDITIONS | PA | | | YES | J9332 |
| VYVGART HYTRULO | EFGARTIGIMOD ALFA-FCAB & HYALURONIDASE-QVFC | MISCELLANEOUS CONDITIONS | PA | | | YES | J9334 |
| WEZLANA | USTEKINUMAB-AUUB INTRAVENOUS | INFLAMMATORY CONDITIONS | PA | | | YES | Q5138 |
| WILATE | VON WILLEBRAND FACTOR COMPLEX (HUMAN) | HEMOPHILIA | PA | | | YES | J7183 |
| XEMBIFY | IMMUNE GLOBULIN – SUBCUTANEOUS HUMAN-KLHW | 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 (ANTHEMOPHILIC FACTOR, RECOMBINANT) | HEMOPHILIA | PA | | | YES | J7185 |
| YARTEMLEA † | NARSOPLIMAB-WUUG | MISCELLANEOUS SPECIALTY CONDITIONS | PA | | | YES | C9399, J3590 |
| YCANTH | CANTHARIDIN | DERMATOLOGIC AGENTS | | | | YES | J7354 |
| YESAFILI | AFLIBERCEPT-JBVF | OPHTHALMIC CONDITIONS | PA | | | YES | Q5155 |
| YESINTEK | USTEKINUMAB-KFCE INTRAVENOUS | INFLAMMATORY CONDITIONS | PA | | | YES | Q5100 |
| YEZTUGO | LENACAPAVIR | HIV PREP | PA | | | YES | J0738 (injectable), J0752 (oral) |

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† 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 the eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance.

★ Billing for any drug or biologic acquired with a 340B pricing program discount requires the use of TB modifier effective 1/1/2025.

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) | Step Therapy | Claim Edit | Reimbursement Code |
|-----------------|-------------------------------|--------------------------|------------------|--|--------------|------------|--------------------|
| YIMMUGO | IMMUNE GLOBULIN IV HUMAN-DIRA | IMMUNE DEFICIENCY | PA | | | YES | J1553 † |
| 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 |
| ZOLGENSMA | ONASEMNOGENE ABEPARVOVEC-XIOI | NEUROMUSCULAR CONDITIONS | PA | | | YES | J3399 |
| ZYNTEGLO | BETIBEGLOGENE | BLOOD CELL DEFICIENCY | PA | | | YES | J3393 |

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