

### Dear Provider:

We have revised the Medical Benefit Drug Matrix to introduce our new redirection site of care program for certain medications. Please use this matrix when requesting medical drugs for your patients. The drugs listed below are eligible for coverage under the medical benefit when clinically appropriate in the most cost-effective setting, and may also require pre-certification/prior-authorization, and may require additional cost-sharing for the member depending on their summary of benefits. This list of drugs does not guarantee coverage.

### Summary of change:

Effective January 1, 2023, some Hometown Health plans may require redirection of some drug codes for infusion or injectable therapy services to be rendered in the member's home by a contracted home health provider, at a freestanding infusion center, or at a Provider's office. A copy of this new policy for redirection to a specific site of care is available upon request. A member's failure to receive the service in an approved location could result in denial of claims. Please be advised that while the service has been approved as medically appropriate, the member's benefits may require this service be provided at specific locations. If needed, our Utilization Management Team can assist members with finding an appropriate site for care. Our team is available Monday-Friday, 8:00 am-5:00 pm, by calling (775) 982-3000.

### What you need to know:

- ♡ Pre-certification/prior-authorization requirements apply to all FDA-approved brand, generic, and biosimilar versions of the drugs listed on the Medical Benefit Drug Matrix. This includes any unlisted brand names, generic names, or biosimilar names, as well as new drugs that are approved by the FDA in that class during the benefit year.
- ♡ This list of drugs and the requirements for coverage are subject to change without notice.
- ♡ Please note that all new to market drugs will have an "unclassified drug" or "not otherwise classified" temporary drug code which includes but is not limited to J3490, J3590, J3591, J9999, J7199, Q9499 or C9399 and will require a pre-certification/prior authorization even if they do not appear on this list below.
- ♡ A list of excluded medications is at the end of the matrix. These are medications that are generally considered not covered. A provider may submit a case review for coverage if the provider feels that the member not receiving the excluded drug would seriously jeopardize the life or health of the member or the member's ability to regain maximum function. A submitted request does not guarantee coverage.

**If you have questions, please call our Customer Service Department at (775) 982-3000.**

The following list of drugs are categorized according to the most recognized therapeutic indication or treatment class. Some drugs can be used for indications other than those that are listed below. If a drug is marked "Y" for requiring pre-certification/prior authorization **ALL pertinent clinical documentation must be submitted** regardless of indication/condition being treated. All requirements must be met to be considered medically necessary for coverage under the Medical Benefit. Drugs that are not included in this list may be eligible for coverage under the Pharmacy Benefit which are drugs that are typically self-administered by the member (oral agents, topical agents, self-injectable agents). This list is subject to change without notice.

Last update 4/17/2024

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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Analgesic Agents (Analgesic/Opioid Dependence)					
J2278	PRIALT	Ziconotide	Y	Y	
J0570	PROBUPHINE	Buprenorphine	Y	N	
Q9991/Q9992	SUBLOCADE	Buprenorphine	Y	N	
J2315	VIVITROL	Naltrexone inj.	Y	Y	
Anti-Infective/Anti-Viral Agents					
J0739	APRETUDE	Cabotegravir	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J7504	ATGAM	Antithymocyte globulin	Y	Y	
C9462/J3490 J8499(Oral)	BAXDELA	Delafloxacin Meglumine	Y	Y	
J0741	CABENUVA	Cabotegravir and rilpivirine	Y	N	** Services for some plans may be subject to site of care redirection (contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1833	CRESEMBA IV	Isavuconazonium Sulfate	Y	Y	
J0850	CYTOGAM	Cytomegalovirus immune globulin	N	Y	
J0875	DALVANCE	Dalbavancin	Y	N	
J0348	ERAXIS	Anidulafungin	Y	Y	
J0699	FETROJA	Cefiderocol	N	Y	
J1455	FOSCAVIR	Foscarnet	N	N	
J0485	NULOJIX	Belatacept	Y	N	
J2407	ORBACTIV	Oritavancin	Y	N	
J0742	RECARBRIO	Imipenem, cilastatin and relebactam	N	Y	
J0349	REZZAYO	Rezafungin	Y	Y	
J0712	TEFLARO	Ceftaroline	Y	Y	
J3243	TYGACIL	Tigecycline	Y	Y	
J0740	VISTIDE	Cidofovir	N	Y	

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J0691	XENLETA	Lefamulin	N	N	
J0565	ZINPLAVA	Bezlotoxumab	Y	Y	

### Antitrypsin Deficiency Agents

J0256	ARALAST, PROLASTIN, ZEMAIRA	Alpha1-Proteinase Inhibitors (Human)	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J0257	GLASSIA	Alpha1-Proteinase Inhibitors (Human)	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **

### Bone Modifying Agents

J1740	BONIVA IV	Ibandronate sodium	N	N	
J0897	PROLIA	Denosumab	N	N	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3489	RECLAST/ZOMETA	Zoledronic acid	Y	N	
J0897	XGEVA	Denosumab	N	N	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **

### Botulinum Toxin Agents

J0585	BOTOX	OnabotulinumtoxinA	Y	Y	
J0586	DYSPOORT	AbobotulinumtoxinA	Y	Y	
J0587	MYOBLOC	Rimabotulinum Toxin-B	Y	Y	
J0588	XEOMIN	IncobotulinumtoxinA	Y	Y	

### Cancer/Antineoplastic Agents

J9264	ABRAXANE	Paclitaxel, lyophilized	Y	N	
J9042	ADCETRIS	Brentuximab vedotin	Y	N	

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J9305	ALIMTA	Pemetrexed	Y	N	
J9057	ALIQOPA	Copanlisib	Y	N	
J9261	ARRANON	Nelarabine	N	N	
J9302	ARZERRA	Ofatumumab	N	N	
J9035	AVASTIN	Bevacizumab	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9023	BAVENCIO	Avelumab	Y	N	
J9032	BELEODAQ	Belinostat	Y	N	
J9036	BELRAPZO	Bendamustine hcl	Y	N	
J9034	BENDEKA	Bendamustine	Y	N	
J9229	BESPONSA	Inotuzumab Ozogamicin	Y	N	
J9037	BLENREP	Belantamab	Y	N	
J9039	BLINCYTO	Blinatumomab	Y	N	
J2329	BRIUMVI	Ublituximab-xiiy	Y	N	
J9027	CLOLAR	Clofarbine	Y	N	
J9286	COLUMVI	Glofitamab-gxbm	Y	N	
J9308	CYRAMZA	Ramucirumab	Y	N	
J0894	DACOGEN	Decitabine	N	N	
J9145	DARZALEX	Daratumumab	Y	N	
J9144	DARZALEX FASPRO	Daratumumab/Hyaluronidase	Y	N	
J9217	ELIGARD/LUPRON DEPOT (adults)	Leuprolide depot suspension	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9263	ELOXATIN	Oxaliplatin	N	N	
J9269	ELZONRIS	Tagraxofusp-erzs	Y	N	
J9176	EMPLICITI	Elotuzumab	Y	N	
J9358	ENHERTU	Fam-trastuzumab deruxtecan	Y	N	
J9321	EPKINLY	Epcoritamab-bysp	Y	N	
J9055	ERBITUX	Cetuximab	Y	N	

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J9019	ERWINAZE	Erwinia asparaginase	Y	N	
J9395	FASLODEX	Fulvestrant	N	N	
J9155	FIRMAGON	Degarelix	N	N	
J9307	FOLOTYN	Pralatrexate	Y	N	
J9210	GAMIFANT	Emapalumab-lzsg	Y	N	
J9301	GAZYVA	Obinutuzumab	Y	N	
J9179	HALAVEN	Eribulin mesylate	Y	N	
J9355	HERCEPTIN	Trastuzumab *biosimilars excluded*	Y	N	
J9356	HERCEPTIN HYLECTA	Trastuzumab Hyaluronidase	Y	N	
Q5113	HERZUMA	Trastuzumab-pkrb (biosimilar)	Y	N	
J9173	IMFINZI	Durvalumab	Y	N	
J9347	IMJUDO	Tremelimumab-actl	Y	N	
J9325	IMLYGIC	Talimogene Laherparepvec	Y	N	
J9214	INTRON-A	Interferon Alfa-2b Recombinant	N	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9315	ISTODAX	Romidepsin	Y	N	
J9207	IXEMPRA	Ixabepilone	Y	N	
J9043	JEVTANA	Cabazitaxel	Y	N	
J9354	KADCYLA	ADO-trastuzumab emtansine	Y	N	
Q5117	KANJINTI	Trastuzumab-anns (biosimilar)	Y	N	
J9271	KEYTRUDA	Pembrolizumab	Y	N	
J9274	KIMMTRAK	Tebenafusp-tebn	Y	N	
J9047	KYPROLIS	Carfilzomib	Y	N	
J9285	LARTRUVO	Olaratumab	Y	N	
J0202	LEMTRADA	Alemtuzumab	Y	N	
J9119	LIBTAYO	Cemiplimab	Y	N	
C9399/J9999	LOQTORZI	Toripalimab-tpzi	Y	N	
J9313	LUMOXITI	Moxetumomab pasudotox-piiq	Y	N	

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J9218	LUPRON	Leuprolide Acetate	N	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J1950	LUPRON DEPOT (adults/pediatric)	Leuprolide depot suspension	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9349	MONJUVI	Tafasitamab	Y	N	
Q5107	MVASI	Bevacizumab-AWWB	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9203	MYLOTARG	Gemtuzumab Ozogamicin	Y	N	
Q5114	OGIVRI	Trastuzumab-dkst (biosimilar)	Y	N	
J9205	ONIVYDE	Irinotecan liposome	Y	N	
Q5112	ONTRUZANT	Trastuzumab-dttb (biosimilar)	Y	N	
J9299	OPDIVO	Nivolumab	Y	N	
J9298	OPDUALAG	Nivolumab and relatimab-rmbw	Y	N	
J9177	PADCEV	Enfortumab vedotin-efjv	Y	N	
J9306	PERJETA	Pertuzumab	Y	N	
J9309	POLIVY	Polatuzumab vedotin-piiq	Y	N	
J9295	PORTRAZZA	Necitumumab	Y	N	
Q2043	PROVENGE	Sipuleucel-T	Y	N	
J9312	RITUXAN	Rituximab	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9311	RITUXAN HYCELA	Rituximab/ Hyaluronidase	Y	N	
Q5119	RUXIENCE	Rituximab-pvvr biosimilar	Y	N	
J0491	SAPHNELO	Anifrolumab-fnia	Y	N	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J9227	SARCLISA	Isatuximab	Y	N	
J2860	SYLVANT	Siltuximab	Y	N	

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J9262	SYNRIBO	Omacetaxine mespesuccinate	Y	N	
J9022	TECENTRIQ	Atezolizumab	Y	N	
J9328	TEMODAR	Temozolomide	Y	N	
J9273	TIVAK	Tisotumab Vedotin-tftv	Y	N	
J9330	TORISEL	Temsirolimas	Y	N	
Q5116	TRAZIMERA	Trastuzumab-qyyp (biosimilar)	Y	N	
J9033	TREANDA	Bendamustine	Y	N	
J3315	TRELSTAR	Triptorelin	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
Q5115	TRUXIMA	Rituximab (biosimilar)	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9317	TRODELVY	Sacituzumab govitecan-hziy	Y	N	
J9999/C9399	UNITUXIN	Dinutuximab	Y	N	
J9225	VANTAS	Histrelin implant	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9041	VELCADE	Bortezomib	Y	N	
J9025	VIDAZA	Azacitidine	N	N	
J9153	VYXEOS LIPOSOME	Daunorubicin/Cytarabine Liposomal	Y	N	
J9228	YERVOY	Ipilimumab	Y	N	
J9352	YONDELIS	Trabectedin	N	N	
J9400	ZALTRAP	ZIV-aflibercept	Y	N	
J9223	ZEPZELCA	Lurbinectedin	Y	N	
A9543	ZEVALIN	Ibritumomab tiuxetan	Y	N	
Q5118	ZIRABEV	Bevacizumab-bvzr (biosimilar)	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9202	ZOLADEX	Goserelin Acetate implant	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim

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J9345	ZYNYZ	Retifanlimab-dlwr	Y	N	
<b>Colony Stimulating Factor/Hematopoietic Agents</b>					
J2277	APHEXDA	Motixafortide	Y	N	
J0881	ARANESP (NON-ESRD)	Darbepoetin alfa	Y	N	
J0882	ARANESP (ESRD)	Darbepoetin alfa	Y	N	
J3490	DEFENCATH	Taurolidine, heparin	Y	N	
Q4081	EPOGEN (ESRD)	Epoetin alfa	N	N	
J0885	EPOGEN (NON-ESRD)	Epoetin alfa	Y	N	
Q5108	FULPHILA	Pegfilgrastim-JMDB (biosimilar)	Y	Y	
J1447	GRANIX	TBO-filgrastim (biosimilar)	N	N	
J2820	LEUKINE	Sargramostim	Y	Y	
J0887	MIRCERA (ESRD)	Methoxy PEG-Epoetin Beta	Y	N	
J0888	MIRCERA (NON-ESRD)	Methoxy PEG-Epoetin Beta	Y	N	
J2562	MOZOBIL	Plerixafor	Y	Y	
J2506	NEULASTA	Pegfilgrastim	Y	Y	
J2506	NEULASTA ONPRO	Pegfilgrastim	Y	Y	
J1442	NEUPOGEN	Filgrastim	N	N	
Q5110	NIVESTYM	Filgrastim-AAFI	N	N	
J2796	NPLATE	Romiplostim	Y	Y	
Q4081	PROCRIT (ESRD)	Epoetin alfa	N	N	
J0885	PROCRIT (NON-ESRD)	Epoetin alfa	Y	N	
J0896	REBLOZYL	Luspatercept-aamt	Y	N	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
Q5105	RETACRIT (ESRD)	Epoetin alfa (biosimilar)	N	N	
Q5106	RETACRIT (NON-ESRD)	Epoetin alfa (biosimilar)	Y	N	
Q5111	UDENYCA	Pegfilgrastim-CBQV (biosimilar)	Y	Y	



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Q5101	ZARXIO	Filgrastim-SNDZ (biosimilar)	N	N	
<b>Endocrine/Metabolic Agents</b>					
J0800	ACTHAR HP	Corticotropin Injection gel	Y	Y	
J3145	AVEED	Testosterone undecanoate	N	N	
J9217	ELIGARD/LUPRON DEPOT (Adults)	Leuprolide depot suspension	Y	Y	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J3111	EVENITY	Romosozumab-appg	Y	Y	
J3110	FORTEO	Teriparatide	Y	Y	
J2941	GENOTROPIN, OMNITROPE, SEROSTIM, HUMATROPE, NUTROPIN, SAIZEN, TEV-TROPIN, ZORBTIVE, ACCRETROPIN, NORDITROPIN	Somatropin	Y	Y	
J9218	LUPRON	Leuprolide Acetate	N	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J1950	LUPRON DEPOT (Adults/pediatrics)	Leuprolide depot suspension	Y	Y	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J1726	MAKENA	Hydroxyprogesterone inj	N	N	
J0606	PARSABIV	Etelacacetide	Y	Y	
J2354	SANDOSTATIN	Octreotide	N	N	
J2353	SANDOSTATIN LAR	Octreotide	Y	Y	
J2502	SIGNIFOR LAR	Pasireotide	Y	Y	
J1930	SOMATULINE DEPOT	Lanreotide acetate	Y	Y	
J9226	SUPPRELIN LA	Histrelin acetate	Y	Y	

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J3240	THYROGEN	Thyrotropin Alfa	N	N	
J3315	TRELSTAR	Triptorelin	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J3316	TRIPTODUR	Triptorelin Pamoate	Y	Y	
J9225	VANTAS	Histrelin implant	Y	Y	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J9202	ZOLADEX	Goserelin Acetate implant	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim

### Enzyme Replacement Agents

J2504	ADAGEN	Pegademase bovine	Y	Y	
J1931	ALDURAZYME	Laronidase	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1786	CEREZYME	Imiglucerase	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1743	ELAPRASE	Idursulfase	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3060	ELELYSO	Taliglucerase alfa	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J2508	ELFABRIO	Pegunigalsidase alfa-iwxj	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J0180	FABRAZYME	Agalsidase beta	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J2840	KANUMA	Sebeipase	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a

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					contracted home infusion provider, freestanding infusion center, or Physician's office) **
J2507	KRYSTEXXA	Pegloticase	Y	Y	
J0221	LUMIZYME	Alglucosidase alfa	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1458	NAGLAZYME	Galsulfase	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1322	VIMIZIM	Elosulfase	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3385	VPRIV	Velaglucerase alfa, 100 U	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J0775	XIAFLEX	Collagenase clostridium histolyticum	Y	Y	
<b>Hemophilia/Coagulation/Hematologic Agents</b>					
J7192	ADVATE	Factor VIII, Recombinant Human	Y	Y	
J7207	ADYNOVATE	Factor VIII, Recombinant Human Pegylated	Y	Y	
J7210	AFSTYLA	Factor VIII, Recombinant Human	Y	Y	
J7186	ALPHANATE	Human-plasma Derived von Willebrand Factor (contains factor VIII)	Y	Y	
J7193	ALPHANINE SD	Factor IX-Human Plasma-derived	Y	Y	
J7201	ALPROLIX	Factor IX-Recombinant Human w/Fc fusion	Y	Y	
J7169	ANDEXXA	Andexanet alfa (Coagulation Factor Xa)	Y	Y	
J0884	ARGATROBAN (ESRD)	Direct Thrombin Inhibitor	N	N	
J0883	ARGATROBAN (NON-ESRD)	Direct Thrombin Inhibitor	N	N	
J7194	BEBULIN/BEBULIN VH	Factor IX Complex	Y	Y	

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J7195	BENEFIX	Factor IX, Recombinant Human	Y	Y	
J7175	COAGADEX	Factor X, Concentrate from Human Plasma	Y	Y	
J7180	CORIFACT	Factor XIII	Y	Y	
J7205	ELOCTATE	Antihemophilic Factor VIII (Recombinant) with Fc Fusion protein	Y	Y	
C9094	ENJAYMO	sutimlimab-jome	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J7198	FEIBA NF/FEIBA VH	Prothrombin Complex Concentrate, activated from Human Plasma (factor 8 inhibitor bypassing activity)	Y	Y	
J7177	FIBRYGA	Fibrinogen, human	Y	Y	
J1645	FRAGMIN	Dalteparin sodium	Y	N	
J7192	HELIXATE FS	Factor VIII, Recombinant Human	Y	Y	
J7170	HEMLIBRA	Emicizumab	Y	Y	
J7190	HEMOFIL M	Factor VIII, Human plasma-derived	Y	Y	
J7187	HUMATE P	Human-plasma Derived von Willebrand Factor (contains factor VIII)	Y	Y	
J7202	IDELVION	Factor IX, Recombinant Human w/Albumin fusion	Y	Y	
J7195	IXINITY	Coagulation Fator IX (Recomb.)	Y	Y	
J7168	KCENTRA	Prothrombin complex concentrate (human); Factor IX activity	Y	Y	
J7190	KOATE DVI	Factor VIII, Human plasma-derived	Y	Y	
J7192	KOGENATE FS	Factor VIII, Recombinant Human	Y	Y	
J7211	KOVALTRY	Factor VIII, Recombinant Human	Y	Y	
J7190	MONOCLATE P	Factor VIII, Human plasma-derived	Y	Y	

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J7193	MONONINE	Factor IX-Human Plasma-derived	Y	Y	
J7182	NOVOEIGHT	Factor VIII, Recombinant Human	Y	Y	
J7189	NOVOSEVEN RT	Factor VIIa (activated), Recombinant Human	Y	Y	
J7209	NUWIQ	Antihemophilic factor (viii)	Y	Y	
J7188	OBIZUR	Antihemophilic Factor (recomb. Porcine) (rpFVIII)	Y	Y	
J3590/C9399	PRAXBIND	Idarucizumab	Y	Y	
J7194	PROFILNINE SD	Prothrombin Complex Concentrate, 3-factor, inactivated from human plasma	Y	Y	
J7192	RECOMBINATE	Factor VIII, Recombinant Human	Y	Y	
J7178	RIASTAP	Fibrinogen	Y	Y	
C9090	RYPLAZIM	Plasminogen, human-tvmh	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J7200	RIXUBIS	Factor IX, Recombinant Human	Y	Y	
J7197	THROMBATE III	Antithrombin, concentrate from human plasma and recombinant human	Y	Y	
J7181	TRETTEN	Coagulation factor XIII A-subunit (Recombinant)	Y	Y	
J7179	VONVENDI	Von Willebrand factor (recombinant)	Y	Y	
J7183	WILATE	Human-plasma Derived von Willebrand Factor (contains factor VIII)	Y	Y	
J7185	XYNTHA/XYNTHA SOLOFUSE	Factor VIII, Recombinant Human	Y	Y	
<b>Hereditary Angioedema Agents</b>					
J0597	BERINERT	C1 Esterase Inhibitor, Concentrate from Human Plasma	Y	Y	

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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J0598	CINRYZE	C1 Esterase Inhibitor, Concentrate from Human Plasma	Y	Y	
J1744	FIRAZYR	Icatibant	Y	Y	
J1290	KALBITOR	Ecallantide	Y	Y	
J0596	RUCONEST	C1 esterase inhibitor, recomb	Y	Y	

### Hyaluronate Acid Agents

J7318	DUROLANE	Hyaluronate	Y	Y	
J7323	EUFLEXXA	Sodium hyaluronate	Y	Y	
J7326	GEL-ONE	Hyaluronate	Y	Y	
J7328	GEL-SYN 3	Hyaluronate	Y	Y	
J7320	GENVISC 850	Hyaluronate	Y	Y	
J7321	HYALGAN	Hyaluronic acid	Y	Y	
J7322	HYMOVIS	Hyaluronate	Y	Y	
J7327	MONOVISC	Hyaluronate sodium, stabilized	Y	Y	
J7324	ORTHOVISC	Hyaluronan	Y	Y	
J7331	SYNOJOYNT	Sodium hyaluronate	Y	Y	
J7332	TRILURON	Hyaluronate	Y	Y	
J7321	SUPARTZ	Hyaluranote acid	Y	Y	
J7325	SYNVISC/SYNVISC-ONE	Hylan G-F 20	Y	Y	
J7329	TRIVSIC	Sodium hyaluronate	Y	Y	
J7321	VISCO-3	Hyaluronate	Y	Y	

### Immune Globulin Agents

J1556	BIVIGAM	Immune globulin human 10% (100mg/ml) IV	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
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Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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J1566	CARIMUNE NF	Immune globulin – lyophilized, not otherwise specified	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1551	CUTAQUIG	Immune Globulin, IV, Non-lyophilized	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1555	CUVITRU	Immune Globulin (intravenous, subcutaneous, & intramuscular)	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1572	FLEBOGAMMA 5	Immune globulin – human non-lyophilized	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1572	FLEBOGAMMA DIF	Immune Globulin, IV, Non-lyophilized	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1560	GAMASTAN S/D	Immune globulin (IM use)	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1569	GAMMAGARD LIQUID	Immune globulin – lyophilized	Y	Y	
J1566	GAMMAGARD S/D LIQUID	Immune globulin – lyophilized, not otherwise specified	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1561	GAMMAKED	Immune Globulin, IV, Non-lyophilized	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1557	GAMMAPLEX LIQUID	Immune globulin – human non-lyophilized	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1561	GAMUNEX-C	Immune globulin – human non-lyophilized	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a contracted home infusion provider, freestanding infusion center, or Physician’s office) **
J1559	HIZENTRA	Immune globulin subcutaneous	Y	Y	** Services for some plans may be subject to site of care redirection (at member’s home by a

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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					contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1575	HYQVIA	IGG/Hyaluronidase, recomb	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1568	OCTAGAM	Immune globulin – non lyophilized (liquid)	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1566	PANGLOBULIN NF	Immune globulin – lyophilized, not otherwise specified	Y	Y	** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office
J1459	PRIVIGEN	Immune globulin – non lyophilized (liquid)	Y	Y	
J1599	PANZYGA	Immune globulin, IV, Non-lyophylized (liquid)	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J2791	RHOPHYLAC	Immune globulin	N	Y	
J1558	XEMBIFY	Immune globulin subcutaneous	Y	Y	
<b>Immunological Modulating Agents</b>					
J3262	ACTEMRA IV	Tocilizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J9215	ALFERON N	Interferon Alfa-n3	N	N	
Q5121	AVSOLA	infliximab-axxq, biosimilar	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J0490	BENLYSTA	Belimumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J0717	CIMZIA	certolizumab pegol	Y	Y	** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office
J3380	ENTYVIO	Vedolizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a



Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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					contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3245	ILUMYA	tildrakizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
Q5103	INFLECTRA	Infliximab-DYYB	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J9214	INTRON-A	Interferon Alfa-2b Recombinant	N	N	<b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
Q5109	IXIFI	Infliximab-QBTX	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3590	KINERET	Anakinra	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J0174	LEQEMBI	Lecanemab-irmb	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
C1968/C9399/J3590	OMVOH	Mirikizumab-mrkz	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J0129	ORENCIA IV	Abatacept IV	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1745	REMICADE	Infliximab injection	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
Q5104	RENFLEXIS	Infliximab-ABDA	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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J9312	RITUXAN	Rituximab	Y	Y	<b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J1602	SIMPONI IV	Golimumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J2327	SKYRIZI	Risankizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3357/ J3358	STELARA SQ/ STELARA IV	Ustekinumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
Q5115	TRUXIMA	Rituximab (biosimilar)	Y	Y	<b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J2323	TYSABRI	Natalizumab	Y	Y	<b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim  ** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office
J1303	ULTOMIRIS	Ravulizumab-cwvz	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
<b>Miscellaneous Therapeutic Agents</b>					
J2793	ARCALYST	Riloncept	Y	Y	
J7999	COMPOUNDED DRUG	COMPOUNDED DRUG NOC	Y	N	
J1302	ENJAYMO	Sutimulimab-iome	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1305	EVKEEZA	evinacumab-dgnb	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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J0638	ILARIS	Cankinumab SQ	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J2425	KEPIVANCE	Palifermin	Y	Y	
J0879	KORSUVA	Difelikefalin	Y	Y	
J1306	LEQVIO	Inclisiran	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J7330	MACI	Autologous Cultured Chondrocytes on a Porcine Collagen Membrane	Y	Y	
J0224	OXLUMO	lumasiran	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J7336	QUTENZA	Capsaicin Patch	Y	Y	
J9333	RYSTIGGO	Rozanolixizumab-noli	Y	Y	
J1300	SOLIRIS	Eculizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J2326	SPINRAZA	Nusinersen	Y	Y	
J1190	TOTECT/ZINECARD	Dexarazoxane	N	N	
J7402	SINUVA	Mometasone sinus implant	Y	Y	
J1823	UPLIZNA	Inebilizumb	Y	N	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3032	VYEPTI	Eptinezumab-jjmr	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J9332	VYVGART	Efgartigmod Alfa-fcab	Y	Y	
J3304	ZILTRETTA	Triamcinolone ER, Microsphere	Y	Y	

### Multiple Sclerosis Agents

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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J1826	AVONEX	Interferon beta-1a	Y	Y	
J1830	BETASERON/EXTAVIA	Interferon beta-1b	Y	Y	
J1595	COPAXONE	Glatiramer acetate	Y	Y	
J2350	OCREVUS	Ocrelizumab	Y	Y	** Services <b>MUST</b> be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office
J1304	QALSODY	Tofersen	Y	Y	
Q3028	REBIF	Interferon beta – 1a	Y	Y	
J2323	TYSABRI	Natalizumab	Y	Y	<b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim  ** Services <b>MUST</b> be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office
J0202	LEMTRADA	Alemtuzumab	Y	Y	<b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim

### Ophthalmic Agents

J9035	AVASTIN	Bevacizumab	Y	Y	<b>*Appears in multiple categories*</b> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J0179	BEOVU	Brolucizumab	Y	Y	
J1570	CYTOVENE	Ganciclovir	Y	Y	
J1096	DEXTENZA	Dexamethasone (ophthalmic insert)	Y	Y	
J1095	DEXYCU	Dexamethasone (intraocular suspension)	Y	Y	
J0178	EYLEA	Aflibercept, inj.	Y	Y	
J7313	ILUVIEN	Fluocinolone (ophthalmic insert)	Y	Y	
J2782	IZERVAY	Avacincaptad pegol	Y	Y	
J7316	JETREA	Ocriplasmin	Y	Y	
J2778	LUCENTIS	Ranibizumab	Y	Y	
J2503	MACUGEN	Pegaptanib sodium	Y	Y	

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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Q5107	MVASI	Bevacizumab-AWWB	Y	Y	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J1097	OMIDRIA	Phenylephrine/Ketorolac (ophthalmic irrigation)	N	Y	
J7312	OZURDEX	Dexamethasone (intravitreal)	Y	Y	
J2787	PHOTREXA	Riboflavin 5'-phosphate (ophthalmic)	Y	Y	
J7311	RETISERT	Fluocinolone (ophthalmic insert)	Y	Y	
J2777	VABYSMO	Faricimuab-svoa	Y		
J3396	VISUDYNE	Verteporfin For IV Soln	Y	Y	
J7314	YUTIQ	Fluocinolone (ophthalmic insert)			
Q5118	ZIRABEV	Bevacizumab-bvzr (biosimilar)	Y	N	<i>*Appears in multiple categories*</i> benefit coverage subject to <b>diagnosis</b> codes submitted with claim

### Psychotropic Agents

J0401	ABILIFY MAINTENA	Aripiprazole	Y	N	
J1944	ARISTADA	Aripiprazole lauroxil	Y	N	
J1943	ARISTATDA INITIO	Aripiprazole lauroxil	Y	N	
S0013 G2082/G2083	SPRAVATO	Esketamine	Y	N	MUST HAVE BOTH S CODE (the drug) AND G CODE (the administration) when entering in to EPIC
J2426	INVEGA SUSTENNA	Paliperidone	Y	N	
J2427	INVEGA TRINZA	Paliperidone	Y	N	
J2798	PERSERIS	Risperidone	Y	N	
J2794	RISPERDAL CONSTA	Risperidone	Y	N	
J1632	ZULRESSO	Brexanolone	Y	N	

### Respiratory Agents

J7699	CAYSTON	Aztreonam (Oral Inhalation)	N	N	
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Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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J2786	CINQAIR	Reslizumab	Y	N	
J0517	FASENRA	Benralizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J1325	FLOLAN	Epoprostenol	N	N	
J2182	NUCALA	Mepolizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J7639	PULMOZYME	Dornase alfa	Y	Y	
J3285	REMODULIN	Treprostinil	Y	Y	
J3490/J8499	REVATIO	Sildenafil	Y	Y	
J2356	TEZSPIRE	tezepelumab-ekko	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **
J3535/J7682	TOBI	Tobramycin (Oral Inhalation)	Y	Y	
J7686	TYVASO	Treprostinil	Y	Y	
J1325	VELETRI	Epoprostenol	N	N	
Q4074	VENTAVIS	Iloprost	Y	Y	
J2357	XOLAIR	Omalizumab	Y	Y	** Services for some plans may be subject to site of care redirection (at member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office) **

### EXCLUDED DRUG LIST

***This list contains drugs that are generally not covered. A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage.***

Drug Code	BRAND Name	Generic Name (J-code Description)
J0791	ADAKVEO	Crizanlizumab-tmca
J0172	ADUHELM	Aducanumab-avwa

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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EXCLUDED DRUG LIST CONTINUED					
J1426		AMONDYS 45			Casimersen
J0225		AMVUTTRA			Vutrisiran
J9118		ASPARLAS			Calaspargase pegol
J3590/C9399		BIMZELX			Bimekizumab
J0567		BRINEURA			Cerliponase Alfa
C9047		CABLIVI			Caplacizumab-yhdp
J0584		CRYSVITA			Burosumab-twza
J9063		ELAHERE			Mirvetuximabsoravtansine-gynx
J1323		ELREXFIO			Elranatamab-bcmm
J3490		EMPAVELI			Pegcetacoplan
J1428		EXONDYS 51			Eteplirsen
J0223		GIVLAARI			Givosiran
J1411		HEMGENIX			Etranacogene dezaparovec
J3590/C9399		JEUVEAU			PrabotulinumtoxinA-xvfs
J7208		JIVI			Coagulation Factor VIII (Pegylated)
Q2042		KYMRIAH			Tisagenlecleucel
J0217		LAMZEDE			Velmanase alfa-tycv
J9350		LUNSUMIO			Mosunetuzumab-axgb

Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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EXCLUDED DRUG LIST CONTINUED					
J3398		LUXTURNA			Voretigene Neparvovec
3397		MEPSEVII			Vestronidase Alfa-vjbjk
J0219		NEXVIAZYME			Avalglucosidase Alfa-ngpt
J0121		NUZYRA			Omadacycline
J0222		ONPATTRO			Patisiran
J1203		POMBILITI			Cipaglucoisidase alfa-atga
J9204		POTELIGEO			Mogamulizumab-KPKC
J1301		RADICAVA			Edaravone
J7203		REBINYN			Coagulation Factor IX
C9333/J3490		RIVOFLOZA			Nedosairan
J1412		ROCTAVIAN			Valoctogene roxaparvovec
J9061		RYBREVANT			Amivantamab-vmjw
J9021		RYLAZE			Asparaginase Erwinia Chrysanthemi-rywn
J7352		SCENESSE			Afamelanotide
J3055		TALVEY			Talquetamab-tgvs
Q2053		TECARTUS			Brexucabtagene
J9380		TECVAYLI			Teclistamab-cqyv
J3241		TEPEZZA			Teprotumumab-trbw



Drug Code	BRAND Name	Generic Name (J-code Description)	Prior Authorization Required (Y/N)	Special Pharm (Cost-Sharing) (Y/N)	Comments and Site of Care Requirement
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EXCLUDED DRUG LIST CONTINUED		
J1746	TROGARZO	Ibalizumab
J9381	TZIELD	Teplizumab-mzwv
J1429	VYONDYS 53	Golodirsen
Q2041	YESCARTA	Axicabtagene Ciloleucef
J0291	ZEMDRI	Plazomicin
J9376	VEOPOZ	Pozelimab-bbfg
J1427	VILTEPSO	Viltolarsen
J3401	VYJUVEK	Beremagene geperpavec
C9399/J3490	WAINUA	Eplone
J3399	ZOLGENSMA	Onasemnogene abeparcovex-xioi