

## Dear Valued Provider:

We have made important updates to our Medical Benefit Drug Matrix, which now includes our new Medical Preferred Drug List. This list promotes the use of clinically appropriate and cost-effective products, prioritizing the use of biosimilars. When requesting medical drugs for your patients, please refer to this matrix and pay special attention to the comments section. It is essential to use the preferred product listed under the comments column first. An exception process is available for circumstances that may necessitate a non-preferred product. However, please note that inclusion in this list does not guarantee coverage. The Preferred Drug Lists can be found on this page: [Authorization Matrices | Hometown Health](#)

## Key Change:

**Effective January 1, 2025, Hometown Health/Senior Care Plus plans will implement this new Medical Preferred Drug List.** If a patient does not receive the preferred medical drug in an approved network location, it may result in a denial of prior authorization and claims payment, making the patient responsible for 100% of the cost. If a patient's current medication is medically necessary, you may submit a prior authorization request for an exception to continue to use a non-preferred drug. To submit an exception request, please use EpicCare Link. Our Utilization Management Team is also available to help you identify preferred drugs and sites of care. For assistance, you can reach our team Monday to Friday, from 8:00 am to 5:00 pm, at (775) 982-3000. Thank you for your continued partnership.

## 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

Last update 1/1/2025

CODE	BRAND NAME	GENERIC NAME	Prior Auth Required	Special Pharm Cost	NOTES
J0401	ABILIFY MAINTENA	Aripiprazole	Y	N	
J9264/J9259	<b>ABRAXANE NON-PREFERRED</b>	<i>Paclitaxel, lyophilized</i>	Y	N	<b>PREFERRED PRODUCT(S) MEDICARE: DOCETAXEL, PACLITAXEL</b>
J3262/Q0249	<b>ACTEMRA IV NON-PREFERRED</b>	<i>Tocilizumab</i>	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>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO, ILUMYA, SIMPONI ARIA, SKYRIZI, STELARA</b> <b>PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA</b>
J0800/J0801	ACTHAR HP	Corticotropin Injection gel	Y	Y	
J2504	ADAGEN	Pegademase bovine	Y	Y	
J0791	ADAKVEO	Crizanlizumab-tmca	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
J9042	ADCETRIS	Brentuximab vedotin	Y	N	
J0172	ADUHELM	Aducanumab-avwa	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
J7192	<b>ADVATE NON-PREFERRED</b>	<i>Factor VIII, Recombinant Human</i>	Y	Y	<b>PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY</b>
J7207	ADYNOVATE	Factor VIII, Recombinant Human Pegylated	Y	Y	
J7210	AFSTYLA	Factor VIII, Recombinant Human	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) **
J9215	ALFERON N	Interferon Alfa-n3	N	N	
J9305	<b>ALIMTA NON-PREFERRED</b>	<i>Pemetrexed</i>	Y	N	<b>PREFERRED PRODUCT(S) MEDICARE: PEMETREXED</b>
J9057	ALIQOPA	Copanlisib	Y	N	
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	
J7214	ALTUVIII0	Factor viii/von willebrand factor complex, recombinant	Y	Y	
J1599	<b>ALYGLO NON-PREFERRED</b>	<i>Immune globulin, intravenous, non-lyophilized (e.g. liquid)</i>	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b> <b>PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PRIVIGEN</b> <b>PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN</b>
Q5126	<b>ALYMSYS NON-PREFERRED</b>	<i>Bevacizumab-maly</i>	Y	N	<b>PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV</b> <b>PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV</b>
J1426	AMONDYS 45	Casimersen	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
J0225	<b>AMVUTTRA NON-PREFERRED</b>	<i>Vutrisiran</i>	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b> <b>PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO</b> <b>PREFERRED PRODUCT(S) MEDICARE: AMVUTTRA, ONPATTRO</b>
J7169	ANDEXXA	Andexanet alfa (Coagulation Factor Xa)	Y	Y	
J9999/C9169	ANKTIVA	Nogapendekin alfa inbakicept-pmln	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
J2277	APHEXDA	Motixafortide	Y	N	
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) **
J0256	<b>ARALAST NON-PREFERRED</b>	<i>Alpha1-Proteinase Inhibitors (Human)</i>	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>PREFERRED PRODUCT(S) COMMERCIAL: PROLASTIN-C, ZEMAIRA</b> <b>PREFERRED PRODUCT(S) MEDICARE: PROLASTIN-C, ZEMAIRA</b>
J0882	ARANESP (ESRD)	Darbepoetin alfa	Y	N	
J0881	ARANESP (NON-ESRD)	Darbepoetin alfa	Y	N	
J2793	ARCALYST	Rilonacept	Y	Y	
J2430	AREDIA	Pamidronate	Y	N	

J0884	ARGATROBAN (ESRD)	Direct Thrombin Inhibitor	N	N	
J0883	ARGATROBAN (NON-ESRD)	Direct Thrombin Inhibitor	N	N	
J1944	ARISTADA	Aripiprazole lauroxil	Y	N	
J1943	ARISTATDA INITIO	Aripiprazole lauroxil	Y	N	
J9261	ARRANON	Nelarabine	N	N	
J9302	ARZERRA	Ofatumumab	N	N	
J1554	ASCENIV NON-PREFERRED	Immune globulin	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J9118	ASPARLAS	Calaspargase pegol	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J7504	ATGAM	Antithymocyte globulin	Y	Y	
J9035/C9257	AVASTIN (chemo) NON-PREFERRED	Bevacizumab	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV
J9035/C9257	AVASTIN (used in eye)	Bevacizumab	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, CIMERLI PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
J3145	AVEED	Testosterone undecanoate	N	N	
J1826/Q3027	AVONEX	Interferon beta-1a	Y	Y	
Q5121	AVSOLA NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS
J9023	BAVENCIO	Avelumab	Y	N	
C9462/J3490 J8499(Oral)	BAXDELA	Delafloxacin Meglumine	Y	Y	
J7194	BEBULIN/BEBULIN VH	Factor IX Complex	Y	Y	
J9032	BELEODAQ	Belinostat	Y	N	
J9036	BELRAPZO	Bendamustine hcl	Y	N	
J9034	BENDEKA	Bendamustine	Y	N	
J7195	BENEFIX NON-PREFERRED	Factor IX, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN
C9399/J0490/ J3590	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) **
J0179	BEOVU NON-PREFERRED	Brolucizumab	Y	Y	PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
J0597	BERINERT NON-PREFERRED	C1 Esterase Inhibitor, Concentrate from Human Plasma	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: RUCONEST
J9229	BESPONSA	Inotuzumab Ozogamicin	Y	N	
J1830	BETASERON/EXTAVIA	Interferon beta-1b	Y	Y	
J3590/C9399	BIMZELX	Bimekizumab	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1556	BIVIGAM NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J9037	BLENREP	Belantamab	Y	N	
J9039	BLINCYTO	Blinatumomab	Y	N	
J1740	BONIVA IV	Ibandronate sodium	N	N	
J9049/J9051	BORTEZOMIB	Bortezomib	Y	N	
J0585	BOTOX NON-PREFERRED	OnabotulinumtoxinA	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: BOTOX, DAXXIFY, XEOMIN PREFERRED PRODUCT(S) MEDICARE: DYSPORT, XEOMIN
J0567	BRINEURA	Cerliponase Alfa	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2329	BRIUMVI NON-PREFERRED	Ublituximab-xiyy	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: OCREVUS, TYSABRI PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYRUKO
Q5124	BYOOVIZ	Ranibizumab-nuna	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, CIMERLI PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
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) **

<b>C9047/J3590</b>	CABLIVI	Caplacizumab-yhdp	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
<b>J1952</b>	<b>CAMCEVI NON-PREFERRED</b>	<b>Leuprolide injectable</b>	Y	N	<b>PREFERRED PRODUCT(S) COMMERCIAL: ELIGARD PREFERRED PRODUCT(S) MEDICARE: ELIGARD</b>
<b>J1566</b>	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) **
<b>J7699</b>	CAYSTON	Aztreonam (Oral Inhalation)	N	N	
<b>J1786</b>	<b>CEREZYME NON-PREFERRED</b>	<b>Imiglucerase</b>	Y	Y	<b>** 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ELELYSO PREFERRED PRODUCT(S) MEDICARE: CEREZYME, ELELYSO</b>
<b>Q5128</b>	<b>CIMERLI NON-PREFERRED</b>	<b>Ranibizumab-eqrn</b>	Y	Y	<b>PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN, BYOOVIZ, CIMERLI PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD</b>
<b>J0717</b>	<b>CIMZIA NON-PREFERRED</b>	<b>Certolizumab pegol</b>	Y	Y	<b>** Services MUST be rendered in the member's home by a contracted home infusion provider, freestanding infusion center, or Physician's office** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO, ILUMYA, SIMPONI ARIA, SKYRIZI, STELARA PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA</b>
<b>J2786</b>	<b>CINQAIR NON-PREFERRED</b>	<b>Reslizumab</b>	Y	N	<b>PREFERRED PRODUCT(S) COMMERCIAL: DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR PREFERRED PRODUCT(S) MEDICARE: FASENRA, XOLAIR</b>
<b>J0598</b>	CINRYZE	C1 Esterase Inhibitor, Concentrate from Human Plasma	Y	Y	
<b>J9027</b>	CLOLAR	Clofarbine	Y	N	
<b>J7175</b>	COAGADEX	Factor X, Concentrate from Human Plasma	Y	Y	
<b>J9286</b>	COLUMVI	Glofitamab-gxbm	Y	N	
<b>J7999</b>	COMPOUNDED DRUG	COMPOUNDED DRUG NOC	Y	N	
<b>J1595</b>	COPAXONE	Glatiramer acetate	Y	Y	
<b>J7180</b>	CORIFACT	Factor XIII	Y	Y	
<b>J1833</b>	CRESEMBA IV	Isavuconazonium Sulfate	Y	Y	
<b>J0584</b>	CRYSVITA	Burosumab-twza	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
<b>J1551</b>	<b>CUTAQUIG NON-PREFERRED</b>	<b>Immune Globulin, IV, Non-lyophilized</b>	Y	Y	<b>** 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) ** PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA PREFERRED PRODUCT(S) MEDICARE: HIZENTRA</b>
<b>J1555</b>	<b>CUVITRU NON-PREFERRED</b>	<b>Immune Globulin (intravenous, subcutaneous, &amp; intramuscular)</b>	Y	Y	<b>** 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) ** PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA PREFERRED PRODUCT(S) MEDICARE: HIZENTRA</b>
<b>J9308</b>	CYRAMZA	Ramucirumab	Y	N	
<b>J0850</b>	CYTOGAM	Cytomegalovirus immune globulin	N	Y	
<b>J1570/J1574</b>	CYTOVENE	Ganciclovir	Y	Y	
<b>J0894</b>	DACOGEN	Decitabine	N	N	
<b>J0875</b>	DALVANCE	Dalbavancin	Y	N	
<b>J0872/J0873/ J0874/J0877/ J0878</b>	DAPTOMYCIN	Cubicin	Y	N	<b>** 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>
<b>J9145</b>	DARZALEX	Daratumumab	Y	N	
<b>J9144</b>	DARZALEX FASPRO	Daratumumab/Hyaluronidase	Y	N	
<b>J0589</b>	DAXXIFY	DaxibotulinumtoxinA	Y	N	
<b>J0911</b>	DEFENCATH	Taurolidine, heparin	Y	N	
<b>J1096</b>	DEXTENZA	Dexamethasone (ophthalmic insert)	Y	Y	
<b>J1095</b>	DEXYCU	Dexamethasone (intraocular suspension)	Y	Y	
<b>J9171/J9172</b>	DOCIVYX	Docetaxel	N	N	
	DUPIXENT	Dupilumab			this a pharmacy drug and needs to be requested through the outpatient pharmacy
<b>J7318</b>	<b>DUROLANE - single injection NON-PREFERRED</b>	<b>Hyaluronate</b>	Y	Y	<b>PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE</b>
<b>J0586</b>	<b>DYSPORT NON-PREFERRED</b>	<b>AbobotulinumtoxinA</b>	Y	Y	<b>PREFERRED PRODUCT(S) COMMERCIAL: BOTOX, DAXXIFY, XEOMIN PREFERRED PRODUCT(S) MEDICARE: DYSPORT, XEOMIN</b>

J9063	ELAHERE	Mirvetuximabsoravtansine-gynx	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
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) **
J9217	ELIGARD	Leuprolide depot suspension	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
J7205	ELOCTATE	Antihemophilic Factor VIII (Recombinant) with Fc Fusion protein	Y	Y	
J9263	ELOXATIN	Oxaliplatin	N	N	
J1323	ELREXFIO	Elranatamab-bcmm	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9269	ELZONRIS	Tagraxofusp-erzs	Y	N	
J3490	EMPAVELI NON-PREFERRED	Pegcetacoplan	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: SOLIRIS, ULTOMIRIS
J9176	EMPLICITI NON-PREFERRED	Elotuzumab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB
J9358	ENHERTU	Fam-trastuzumab deruxtecan	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) **
J3380	ENTYVIO	Vedolizumab	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) **
J9321	EPKINLY	Epcoritamab-bysp	Y	N	
Q4081	EPOGEN (ESRD) NON-PREFERRED	Epoetin alfa	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
J0885	EPOGEN (NON-ESRD) NON-PREFERRED	Epoetin alfa	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
J0348	ERAXIS	Anidulafungin	Y	Y	
J9055	ERBITUX	Cetuximab	Y	N	
J9019	ERWINAZE	Erwinia asparaginase	Y	N	
J7204	ESPEROCT	Factor viii, antihemophilic factor (recombinant)	Y	Y	
J7323	EUFLEXXA NON-PREFERRED	Sodium hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J3111	EVENITY NON-PREFERRED	Romosozumab-appg	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: PROLIA PREFERRED PRODUCT(S) MEDICARE: PROLIA, ZOLEDRONIC ACID
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) **
J1428	EXONDYS 51	Eteplirsen	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0178	EYLEA NON-PREFERRED	Aflibercept, inj.	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, CIMERLI PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
J0177	EYLEA HD NON-PREFERRED	Aflibercept, inj.	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, CIMERLI PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
J0180	FABRAZYME NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: ELFABRIO
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) **
J9395	FASLODEX	Fulvestrant	N	N	
J7198	FEIBA NF/FEIBA VH	Prothrombin Complex Concentrate, activated from Human Plasma (factor 8 inhibitor bypassing activity)	Y	Y	
J1951	FENSOLVI	Leuprolide acetate for depot suspension	Y	Y	
Q0139	FERAHEME (ESRD on dialysis) NON-PREFERRED	Ferumoxytol	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFER PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFER
Q0138	FERAHEME (NON-ESRD) NON-PREFERRED	Ferumoxytol	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFER PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFER

J2916	FERRLECIT/ SODIUM FERRIC GLUCONATE	Sodium ferric gluconate	N	N	
J0699	FETROJA	Cefiderocol	N	Y	
J7177	FIBRYGA	Fibrinogen, human	Y	Y	
J1744	FIRAZYR	Icatibant	Y	Y	
J9155	FIRMAGON NON-PREFERRED	Degarelix	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ELIGARD PREFERRED PRODUCT(S) MEDICARE: FIRMAGON
J1572	FLEBOGAMMA	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) **
J1325/S0155	FLOLAN	Epoprostenol	N	N	
J9307	FOLOTYN	Pralatrexate	Y	N	
J3110	FORTEO	Teriparatide	Y	Y	
J1455	FOSCAVIR	Foscarnet	N	N	
J1645	FRAGMIN	Dalteparin sodium	Y	N	
Q5108	FULPHILA	Pegfilgrastim-JMDB (biosimilar)	Y	Y	
Q5130	FYLNETRA NON-PREFERRED	Pegfilgrastim-pbbk (biosimilar)	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, ZIEXTENZO
J1460/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) **
J9210	GAMIFANT	Emapalumab-lzsg	Y	N	
J1569	GAMMAGARD LIQUID NON-PREFERRED	Immune globulin – lyophilized	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
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 NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J1557	GAMMAPLEX LIQUID NON-PREFERRED	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) ** PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J1561	GAMUNEX-C NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN
J9301	GAZYVA	Obinutuzumab	Y	N	
J7326	GEL-ONE NON-PREFERRED	Hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE
J7328	GELSYN- 3 NON-PREFERRED	Hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISCO
J2941	GENOTROPIN, OMNITROPE, SEROSTIM, HUMATROPE, NUTROPIN, SAIZEN, TEV-TROPIN, ZORBTIVE, ACCRETROPIN, NORDITROPIN	Somatropin	Y	Y	
J7320	GENVISC 850 NON-PREFERRED	Hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISCO
J0223	GIVLAARI	Givosiran	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0257	GLASSIA NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: PROLASTIN-C, ZEMAIRA PREFERRED PRODUCT(S) MEDICARE: PROLASTIN-C, ZEMAIRA
J1447	GRANIX NON-PREFERRED	TBO-filgrastim (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
J9179	HALAVEN	Eribulin mesylate	Y	N	
J7192	HELIXATE FS	Factor VIII, Recombinant Human	Y	Y	
J1411	HEMGENIX	Etranacogene dezaparvovec	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J7170	HEMLIBRA	Emicizumab	Y	Y	
J7190	HEMOPIL M	Factor VIII, Human plasma-derived	Y	Y	



J9355	HERCEPTIN NON-PREFERRED	Trastuzumab *biosimilars excluded*	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, TRAZIMERA
J9356	HERCEPTIN HYLECTA NON-PREFERRED	Trastuzumab Hyaluronidase	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, TRAZIMERA
Q5113	HERZUMA NON-PREFERRED	Trastuzumab-pkrb (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, TRAZIMERA
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 contracted home infusion provider, freestanding infusion center, or Physician's office) **
J7187	HUMATE P	Human-plasma Derived von Willebrand Factor (contains factor VIII)	Y	Y	
J7321	HYALGAN NON-PREFERRED	Hyaluronic acid	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J7322	HYMOVIS NON-PREFERRED	Hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J1575	HYQVIA NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA PREFERRED PRODUCT(S) MEDICARE: HIZENTRA
J7202	IDELVION	Factor IX, Recombinant Human w/Albumin fusion	Y	Y	
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) **
J3245	ILUMYA NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO, ILUMYA, SIMPONI ARIA, SKYRIZI, STELARA PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA
J7313	ILUVIEN	Fluocinolone (ophthalmic insert)	Y	Y	
J9999/C9170	IMDELLTRA	Tarlatamab-dlle	Y	N	
J9173	IMFINZI NON-PREFERRED	Durvalumab	Y	N	PREFERRED PRODUCT(S) MEDICARE: LIBTAYO
J9347	IMJUDO	Tremelimumab-actl	Y	N	
J9325	IMLYGIC	Talimogene Laherparepvec	Y	N	
J1750	INFED	Iron dextran	N	N	
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) **
J1745	INFLIXIMAB/ REMICADE NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS
J1439	INJECTAFER NON-PREFERRED	Ferric carboxymaltose	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFR PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFR
J9214/S0148	INTRON-A	Interferon Alfa-2b Recombinant	N	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
J2426	INVEGA SUSTENNA	Paliperidone	Y	N	
J2427	INVEGA TRINZA	Paliperidone	Y	N	
J9319	ISTODAX	Romidepsin	Y	N	
J9207	IXEMPRA	Ixabepilone	Y	N	
Q5109	IXIFI NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: AVSOLA, INFLECTRA, RENFLEXIS PREFERRED PRODUCT(S) MEDICARE: INFLECTRA, RENFLEXIS
J7195/J7213	IXINITY NON-PREFERRED	Coagulation Fxctor IX (Recomb.)	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN
J2782	IZERVAY NON-PREFERRED	Avacincaptad pegol	Y	Y	PREFERRED PRODUCT(S) MEDICARE: SYFOVRE
J7316	JETREA	Ocriplasmin	Y	Y	
J3590/C9399	JEUVEAU	PrabotulinumtoxinA-xvfs	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9043	JEVTANA	Cabazitaxel	Y	N	
J7208	JIVI	Factor viii, (antihemophilic factor, recombinant), pegylated-aucl	Y	Y	
J9354	KADCYLA	ADO-trastuzumab emtansine	Y	N	
J1290	KALBITOR	Ecaltantide	Y	Y	
Q5117	KANJINTI	Trastuzumab-anns (biosimilar)	Y	N	

J2840	KANUMA	Sebeipase	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) **
J7168	KCENTRA	Prothrombin complex concentrate (human); Factor IX activity	Y	Y	
J2425	KEPIVANCE	Palifermin	Y	Y	
J9271	KEYTRUDA NON-PREFERRED	Pembrolizumab	Y	N	PREFERRED PRODUCT(S) MEDICARE: LIBTAYO
J9274	KIMMTRAK	Tebenafusp-tebn	Y	N	
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) **
J0175	KISUNLA	Donanemab-azbt	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J7190	KOATE DVI	Factor VIII, Human plasma-derived	Y	Y	
J7192	KOGENATE FS NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY
J0879	KORSUVA	Difelikefalin	Y	Y	
J7211	KOVALTRY	Factor VIII, Recombinant Human	Y	Y	
J2507	KRYSTEXXA	Pegloticase	Y	Y	
Q2042	KYMRIAH	Tisagenlecleucel	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9047	KYPROLIS NON-PREFERRED	Carfilzomib	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB
J0217	LAMZEDE	Velmanase alfa-tycv	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1932	LANREOTIDE ACETATE NON-PREFERRED	Lanreotide acetate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: SANDOSTATIN LAR DEPOT, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
J9285	LARTRUVO	Olaratumab	Y	N	
J0202	LEMTRADA NON-PREFERRED	Alemtuzumab	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: OCREVUS, TYSABRI PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYRUKO
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) **
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) **
J2820	LEUKINE NON-PREFERRED	Sargramostim	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
J9119	LIBTAYO	Cemiplimab	Y	N	
J3263	LOQTORZI	Toripalimab-tpzi	Y	N	
J2778	LUCENTIS NON-PREFERRED	Ranibizumab	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, CIMERLI PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
J0221	LUMIZYME NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: NEXVIAZYME
J9313	LUMOXITI	Moxetumomab pasudotox-piiq	Y	N	
J9350	LUNSUMIO	Mosunetuzumab-axgb	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9218	LUPRON	Leuprolide Acetate	N	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
J1950	LUPRON DEPOT (Adults/pediatrics) NON-PREFERRED	Leuprolide depot suspension	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: ELIGARD PREFERRED PRODUCT(S) MEDICARE: ELIGARD
J3398	LUXTURNA	Voretigene Neparvovec	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J7330	MACI	Autologous Cultured Chondrocytes on a Porcine Collagen Membrane	Y	Y	
J2503	MACUGEN	Pegaptanib sodium	Y	Y	
J1726	MAKENA	Hydroxyprogesterone inj	N	N	
J9353	MARGENZA NON-PREFERRED	Margetuximab-cmkb	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ENHERTU, KADCYLA, PERJETA, PHESGO
J3397	MEPSEVII	Vestronidase Alfa-vjbc	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0887	MIRCERA (ESRD) NON-PREFERRED	Methoxy PEG-Epoetin Beta	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT



J0888	MIRCERA (NON-ESRD) NON-PREFERRED	Methoxy PEG-Epoetin Beta	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT
J9349	MONJUVI	Tafasitamab	Y	N	
J7190	MONOCLATE P	Factor VIII, Human plasma-derived	Y	Y	
J1437	MONOFERRIC NON-PREFERRED	Ferric derisomaltose	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FERRLECIT, INFED, VENOFRER PREFERRED PRODUCT(S) MEDICARE: FERRLECIT, INFED, SODIUM FERRIC GLUCONATE, VENOFRER
J7193	MONONINE	Factor IX-Human Plasma-derived	Y	Y	
J7327	MONOVISC NON-PREFERRED	Hyaluronate sodium, stabilized	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: MONOVISC, SYNVISCO-ONE PREFERRED PRODUCT(S) MEDICARE: DUROLANE, SYNVISCO-ONE
J2562	MOZOBIL	Plerixafor	Y	Y	
Q5107	MVASI	Bevacizumab-AWWB	Y	Y	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
J9203	MYLOTARG	Gemtuzumab Ozogamicin	Y	N	
J0587	MYOBLOC NON-PREFERRED	Rimabotulinum Toxin-B	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: BOTOX, DAXXIFY, XEOMIN PREFERRED PRODUCT(S) MEDICARE: DYSPORT, XEOMIN
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) **
C9399/J3590	NEMLUVIO	Nemolizumab-ilto	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2506	NEULASTA NON-PREFERRED	Pegfilgrastim	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, ZIEXTENZO
J1442	NEUPOGEN NON-PREFERRED	Filgrastim	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
J0219	NEXVIAZYME	Avalglucosidase Alfa-ngpt	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage COMMERCIAL PREFERRED: NEXVIAZYME
	NINLARO	Ixazomib			this a pharmacy drug and needs to be requested through the outpatient pharmacy
Q5110	NIVESTYM NON-PREFERRED	Filgrastim-AAFI	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
J7182	NOVOEIGHT NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY
J7189	NOVOSEVEN RT	Factor VIIa (activated), Recombinant Human	Y	Y	
J2796	NPLATE	Romiplostim	Y	Y	
J2182	NUCALA NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR PREFERRED PRODUCT(S) MEDICARE: FASENRA, XOLAIR
J0485	NULOJIX	Belatacept	Y	N	
J7209	NUWIQ NON-PREFERRED	Antihemophilic factor (viii)	Y	Y	PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY
J0121	NUZYRA	Omadacycline	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
Q5122	NYVEPRIA NON-PREFERRED	Pegfilgrastim-apgf (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, ZIEXTENZO
J7188	OBIZUR	Antihemophilic Factor (recomb. Porcine) (rpFVIII)	Y	Y	
J2350	OCREVUS	Ocrelizumab	Y	Y	** Services MUST be rendered in the 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) **
Q5114	OGIVRI NON-PREFERRED	Trastuzumab-dkst (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, TRAZIMERA
J1097	OMIDRIA	Phenylephrine/Ketorolac (ophthalmic irrigation)	N	Y	
J2267	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) **
J9205	ONIVYDE	Irinotecan liposome	Y	N	
J0222	ONPATTRO	Patisiran	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: ONPATTRO PREFERRED PRODUCT(S) MEDICARE: AMVUTTRA, ONPATTRO

Q5112	<b>ONTRUZANT NON-PREFERRED</b>	Trastuzumab-dttb (biosimilar)	Y	N	<b>PREFERRED PRODUCT(S) COMMERCIAL: KANJINTI, TRAZIMERA PREFERRED PRODUCT(S) MEDICARE: KANJINTI, OGIVRI, TRAZIMERA</b>
J9299	<b>OPDIVO NON-PREFERRED</b>	Nivolumab	Y	N	<b>PREFERRED PRODUCT(S) MEDICARE: LIBTAYO</b>
J9298	OPDUALAG	Nivolumab and relatimab-rmbw	Y	N	
J2407	ORBACTIV	Oritavancin	Y	N	
J0129	<b>ORENCIA IV NON-PREFERRED</b>	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) ** <b>PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO, ILUMYA, SIMPONI ARIA, SKYRIZI, STELARA PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA</b>
J7324	<b>ORTHOVISC NON-PREFERRED</b>	Hyaluronan	Y	Y	<b>PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC</b>
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) **
J7312	OZURDEX	Dexamethasone (intravitreal)	Y	Y	
J9267	PACLITAXEL	Paclitaxel	N	N	
J9177	PADCEV	Enfortumab vedotin-ejfv	Y	N	
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
J1576	<b>PANZYGA NON-PREFERRED</b>	Immune globulin, IV, 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) ** <b>PREFERRED PRODUCT(S) COMMERCIAL: GAMMAGARD LIQUID AND S/D, GAMMAPLEX, OCTAGAM, PRIVIGEN PREFERRED PRODUCT(S) MEDICARE: FLEBOGAMMA, GAMMAKED, GAMUNEX-C, OCTAGAM, PRIVIGEN</b>
J0606	PARSABIV	Etelacacetide	Y	N	
J9294/J9296/ J9297/J9314	PEMETREXED	Pemetrexed	N	N	
J9304	<b>PEMFEXY NON-PREFERRED</b>	Pemetrexed	Y	N	<b>PREFERRED PRODUCT(S) MEDICARE: PEMETREXED</b>
J9306	<b>PERJETA NON-PREFERRED</b>	Pertuzumab	Y	N	<b>PREFERRED PRODUCT(S) MEDICARE: PHESGO</b>
J2798	PERSERIS	Risperidone	Y	N	
J9316	PHESGO	Pertuzumab, trastuzumab, hyaluronidase	Y	N	
J2787	PHOTREXA	Riboflavin 5'-phosphate (ophthalmic)	Y	Y	
J3590	PIASKY	Crovalimab-akkz	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
J9309	POLIVY	Polatuzumab vedotin-piiq	Y	N	
J1203	<b>POMBILITI NON-PREFERRED</b>	Cipaglucosidase alfa-atga	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: NEXVIAZYME</b>
J9295	PORTRAZZA	Necitumumab	Y	N	
J9204	POTELIGEO	Mogamulizumab-KPKC	EXCLUDED	EXCLUDED	<b>EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage</b>
J3590/C9399	PRAXBIND	Idarucizumab	Y	Y	
J2278	PRIALT	Ziconotide	Y	Y	
J1459	PRIVIGEN	Immune globulin – non lyophilized (liquid)	Y	Y	
J0570	PROBUPHINE	Buprenorphine	Y	N	
Q4081	<b>PROCRIT (ESRD) NON-PREFERRED</b>	Epoetin alfa	Y	N	<b>PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT</b>
J0885	<b>PROCRIT (NON-ESRD) NON-PREFERRED</b>	Epoetin alfa	Y	N	<b>PREFERRED PRODUCT(S) COMMERCIAL: ARANESP, RETACRIT PREFERRED PRODUCT(S) MEDICARE: ARANESP, RETACRIT</b>
J7194	PROFILNINE SD	Prothrombin Complex Concentrate, 3-factor, inactivated from human plasma	Y	Y	
J0256	PROLASTIN- C, 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) **
J0897	PROLIA	Denosumab	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) **

Q2043	PROVENGE	Sipuleucel-T	Y	N	
J7639	PULMOZYME	Dornase alfa	Y	Y	
J1304	QALSODY	Tofersen	Y	Y	
J7336	QUTENZA	Capsaicin Patch	Y	Y	
J1301	RADICAVA	Edaravone	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
Q3028	REBIF	Interferon beta – 1a	Y	Y	
J7203	REBINYN	Coagulation Factor IX	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0896	REBLOZYL	Luspatercept–aamt	Y	N	
J0742	RECARBRIO	Imipenem, cilastatin and relebactam	N	Y	
J3489	RECLAST/ ZOMETA	Zoledronic acid	Y	N	
J7192	RECOMBINATE NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ADVATE, AFSTYLA, KOGENATE, KOVALTRY, NOVOEIGHT, NUWIQ, XYNTHA PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY
Q5125	RELEUKO NON-PREFERRED	Filgrastim-ayow (biosimilar)	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: NIVESTYM, RELEUKO, ZARXIO PREFERRED PRODUCT(S) MEDICARE: ZARXIO
J3285	REMODULIN	Treprostinil	Y	Y	
Q5104	RENFLIXIS	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) **
Q5105	RETACRIT (ESRD)	Epoetin alfa (biosimilar)	N	N	
Q5106	RETACRIT (NON-ESRD)	Epoetin alfa (biosimilar)	Y	N	
J7311	RETISERT	Fluocinolone (ophthalmic insert)	Y	Y	
J3490/J8499	REVATIO	Sildenafil	Y	Y	
J0349	REZZAYO	Rezafungin	Y	Y	
J2791	RHOPHYLAC	Immune globulin	N	Y	
Q5123	RIABNI NON-PREFERRED	Rituximab-arrx, biosimilar	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA
J7178	RIASTAP	Fibrinogen	Y	Y	
J2794	RISPERDAL CONSTA	Risperidone	Y	N	
J9312	RITUXAN NON-PREFERRED	Rituximab	Y	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA
J9311	RITUXAN HYCELA NON-PREFERRED	Rituximab/ Hyaluronidase	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: RUXIENCE, TRUXIMA PREFERRED PRODUCT(S) MEDICARE: RUXIENCE, TRUXIMA
C9333/J3490	RIVFLOZA	Nedosiran	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J7200	RIXUBIS NON-PREFERRED	Factor IX, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ALPROLIX, IDELVION, REBINYN
J1412	ROCTAVIAN	Valoctogene roxaparvovec	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1449	ROLVEDON NON-PREFERRED	Eflapegrastim-xnst	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, ZIEXTENZO
J0596	RUCONEST	C1 esterase inhibitor, recomb	Y	Y	
Q5119	RUXIENCE	Rituximab-pvvr biosimilar	Y	N	
J9061	RYBREVANT	Amivantamab-vmjw	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9021	RYLAZE	Asparaginase Erwinia Chrysanthemi-rywn	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2998	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) **
J9333	RYSTIGGO	Rozanolixizumab-noli	Y	Y	
J3490/C9399	RYTELO	Imetelstat	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2354	SANDOSTATIN	Octreotide	Y	Y	
J2353	SANDOSTATIN LAR NON-PREFERRED	Octreotide	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: SANDOSTATIN LAR DEPOT, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
J0491	SAPHNELO NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: BENLYSTA
J9227	SARCLISA NON-PREFERRED	Isatuximab	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB

J7352	SCENESSE	Afamelanotide	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2502/J3490	SIGNIFOR LAR NON-PREFERRED	Pasireotide	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: SANDOSTATIN LAR DEPOT, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
J1602	SIMPONI ARIA 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) **
J7402	SINUVA	Mometasone sinus implant	Y	Y	
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) **
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) **
J1930	SOMATULINE DEPOT	Lanreotide acetate	Y	Y	
C9399/J3590	SOMAVERT NON-PREFERRED	Pegvisomant	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: SANDOSTATIN LAR DEPOT, SOMATULINE DEPOT PREFERRED PRODUCT(S) MEDICARE: SOMATULINE DEPOT
J2326	SPINRAZA	Nusinersen	Y	Y	
S0013 G2082/G2083	SPRAVATO	Esketamine	Y	N	MUST HAVE BOTH S CODE (the drug) AND G CODE (the administration) when entering in to EPIC
J3357/J3358	STELARA SQ/STELARA IV NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: ENTYVIO, ILUMYA, SIMPONI ARIA, SKYRIZI, STELARA PREFERRED PRODUCT(S) MEDICARE: ENTYVIO, SIMPONI ARIA
Q5127	STIMUFEND NON-PREFERRED	Pegfilgrastim-fpgk (biosimilar)	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, ZIEXTENZO
Q9991/Q9992	SUBLOCADE	Buprenorphine	Y	N	
J7321	SUPARTZ FX NON-PREFERRED	Sodium hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
J9226	SUPPRELIN LA	Histrelin acetate	Y	Y	
J2779	SUSVIMO NON-PREFERRED	Ranibizumab, via intravitreal implant	Y	Y	PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
J2781	SYFOVRE	Pegcetacoplan (intravitreal)	Y	N	
J2860	SYLVANT	Siltuximab	Y	N	
J7331	SYNOJOYNT NON-PREFERRED	Sodium hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
J9262	SYNRIBO	Omacetaxine mesepesuccinate	Y	N	
J7325	SYNVISC - multiple injections NON-PREFERRED	Hylan G-F 20	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISIC
J7325	SYNVISC-ONE - single injection	Hylan G-F 20	Y	Y	
J3055	TALVEY	Talquetamab-tgvs	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
Q2053	TECARTUS	Brexucabtagene	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9022	TECENTRIQ NON-PREFERRED	Atezolizumab	Y	N	PREFERRED PRODUCT(S) MEDICARE: LIBTAYO
J9380	TECVAYLI	Teclistamab-cqyv	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J0712	TEFLARO	Ceftaroline	Y	Y	
J9328	TEMODAR	Temozolomide	Y	N	
J3241	TEPEZZA	Teprotumumab-trbw	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J2356	TEZSPIRE NON-PREFERRED	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) ** PREFERRED PRODUCT(S) COMMERCIAL: DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR PREFERRED PRODUCT(S) MEDICARE: FASENRA, XOLAIR
J7197	THROMBATE III	Antithrombin, concentrate from human plasma and recombinant human	Y	Y	
J3240	THYROGEN	Thyrotropin Alfa	N	N	
J9273	TIVDAK	Tisotumab Vedotin-tftv	Y	N	
J3535/J7682	TOBI	Tobramycin (Oral Inhalation)	Y	Y	
J9330	TORISEL	Temsirolimas	Y	N	
J1190	TOTECT	Dexarazoxane	N	N	
Q5116	TRAZIMERA	Trastuzumab-qyyp (biosimilar)	Y	N	
J9033	TREANDA	Bendamustine	Y	N	

J3315	TRELSTAR NON-PREFERRED	Triptorelin	Y	N	*Appears in multiple categories* benefit coverage subject to <b>diagnosis</b> codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: ELIGARD PREFERRED PRODUCT(S) MEDICARE: ELIGARD
J7181	TRETEN	Coagulation factor XIII A-subunit (Recombinant)	Y	Y	
J7332	TRILURON NON-PREFERRED	Hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J3316	TRIPTODUR	Triptorelin Pamoate	Y	Y	
J7329	TRIVISC NON-PREFERRED	Sodium hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J9317	TRODELVY	Sacituzumab govitecan-hziy	Y	N	
J1746	TROGARZO	Ibalizumab	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
Q5115	TRUXIMA	Rituximab (biosimilar)	Y	Y	*Appears in multiple categories* benefit coverage subject to <b>diagnosis</b> codes submitted with claim
J3243	TYGACIL	Tigecycline	Y	Y	
Q5134	TYRUKO NON-PREFERRED	Natalizumab-sztn, biosimilar	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: OCREVUS, TYSABRI PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYRUKO
J2323	TYSABRI NON-PREFERRED	Natalizumab	Y	Y	*Appears in multiple categories* 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** PREFERRED PRODUCT(S) COMMERCIAL: OCREVUS, TYSABRI PREFERRED PRODUCT(S) MEDICARE: OCREVUS, TYRUKO
J7686	TYVASO	Treprostinil	Y	Y	
J9381	TZIELD	Teplizumab-mzvw	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
Q5111	UDENYCA NON-PREFERRED	Pegfilgrastim-CBQV (biosimilar)	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, ZIEXTENZO
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) **
J9999/C9399	UNITUXIN	Dinutuximab	Y	N	
J1823	UPLIZNA NON-PREFERRED	Inebilizumab	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) ** PREFERRED PRODUCT(S) MEDICARE: SOLIRIS
J2777	VABYSMO NON-PREFERRED	Faricimab-svoa	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: AVASTIN FIRST, THEN BYOOVIZ, CIMERLI PREFERRED PRODUCT(S) MEDICARE: AVASTIN FIRST, THEN BYOOVIZ, EYLEA, EYLEA HD
J9225	VANTAS	Histrelin implant	Y	Y	*Appears in multiple categories* benefit coverage subject to <b>diagnosis</b> codes submitted with claim
Q5129	VEGZELMA NON-PREFERRED	Bevacizumab-adcd	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: ALYMSYS, MVASI, ZIRABEV PREFERRED PRODUCT(S) MEDICARE: MVASI, ZIRABEV
J9041	VELCADE NON-PREFERRED	Bortezomib	Y	N	PREFERRED PRODUCT(S) COMMERCIAL: BORTEZOMIB, NINLARO PREFERRED PRODUCT(S) MEDICARE: BORTEZOMIB
J1325	VELETRI	Epoprostenol	N	N	
J1756	VENOFER	Iron sucrose	N	N	
Q4074	VENTAVIS	Iloprost	Y	Y	
J9376	VEOPOZ	Pozelimab-bbfg	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9025	VIDAZA	Azacitidine	N	N	
J1427	VILTEPSO	Viltolarsen	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
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) **
J7321	VISCO-3 NON-PREFERRED	Hyaluronate	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: ORTHOVISC PREFERRED PRODUCT(S) MEDICARE: EUFLEXXA, SYNVISC
J0740	VISTIDE	Cidofovir	N	Y	
J3396	VISUDYNE	Verteporfin For IV Soln	Y	Y	
J2315	VIVITROL	Naltrexone inj.	Y	Y	
J7179	VONVENDI	Von Willebrand factor (recombinant)	Y	Y	
J3385	VPRIV NON-PREFERRED	Velaglycerase 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) ** PREFERRED PRODUCT(S) COMMERCIAL: ELFABRIO PREFERRED PRODUCT(S) MEDICARE: ELFABRIO, CEREZYME
J3032	VYEPTI	Eptinezumab-ijmr	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) **

J3401	VYJUVEK	Beremagene geperpavec	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1429	VYONDYS 53	Golodirsen	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9332	VYVGART	Efgartigmod Alfa-fcab	Y	Y	
J9334	VYVGART HYTRULO	Efgartigmod alfa, 2 mg and hyaluronidase-qvfc	Y	Y	
J9153	VYXEOS LIPOSOME	Daunorubicin/Cytarabine Liposomal	Y	N	
C9399/J3490	WAINUA	Eplone	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J7183	WILATE	Human-plasma Derived von Willebrand Factor (contains factor VIII)	Y	Y	
J3590/C9399	WINREVAIR	Sotatercept-csrk	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J1558	XEMBIFY NON-PREFERRED	Immune globulin subcutaneous	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: CUTAQUIG, HIZENTRA PREFERRED PRODUCT(S) MEDICARE: HIZENTRA
J0691	XENLETA	Lefamulin	N	N	
J0588	XEOMIN	IncobotulinumtoxinA	Y	Y	
J0897	XGEVA NON-PREFERRED	Denosumab	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) ** PREFERRED PRODUCT(S) MEDICARE: PAMIDRONATE, ZOLEDRONIC ACID
J0775	XIAFLEX	Collagenase clostridium histolyticum	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) **
J7185	XYNTHA/ XYNTHA SOLOFUSE NON-PREFERRED	Factor VIII, Recombinant Human	Y	Y	PREFERRED PRODUCT(S) MEDICARE: AFSTYLA, KOVALTRY
J9228	YERVOY	Ipilimumab	Y	N	
Q2041	YESCARTA	Axicabtagene Ciloleucel	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9352	YONDELIS	Trabectedin	N	N	
J7314	YUTIQ	Fluocinolone (ophthalmic insert)	Y	N	
J9400	ZALTRAP	ZIV-aflibercept	Y	N	
Q5101	ZARXIO	Filgrastim-SNDZ (biosimilar)	N	N	
J0291	ZEMDRI	Plazomicin	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage
J9223	ZEPZELCA	Lurbinectedin	Y	N	
A9543	ZEVALIN	Ibritumomab tiuxetan	Y	N	
Q5120	ZIEXTENZO NON-PREFERRED	Pegfilgrastim-bmez (biosimilar)	Y	Y	PREFERRED PRODUCT(S) COMMERCIAL: FULPHILA, NYVEPRIA PREFERRED PRODUCT(S) MEDICARE: FULPHILA, ZIEXTENZO
J3304	ZILRETTA	Triamcinolone ER, Microsphere	Y	Y	
J0565	ZINPLAVA	Bezlotoxumab	Y	Y	
Q5118	ZIRABEV	Bevacizumab-bvzr (biosimilar)	Y	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim
J9202	ZOLADEX NON-PREFERRED	Goserelin Acetate implant	Y	N	*Appears in multiple categories* benefit coverage subject to diagnosis codes submitted with claim PREFERRED PRODUCT(S) COMMERCIAL: ELIGARD PREFERRED PRODUCT(S) MEDICARE: ELIGARD
J3399	ZOLGENSMA	Onasemnogene abeparvec-xioi	EXCLUDED	EXCLUDED	EXCLUDED - A detailed clinical review must be conducted on a case-by-case basis. Submission for review does not guarantee coverage PREFERRED PRODUCT(S) COMMERCIAL: ZOLGENSMA
J1632	ZULRESSO	Brexanolone	Y	N	