Coverage of gene therapies is not addressed in this document

NEW TO MARKET MEDICATIONS

Newly available medications may be subject to GHC-SCW's *Coverage of New-to-market Drugs* policy. If the medication you are seeking coverage for is listed below, it is **not covered** and claims for the drug will be denied in concordance with the policy. The list is current as of the date of this document. Drugs which have been made available since the date of this document will not be covered.

HCPCS Code	*Brand Name*	*Generic Name*
J1304	Qalsody	tofersen
J3590	Lantidra	donislecel-jujn
J3590	Wyost	denosumab-bbdz
J3590	Jubbonti	denosumab-bbdz
J3590	Tyenne	tocilizumab-aazg
J9999	Tevimbra	tislelizumab-jsgr
J9999	Anktiva	nogapendekin alfa inbakicept
J9248	Hepzato	melphalan hydrochloride
J3490	Rivfloza	nedosiran
J1434	Focinvez	fosaprepitant
C9168	Omvoh	mirikizumab-mrkz
C9166	Cosentyx	secukinumab
J3590	Wezlana	ustekinumab-auub
J3590	Adzynma	ADAMTS13, recombinant
J9324	Pemrydi RTU	pemetrexed rtu

PHARMACY BENEFIT ONLY MEDICATIONS

Coverage of the following medications is **restricted** to the Pharmacy benefit. Claims submitted on the medical benefit will be denied. Please note that these drugs may require Prior Authorization per the Formulary.

HCPCS Code	Brand Name	Generic Name
J3590	Besremi	Ropeginterferon-alfa-2b-njft
J0717	Cimzia	Certolizumab pegol
J1438	Enbrel	Etanercept
J3590	Enspryng	satralizumab
J0599	Haegarda	C1 Esterase Inhibitor
J7170	Hemlibra	Emicizumab-kxwh
J0135	Humira	Adalimumab
J3590	Kesimpta	ofatumumab
J8499	Oral prescription drug non chemo	Oral prescription drug non chemo
J3490	Prevymis	Letermovir
J7639	Pulmozyme	Dornase Alfa
J3357	Stelara	Ustekinumab
J0593	Takhzyro	Lanadelumab

J7682	Tobi	Tobramycin Inh Soln
J7686	Tyvaso	Treprostinil Inh Soln

SPECIALTY INJECTABLES PRIOR AUTHORIZATION LIST

Prior authorization is required for clinic-administered injectable medications. Monthly updates will be added to the Prior Authorization list. Providers are reminded to review the Prior Authorization list on a regular basis for any updates or changes which may be added.

PLEASE NOTE: Magellan or GHC Prior Authorization?

The medications highlighted below in yellow required Prior Authorization from our partner, Magellan. Please click HERE to start the Prior Authorization process for these medications.

All other medications on the list below require Prior Authorization from GHC-SCW. Please click HERE to start the Prior Authorization process for these medications. Please contact Member Services with specific code information to determine if an item or service requires prior authorization. Member Services Phone: (800) 605-4327.

MAGELLAN RX SPECIALTY PHARMACY: When (and only when) GHC is the primary payor, *select drugs must be sourced through Magellan Rx Specialty Pharmacy. Users will be guided in the Magellan Rx PA portal to set this up. Please be aware that if your practice is accustomed to "buy-and-bill," those claims for reimbursement* ***will be denied****.*

HCPCS	Brand Name	Generic Name	*Mandatory Distribution through Magellan Rx Specialty Pharmacy*
J9264	Abraxane	Paclitaxel, protein-bound	Y
J3262	Actemra	Tocilizumab	Y
J0801	Acthar_HP	Corticotropin	
J2504	Adagen	Pegademase bovine	
J0791	Adakveo	Crizanlizumab-tmca	
J9042	Adcetris	Brentuximab vedotin	
J1454	Akynzeo	Fosnetupitant/palomosetron	
J1931	Aldurazyme	Laronidase	
J9305	Alimta *(J9294, J9296, J9297, J9314, J9322, J9323 PREFERRED)*	Pemetrexed	Y
J2469	Aloxi	Palonosetron	
J1599	Alyglo	immune globulin intravenous, human-stwk	
Q5126	Alymsys *(ZIRABEV PREFERRED)*	Bevacizumab-maly	Y
J1426	Amondys 45	casimersen	
J0225	Amvuttra	vutrisiran	
J2277	Aphexda	motixafortide	

HCPCS	Brand Name	Generic Name	***Mandatory Distribution through Magellan Rx Specialty Pharmacy***
J0739	Apretude	cabotegravir	
J0256	Aralast	Alpha-1 proteinase inhibitor	
J0881	Aranesp	Darbepoetin	**Y**
J9302	Arzerra	Ofatumumab	
J1554	Asceniv	IVIG (Human)-slra	
J9118	Asparlas	Calaspargase pegol-mknl	
J9035	Avastin ***(ZIRABEV PREFERRED)***	Bevacizumab **PA Only for Cancer Dx**	**Y**
Q5121	Avsola ***(RENFLEXIS PREFERRED)***	Infliximab-axxq	**Y**
J9999	Avzivi ***(ZIRABEV PREFERRED)***	Bevacizumab-tnjn	
A9590	Azedra	Iobenguane I-131	
J9023	Bavencio	Avelumab	
J9032	Beleodaq	Belinostat	
J9036	Belrapzo ***(PREFERRED)***	Bendamustine	**Y**
J9058	Bendamustine (Apotex) ***(PREFERRED)***	Bendamustine	**Y**
J9059	Bendamustine (Baxter) ***(PREFERRED)***	Bendamustine	
J9034	Bendeka ***(PREFERRED)***	Bendamustine	**Y**
J0490	Benlysta	Belimumab	**Y**
J0179	Beovu	Brolucizumab-dbll	
J0597	Berinert	C1 Inhibitor	
J9229	Besponsa	Inotuxumab ozogamicin	
J1556	Bivigam	Intravenous Immune Globulin	
J9039	Blincyto	Blinatumomab	
J0585	Botox ***(XEOMIN, DYSPORT PREFERRED)***	OnabotulinumtoxinA	**Y**
J0567	Brineura	Cerliponase alfa	
J2329	Briumvi	Ublituximab-xiiy	
Q5124	Byooviz ***(PREFERRED)***	ranibizumab-nuna	
J1952	Camcevi	leuprolide mesylate	
J1786	Cerezyme	Imiglucerase	
Q5128	Cimerli ***(PREFERRED)***	Ranibizumab-eqrn	
J2786	Cinqair	Reslizumab	
J0598	Cinryze	C1 Inhibitor	
J1448	Cosela	Trilaciclib	
J1551	Cutaquig	Immune globulin SC (human)-hipp	**Y**
J1555	Cuvitru	Subcutaneous Immune Globulin	
J9308	Cyramza	Ramucirumab	
J0584	Crysvita	burosumab-twza	

HCPCS	Brand Name	Generic Name	*Mandatory Distribution through Magellan Rx Specialty Pharmacy*
J9348	Danyelza	naxitamab-gqgk	
J9145	Darzalex	Daratumumab	Y
J9144	Darzalex Faspro	Daratumumab and hyaluronidase-fihj	Y
J0589	Daxxify *(XEOMIN, DYSPORT PREFERRED)*	DaxibotulinumtoxinA-lanm	
J7318	Durolane *(SYNVISC, SYNVISC-ONE PREFERRED)*	Hyaluronan or derivative	Y
J0586	Dysport *(PREFERRED)*	AbobotulinumtoxinA	Y
J9063	Elahere	Mirvetuximab soravtansine	
J1743	Elaprase	Idursulfase	
J3060	Elelyso	Taliglucerase alfa	
J2508	Elfabrio	pegunigalsidase alfa-iwxj	
J1323	Elrefxio	elranatamab-bcmm	
J9217	Eligard	Leuprolide acetate (for depot suspension)	Y
J9269	Elzonris	Tagraxofusp-erzs	
J9176	Empliciti	Elotuzumab	Y
J9358	Enhertu	Fam-trastuzumab deruxtecan-nxki	
J1302	Enjaymo	Sutimlimab-jome	
J3380	Entyvio	Vedolizumab	Y
J9321	Epkinly	epcoritamab-bysp	
J9055	Erbitux	Cetuximab	Y
J9019	Erwinaze	Asparaginase	
J7323	Euflexxa *(SYNVISC, SYNVISC-ONE PREFERRED)*	Hyaluronan or derivative	Y
J1305	Evkeeza	Evinacumab-dgnb	
J1428	Exondys 51	Eteplirsen	
J3111	Evenity	Romosozumab-aqqg	
J9246	Evomela	Melphalan	
J0177	Eylea HD *(EYLEA PREFERRED)*	Aflibercept	
J0178	Eylea	Aflibercept	
J0180	Fabrazyme	Agalsidase beta	
J0517	Fasenra	benralizumab	
J1951	Fensolvi	Leuprolide Acetate	
J1572	Flebogamma	Intravenous Immune Globulin	Y
J9307	Folotyn	Pralatrexate	

HCPCS	Brand Name	Generic Name	*Mandatory Distribution through Magellan Rx Specialty Pharmacy*
Q5108	Fulphila ***(UDENYCA, NEULASTA PREFERRED)***	Pegfilgrastim-jmdb	Y
J0641	Fusilev	Levoleucovorin Calcium	
J9331	Fyarro	Sirolimus protein-bound	
Q5130	Fylnetra ***(UDENYCA, NEULASTA PREFERRED)***	Pegfilgrastim-pbbk	Y
J1569	Gammagard Liquid	Intravenous Immune Globulin	Y
J1566	Gammagard S/D	Immune Globulin	Y
J1561	Gammaked	Intravenous Immune Globulin	Y
J1557	Gammaplex	Intravenous Immune Globulin	Y
J1561	Gamunex-C	Intravenous Immune Globulin	Y
J9301	Gazyva	Obinutuzumab	Y
J7326	Gel-One ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	Y
J7328	Gelsyn-3 ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	Y
J7320	Genvisc 850 ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	Y
J0223	Givlaari	Givosiran	
J0257	Glassia	Alpha1-Proteinase Inhibitor (Human)	
J9179	Halaven	Eribulin	Y
J9355	Herceptin ***(TRAZIMERA, OGIVRI PREFERRED)***	Trastuzumab	Y
J9356	Herceptin Hylecta	Trastuzumab and hyaluronidase-oysk	Y
Q5113	Herzuma ***(TRAZIMERA, OGIVRI PREFERRED)***	Trastuzumab-pkrb	Y
J1559	Hizentra	Subcutaneous Immune Globulin	Y
J7321	Hyalgan ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	Y
J7322	Hymovis ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	Y
J1575	HyQvia	Subcutaneous Immune Globulin	
J0638	Ilaris	Canakinumab	
J3245	Ilumya	Tildrakizumab-asmn	
J9173	Imfinzi	Durvalumab	
J9347	Imjudo	tremelimumab-actl	
J9325	Imlygic	Talimogene laherparepvec	

HCPCS	Brand Name	Generic Name	***Mandatory Distribution through Magellan Rx Specialty Pharmacy***
Q5103	Inflectra (RENFLEXIS PREFERRED)	Infliximab-dyyb	Y
J9198	Infugem ***(J9201, J9196 GEMCITABINE PREFERRED)***	Gemcitabine	
J1599	Intravenous Immune Globulin	Intravenous Immune Globulin	Y
J2782	Izervay	avacincaptad pegol	
J9319	Istodax	Romidepsin	
J9207	Ixempra	Ixabepilone	
J9281	Jelmyto	Mitomycin for pyelocaliceal instillation	
J9272	Jemperli	Dostarlimab-gxly	
J9043	Jevtana	Cabazitaxel	Y
J9354	Kadcyla	Ado-trastuzumab emtansine	Y
J1290	Kalbitor	Ecallantide	
Q5117	Kanjinti ***(TRAZIMERA, OGIVRI PREFERRED)***	Trastuzumab-anns	Y
J2840	Kanuma	Sebelipase alfa	
J0642	Khapzory	levoleucovorin	
J9271	Keytruda	Pembrolizumab	Y
J9274	Kimmtrak	tebentafusp-tabn	
J2507	Krystexxa	Pegloticase	Y
J9047	Kyprolis	Carfilzomib	Y
J0217	Lamzede	Velmanase alfa	
J9285	Lartruvo	Olaratumab	
J0174	Leqembi	Lecanemab-irmb	
J0202	Lemtrada	Alemtuzumab	
J1306	Leqvio	inclisiran	
J9119	Libtayo	Cemiplimab-rwlc	
J9999	Loqtorzi	Toripalimab-tpzi	
J2778	Lucentis ***(CIMERLI, BYOOVIZ PREFERRED)***	Ranibizumab	
J0221	Lumizyme	Alglucosidase alfa	
J9313	Lumoxiti	Moxetumomab pasudotox-tdfk	
J9217	Lupron Depot	Leuprolide acetate (for depot suspension)	Y
J1950	Lupron Depot	Leuprolide acetate (for depot suspension)	Y

HCPCS	Brand Name	Generic Name	***Mandatory Distribution through Magellan Rx Specialty Pharmacy***
J1950	Lupron Depot Ped	Leuprolide acetate (for depot suspension)	Y
J9353	Margenza	Margetuximab-cmkb	
J3397	Mepsevii	Vestronidase alfa-vjvk	
J9349	Monjuvi	Tafasitamab-cxix	
J7327	Monovisc ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	Y
J9203	Mylotarg	Gemtuzumuab ozogamicin	
J0587	Myobloc ***(XEOMIN, DYSPORT PREFERRED)***	RimabotulinumtoxinB	Y
Q5107	Mvasi ***(ZIRABEV PREFERRED)***	Bevacizumab-awwb	Y
J1458	Naglazyme	Galsulfase	
J2506	Neulasta ***(PREFERRED)***	Pegfilgrastim	Y
J0219	Nexviazyme	avalglucosidase alfa-ngpt	
J2796	Nplate	Romiplostim	Y
J2182	Nucala	Mepolizumab	
J3490	Nulibry	fosdenopterin	
J0485	Nulojix	Belatacept	
Q5122	Nyvepria ***(UDENYCA, NEULASTA PREFERRED)***	Pegfilgrastim-apgf	Y
J2350	Ocrevus	Ocrelizumab	Y
J1568	Octagam	Intravenous Immune Globulin	Y
Q5114	Ogivri ***(PREFERRED)***	Trastuzumab-dttb	Y
J9266	Oncaspar	Pegaspargase	
J9205	Onivyde	Irinotecan liposome	
J0222	Onpattro	Patisiran	
Q5112	Ontruzant ***(TRAZIMERA, OGIVRI PREFERRED)***	Trastuzumab-dttb	Y
J9299	Opdivo	Nivolumab	Y
J9298	Opdualag	Nivolumab and relatlimab-rmbw	Y
J0129	Orencia	Abatacept	**Y**
J7324	Orthovisc ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	**Y**
J0224	Oxlumo	Lumasiran	

HCPCS	Brand Name	Generic Name	***Mandatory Distribution through Magellan Rx Specialty Pharmacy***
J9259	Paclitaxel, protein-bound (American Regent)	Paclitaxel, protein-bound (Not equivalent to J9264)	Y
J9258	Paclitaxel, protein bound (Teva)	Paclitaxel, protein-bound (not equivalent to J9264)	Y
J1576	Panzyga	Intravenous Immune Globulin	Y
J0208	Pedmark	sodium thiosulfate	
J9322	Pemetrexed (Blue Point) ***(PREFERRED)***	Pemetrexed (Not equivalent to J9305)	
J9294	Pemetrexed (Hospira) ***(PREFERRED)***	Pemetrexed (Not equivalent to J9305)	Y
J9296	Pemetrexed (Accord) ***(PREFERRED)***	Pemetrexed (Not equivalent to J9305)	Y
J9297	Pemetrexed (Sandoz) ***(PREFERRED)***	Pemetrexed (Not equivalent to J9305)	
J9314	Pemetrexed (Teva) ***(PREFERRED)***	Pemetrexed (Not equivalent to J9305)	Y
J9323	Pemetrexed Ditromethamine (Hospira) ***(PREFERRED)***	Pemetrexed Ditromethamine	Y
J9304	Pemfexy ***(J9294, J9296, J9297, J9314, J9322, J9323 PREFERRED)***	Pemetrexed	Y
J9247	Pepaxto	melphalan flufenamide	
J9306	Perjeta	Pertuzumab	Y
J9316	Phesgo	Pertuzumab, trastuzumab and hyaluronidase	Y
A9607	Pluvicto	Lutetium Lu 177 vipivotide tetraxetan	
J9309	Polivy	Polatuzumab vedotin-piiq	
J1203	Pombiliti	cipaglucosidase alfa	
J9295	Portrazza	Necitumumab	
J9204	Poteligeo	Mogamulizumab-kpkc	
J2278	Prialt	Ziconotide	
J1459	Privigen	Intravenous Immune Globulin	Y
J0885	Procrit/Epogen ***(RETACRIT PREFERRED)***	Epoetin Alfa	Y
J0256	Prolastin-C	Alpha-1-proteinase inhibitor	
J9015	Proleukin	Aldesleukin	

HCPCS	Brand Name	Generic Name	Mandatory Distribution through Magellan Rx Specialty Pharmacy
J0897	Prolia	Denosumab	Y
Q2043	Provenge	Sipuleucel-t	
J0802	Purified Cortrophin Gel	Repository Corticotropin Injection USP	
J1301	Radicava	Edaravone	
J0896	Reblozyl	Luspatercept-aamt	
J1745	Remicade ***(RENFLEXIS PREFERRED)***	Infliximab	Y
J3285	Remodulin	Treprostinil	
Q5104	Renflexis ***(PREFERRED)***	infliximab-abda	Y
J7311	Retisert	Fluocinolone	
J3590	Revcovi	Elapegademase	
Q5123	Riabni ***(RUXIENCE, TRUXIMA PREFERRED)***	Rituximab-arrx	Y
J9312	Rituxan ***(RUXIENCE, TRUXIMA PREFERRED)***	Rituximab	Y
J1449	Rolvedon ***(UDENYCA, NEULASTA PREFERRED)***	Eflapegrastim-xnst	Y
J9311	Rituxan Hycela	Rituximab and hyaluronidase human	Y
J0596	Ruconest	C1 Esterase Inhibitor [recombinant]	
Q5119	Ruxience ***(PREFERRED)***	Rituximab-pvvr	Y
J9061	Rybrevant	amivantamab-vmjw	
J9021	Rylaze	asparaginase erwinia chrysanthemi-rywn	
J2998	Ryplazim	Plasminogen, human-tmvh	
J9333	Rystiggo	rozanolixizumab-noli	
J3590	Ryzneuta ***(UDENYCA, NEULASTA PREFERRED)***	Efbemalenograstim alfa-vuxw	
J2353	Sandostatin_LAR ***(SOMATULINE PREFERRED)***	Octreotide	Y
J0491	Saphnelo	Anifrolumab-fnia	
J9227	Sarclisa	Isatuximab-irfc	
J7352	Scenesse	Afamelanotide	
J2502	Signifor ***(SOMATULINE PREFERRED)***	Pasireotide	
J1602	Simponi_ARIA	Golimumab	Y

HCPCS	Brand Name	Generic Name	***Mandatory Distribution through Magellan Rx Specialty Pharmacy***
J2327	Skyrizi	Risankizumab-rzaa	
J3490	Sodium Hyaluronate ***(SYNVISC, SYNVISC-ONE PREFERRED)***	1% hyaluronan or derivative	
J1300	Soliris	Eculizumab	Y
J1930	Somatuline ***(PREFERRED)***	Lanreotide	
J1747	Spevigo	Spesolimab-sbzo	
J2326	Spinraza	Nusinersen	
S0013	Spravato	Esketamine	
J3358	Stelara IV	Ustekinumab	
Q5127	Stimufend ***(UDENYCA, NEULASTA PREFERRED)***	pegfilgrastim-fpgk	Y
Q9991	Sublocade	Buprenorphine XR 100mg or less	
Q9992	Sublocade	Buprenorphine XR over 100mg	
J7321	Supartz ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	Y
J9226	Supprelin LA	Histrelin Implant (50 mg)	Y
J1627	Sustol	Granisetron extended-release	
J2779	Susvimo	Ranibizumab port delivery system	
J2781	Syfovre	pegcetacoplan	
J2860	Sylvant	Siltuximab	Y
J9262	Synribo	Omacetaxine	Y
J7325	Synvisc ***(PREFERRED)***	Hyaluronan or derivative	Y
J7325	Synvisc-One ***(PREFERRED)***	Hyaluronan or derivative	Y
J7331	Synojoynt ***(SYNVISC, SYNVISC-ONE PREFERRED)***	Hyaluronan or derivative	
J3055	Talvey	talquetamab-tgvs	
J9022	Tecentriq	Atezolizumab	
J9380	Tecvayli	teclistamab-cqyv	
J3241	Tepezza	Teprotumumab	
J2356	Tezspire	tezepelumab-ekko	
J9273	Tivdak	tisotumab vedotin-tftv	
Q5133	Tofidence	tocilizumab-bavi	
Q5116	Trazimera ***(PREFERRED)***	Trastuzumab-qyyp	Y
J9033	Treanda ***(BENDEKA, BELRAPZO, J9058, J9059 PREFERRED)***	Bendamustine	Y
J3315	Trelstar	Triptorelin Pamoate	

HCPCS	Brand Name	Generic Name	*Mandatory Distribution through Magellan Rx Specialty Pharmacy*
J7332	Triluron *(SYNVISC, SYNVISC-ONE PREFERRED)*	Hyaluronan or derivative	Y
J3316	Triptodur	Triptorelin	
J7329	Trivisc *(SYNVISC, SYNVISC-ONE PREFERRED)*	Hyaluronan or derivative	
J9317	Trodelvy	Sacituzumab govitecan-hziy	
J1746	Trogarzo	Ibalizumab-uiyk	
Q5115	Truxima *(PREFERRED)*	Rituximab-abbs	Y
Q5134	Tyruko	natalizumab-sztn	
J2323	Tysabri	Natalizumab	
J9381	Tzield	Teplizumab-mzwv	
Q5111	Udenyca *(PREFERRED)*	Pegfilgrastim-cbqv	Y
J1303	Ultomiris	Ravulizumab-cwvz	
J1823	Uplizna	inebilizumab-cdon	
J2777	Vabysmo	faricimab-svoa	
J9225	Vantas	Histrelin Implant	Y
J9303	Vectibix	Panitumumab	Y
Q5129	Vegzelma *(ZIRABEV PREFERRED)*	bevacizumab-adcd	Y
J9041	Velcade *(J9046, J9048, J9049 BORTEZOMIB PREFERRED)*	Bortezomib	
J9376	Veopoz	pozelimab-bbfg	
J1427	Viltepso	Viltolarsen	
J1322	Vimizim	Elosulfase Alfa	
J7321	Visco-3 *(SYNVISC, SYNVISC-ONE PREFERRED)*	Hyaluronan or derivative	
J3396	Visudyne	Verteporfin	
J9056	Vivimusta *(BENDEKA, BELRAPZO, J9058, J9059 PREFERRED)*	Bendamustine	
J3385	Vpriv	Velaglucerase	
J3032	Vyepti	Eptinezumab-jjmr	
J1429	Vyondys 53	golodirsen	

HCPCS	Brand Name	Generic Name	*Mandatory Distribution through Magellan Rx Specialty Pharmacy*
J9332	Vyvgart	efgartigimod alfa-fcab	
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	
J9153	Vyxeos	Daunorubicin and cytarabine	
J1558	Xembify	Immuneglobulin SC (human)- klhw	Y
J0218	Xenpozyme	Olipudase alfa	
J0588	Xeomin ***(PREFERRED)***	IncobotulinumtoxinA	Y
J0897	Xgeva	Denosumab	Y
J0775	Xiaflex	Collagenase Clostridium Hystolyticum	
J3299	Xipere	Triamcinolone acetonide suprchoroidal injectable suspension	
J2357	Xolair	Omalizumab	Y
J9228	Yervoy	Ipilimumab	Y
J9352	Yondelis	Trabectedin	Y
J7314	Yutiq	Fluocinolone acetonide	
J9400	Zaltrap	Ziv-aflibercept	
J0256	Zemaira	Alpha1-Proteinase Inhibitor (Human)	
J9223	Zepzelca	lurbinectedin	
Q5120	Ziextenzo ***(FULPHILA, NEULASTA PREFERRED)***	Pegfilgrastin-bmez	
Q5118	Zirabev ***(PREFERRED)***	Bevacizumab-bvzr	Y
J1632	Zulresso	Brexanolone	
J9359	Zynlonta	loncastuximab tesirine-lpyl	
J9345	Zynyz	retifanlimab-dlwr	

PREFERRED MEDICATIONS

The medications listed are the preferred products in the category. When a prior authorization is required, the Prior Authorization List should be referenced.

HCPCS	Brand Name (manufacturer)	Generic Name	PA required?
INFLIXIMAB/BIOSIMILARS			
Q5104	Renflexis	Infliximab-abda	Y
TRASTUZUMAB/BIOSIMILARS			
Q5116	Trazimera	Trastuzumab-qyyp	Y
Q5114	Ogivri	Trastuzumab-dttb	Y
BEVACIZUMAB/BIOSIMILARS			
Q5118	Zirabev	Bevacizumab-bvzr	Y
RITUXIMAB/BIOSIMILARS			
Q5119	Ruxience	Rituximab-pvvr	Y
Q5115	Truxima	Rituximab-abbs	Y
BOTULINUM TOXINS			
J0588	Xeomin	IncobotulinumtoxinA	Y
J0586	Dysport	AbobotulinumtoxinA	Y
INTRA-ARTICULAR HYALURONIC ACID			
J7325	Synvisc	Hyaluronan or derivative	Y
J7325	Synvisc-One	Hyaluronan or derivative	Y
LONG ACTING G-CSF			
Q5108	Fulphila	Pegfilgrastim-jmdb	Y
J2506	Neulasta	Pegfilgrastim	Y
SHORT ACTING G-CSF			
Q5110	Nivestym	Filgrastim-aafi	
J1447	Granix	Tbo-Filgrastim	
SHORT ACTING ESA			
Q5105, Q5106	Retacrit	Epoetin Alfa-epbx	
SOMATOSTATIN ANALOGS			
J1930	Somatuline	Lanreotide	Y
BENDAMUSTINE			
J9034	Bendeka	Bendamustine	Y
J9036	Belrapzo	Bendamustine	Y

HCPCS	Brand Name (manufacturer)	Generic Name	PA required?
J9058	Bendamustine (Apotex)	Bendamustine	Y
J9059	Bendamustine (Baxter)	Bendamustine	Y
BORTEZOMIB			
J9046	Bortezomib (Dr. Reddy's)	Bortezomib	
J9048	Bortezomib (Fresenius Kabi)	Bortezomib	
J9049	Bortezomib (Hospira)	Bortezomib	
GEMCITABINE			
J9201	Gemcitabine	Gemcitabine	
J9196	Gemcitabine (Accord)	Gemcitabine	
PEMETREXED			
J9322	Pemetrexed (Blue Point)	Pemetrexed (Not equivalent to J9305)	Y
J9294	Pemetrexed (Hospira)	Pemetrexed (Not equivalent to J9305)	Y
J9296	Pemetrexed (Accord)	Pemetrexed (Not equivalent to J9305)	Y
J9297	Pemetrexed (Sandoz)	Pemetrexed (Not equivalent to J9305)	Y
J9314	Pemetrexed (Teva)	Pemetrexed (Not equivalent to J9305)	Y
J9323	Pemetrexed Ditromethamine (Hospira)	Pemetrexed Ditromethamine	Y