

INJECTABLE MEDICINES

SEARCH TIPS:

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	Q2055	ABECMA	Idcabtagene vicleucel	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist or Hematologist specialist with authorization.	ABECMA (idcabtagene vicleucel)	ABECMA (idcabtagene vicleucel)	
Medical	Q2055	ABECMA	Idcabtagene vicleucel	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ABECMA (idcabtagene vicleucel)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9265	ABRAXANE - non-preferred	paclitaxel protein bound	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization. Brand ABRAXANE will not be covered without failure with the interchangeable generic product.	ABRAXANE (paclitaxel protein bound)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9264	ABRAXANE	paclitaxel protein bound	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ABRAXANE (paclitaxel protein-bound particles)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy	J3262	ACTEMRA (SC)	tocilizumab	Yes, through Navitus. Restricted to (in at least consultation with) an Rheumatology specialist with authorization.	ACTEMRA SC (tocilizumab)	ACTEMRA SC (tocilizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3262	ACTEMRA (IV)	tocilizumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Rheumatology specialist with authorization.	ACTEMRA IV (tocilizumab)	ACTEMRA IV (tocilizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy	J0800	ACTHAR GEL	repository corticotripin injection	PHARMACY BENEFIT ONLY. Yes, through Navitus. Refer to members pharmacy benefit formulary for coverage.		ACTHAR GEL (repository corticotripin injection)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0791	ADAKVEO	crizanlizumab-tmca	Yes, through the Plan Pharmacy Services. Restricted to an Hematology specialist with authorization.	ADAKVEO (crizanlizumab-tmca)	ADAKVEO (crizanlizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9042	ADCETRIS	brentuximab vedotin	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ADCETRIS (brentuximab vedotin)	ADCETRIS (brentuximab vedotin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9042	ADCETRIS	brentuximab vedotin	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ADCETRIS (brentuximab vedotin)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0172	ADUHELM	aducanumab	None. Not covered. Please see attached policy for criteria	ADUHELM (aducanumab)		
Medical	J1454	AKYNEZO	fosbetupitant/palonosetron	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	AKYNEZO (fosbetupitant/palonosetron)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1931	ALDURAZYME	laronidase	Yes, through the Plan Pharmacy Services. Restricted to (or in consultation with) medical geneticist or other prescriber specialized in the treatment of mucopolysaccharidosis with authorization.	ALDURAZYME (laronidase)	ALDURAZYME (laronidase)	
Medical	J9305	ALIMTA	pemetrexed	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ALIMTA (pemetrexed)	ALIMTA (pemetrexed)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9305	ALIMTA	pemetrexed	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ALIMTA (pemetrexed)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9057	ALIQOPA	copanlisib	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ALIQOPA (copanlisib)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J2469	ALOXI	palonosetron	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ALOXI (palonosetron)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9999	ALYMSYS		EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ALYMSYS	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1426	AMONDYS	casimersen	None. Not Covered.	AMONDYS (casimersen)		
Medical	J3490	AMVUTTRA	viutisiran	Yes, through the Plan Pharmacy Services.	AMVUTTRA (viutisiran)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7169	ANDEXXA	andexanet alfa	None. Please see attached policy for criteria.	ANDEXXA (andexanet alfa)		
Medical	J7175, J7178, J7179, J7180, J7181, J7188, J7189, J7198, J7212	Antithrombophilia Factor and Clotting Factors (Coagadex, RiSTAP, Vonvendi, Corifact, Tretten, Obizar, Novoseven RT, Feiba NF, Sevenfact)	(coagulation factor x (human), fibrinogen concentrate (human), von Willebrand Factor (recombinant), factor XIII concentrate (human), coagulation factor XIII A-subunit (recombinant), antithrombophilic factor (porcine), coagulation factor VIIa (recombinant), antinhibitor coagulant complex, Coagulation factor VIIa (recombinant)-jncw)	Yes, through Dean Health Plan Utilization Management Department. Restricted to an Hematology specialist with authorization.	Antithrombophilia Factors and Clotting Factors	Antithrombophilia Factors and Clotting Factors	

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Medical	J7182, J7183, J7185, J7186, J7187, J7190, J7192, J7204, J7205, J7207, J7208, J7209, J7210, J7211	Antihemophilic Factor VIII (Novoeight, Wilate, Xyntha, Alphanate, Humate-P, Hemofil M, Koate-DVI, Advate, Kogenate FS, Recombinate, Esperoct, Afstyla, Elocate, Adynovate, Jivi, Nuwig, Kovaltry)	(antihemophilic factor (recombinant), von Willebrand factor/coagulation factor VIII complex (human), antihemophilic factor (recombinant), antihemophilic factor/von Willebrand factor complex (human), antihemophilic factor (human), antihemophilic factor (recombinant), antihemophilic factor (recombinant), antihemophilic factor (recombinant), antihemophilic factor (recombinant) glycol-pegylated, antihemophilic factor (recombinant) single chain, antihemophilic factor (recombinant), antihemophilic factor (recombinant) pegylated, antihemophilic factor (recombinant) pegylated-aucd, antihemophilic factor (recombinant) human, antihemophilic factor (recombinant))	Yes, through Dean Health Plan Utilization Management Department. Restricted to a Hematology specialist with authorization.	Antihemophilic Factor VIII	Antihemophilic Factor VIII	
Medical	J7193, J7194, J7195, J7200, J7201, J7202, J7203	Antihemophilic Factor IX (Alphanine SD, Mononine, Profilnine, Benefix, Ixinity, Rixubis, Alprolix, Idelvion, Rebinyn)	(coagulation Factor IX, coagulation Factor IX, factor IX complex, coagulation factor IX (recombinant), coagulation factor IX (recombinant), coagulation factor IX (recombinant), Fc fusion protein, coagulation factor IX (recombinant), human, coagulation factor IX (recombinant), glycopegylated)	Yes, through Dean Health Plan Utilization Management Department. Restricted to Hematology specialist with authorization.	Antihemophilic Factor IX	Antihemophilic Factor IX	
Medical	J0256	ARALAST NP	alpha-1-proteinase inhibitor (human)	Yes, through the Plan Pharmacy Services. Restricted to an Pulmonology specialist with authorization.	ARALAST NP (alpha-1-proteinase inhibitor)	ARALAST NP (alpha-1-proteinase inhibitor)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0881, J0882	ARANESP	darbepoetin alpha	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	ARANESP (darbepoetin alpha)	ARANESP (darbepoetin alpha)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0881	ARANESP	darbepoetin alpha	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy Services.	ARANESP (darbepoetin alpha)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9302	ARZERRA	ofatumumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ARZERRA (ofatumumab)	ARZERRA (ofatumumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	C9072	ASCENIV (IVIG) - non-preferred	immune globulin (Human)	Yes, through the Plan Pharmacy Services requiring a failed trial or contraindication of all other immune globulin products.	ASCENIV (IVIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9035	AVASTIN - non-preferred	bevacizumab	MVASI and ZIRABEV will be the preferred bevacizumab products. No prior authorization required. Please see attached policy for criteria.	AVASTIN (bevacizumab)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical		AVASTIN	bevacizumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	AVASTIN (bevacizumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5121	AVSOLA - non-preferred	infliximab-axxq	Yes, through the Plan Pharmacy Plan after failed trial of RENFLEXIS. Restricted to a Dermatology, Rheumatology, or Gastroenterology specialists with authorization.	AVSOLA (infliximab-axxq)	AVSOLA (infliximab-axxq)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	A9590	AZEDRA	lobenguanine 1-131	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	AZEDRA (lobenguanine-1-131)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9023	BAVENCIO	avelumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BAVENICA (avelumab)	BAVENICA (avelumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9024	BAVENCIO	avelumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BAVENCIO (avelumab)	Coming Soon!	
Medical	J9032	BELEODAQ	belinostat	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BELEODAQ (belinostat)	BELEODAQ (belinostat)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9032	BELEODAQ	belinostat	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BELEODAQ (belinostat)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9036	BELRAPZO	bendamustine	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BELRAPZO (bendamustine)	BELRAPZO (bendamustine)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9036	BELRAPZO	bendamustine	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BELRAPZO (bendamustine)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.

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Medical	J9034	BENDEKA	bendamustine	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BENDEKA (bendamustine)	BENDEKA (bendamustine)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9034	BENDEKA	bendamustine	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BENDEKA (bendamustine)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0490	BENLYSTA (IV)	belimumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Rheumatology, Dermatology, or Nephrology specialists with authorization.	BENLYSTA IV (belimumab)	BENLYSTA IV (belimumab)	Medicare Prior Authorization is required. See Medical Policy.
Pharmacy	J0490	BENLYSTA (SC)	belimumab	Yes, through Navitus. Restricted to (in at least consultation with) a Rheumatology, Dermatology, or Nephrology specialists with authorization.	BENLYSTA SC (belimumab)	BENLYSTA SC (belimumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0179	BEovu	brolocizumab-dbil	None. Please see attached policy for criteria.	BEovu (brolocizumab-dbil)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9229	BESPONSA	inotuzumab ozogamicin	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BESPONSA (inotuzumab ozogamicin)	BESPONSA (inotuzumab ozogamicin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9229	BESPONSA	inotuzumab ozogamicin	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BESPONSA (inotuzumab ozogamicin)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1556	BIVIGAM (IVIG, IMMUNE GLOBULIN)	immune globulin (bivigam)	Yes, through the Plan Pharmacy Services.	BIVIGAM (IVIG)	Coming Soon!	
Medical	J9037	BLENREP	belantamab mafodotin-blmf	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BLENREP (belantamab mafodotin-blmf)	BLENREP (belantamab mafodotin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9037	BLENREP	belantamab mafodotin-blmf	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BLENREP (belantamab mafodotin-blmf)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9039	BLINCYTO	blinatumomab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BLINCYTO (blinatumomab)	BLINCYTO (blinatumomab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9039	BLINCYTO	blinatumomab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BLINCYTO (blinatumomab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9044	BORTEZOMIB		EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BORTEZOMIB	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0585	BOTOX	onabotulinumtoxin	No prior authorization is required.	BOTOX (onabotulinumtoxinA)		
Medical	Q2054	BREYANZI	lisocabtagene maraleucel	Yes, through the Plan Pharmacy Services.	BREYANZI (lisocabtagene maraleucel)	BREYANZI (lisocabtagene maraleucel)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q2054	BREYANZI	lisocabtagene maraleucel	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	BREYANZI (lisocabtagene maraleucel)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0567, C9014	BRINEURA	cerliponase alfa	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a specialist who treats the Late infantile Ceroid lipofuscinosis with authorization.	BRINEURA (cerliponase alfa)	BRINEURA (cerliponase alfa)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0741	CABENUVA	cabotegravir and rilpivirine	Yes, through the Plan Pharmacy Services.	CABENUVA (cabotegravir and rilpivirine)	CABENUVA (cabotegravir and rilpivirine)	
Medical	J9999	CARVYKTI	ciltacabtagene autoleucel	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	CARVYKTI (ciltacabtagene autoleucel)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1786	CEREZYME	imiglucerase (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Gaucher DX with authorization.	CEREZYME (imiglucerase) (intravenous)	CEREZYME (imiglucerase) (intravenous)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2786	CINQAIR	reslizumab	Yes, through the Plan Pharmacy Services. Restricted to a Pulmonology, Allergy, and Immunology specialist with authorization.	CINQAIR (reslizumab)	CINQAIR (reslizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1448	COSELA	trilaciclib	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology or Hematologist specialist with authorization.	COSELA (trilaciclib)	COSELA (trilaciclib)	
Medical	J1448	COSELA	trilaciclib	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	COSELA (trilaciclib)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.

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Medical	J0584	CRYSVITA	burossumab	Yes, through the Plan Pharmacy Services. Restricted to Endocrinologist, Nephrologist, Medical Geneticist, or Specialist experienced in treatment of Metabolic Bone Disorders with authorization.	CRYSVITA (burossumab)	CRYSVITA (burossumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1555	CUVITRU (SCIG), IMMUNE GLOBULIN	immune globulin (cuvitru)	Yes, through the Plan Pharmacy Services.	CUVITRU (SCIG)	Coming Soon!	
Medical	J9308	CYRAMZA	ramucirumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	CYRAMZA (ramucirumab)	CYRAMZA (ramucirumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9308	CYRAMZA	ramucirumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	CYRAMZA (ramucirumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9348	DANYELZA	naxitamab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	DANYELZA (naxitamab)	DANYELZA (naxitamab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9348	DANYELZA	naxitamab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	DANYELZA (naxitamab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9145	DARZALEX	daratumumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation) an Oncology or hematologist specialist with authorization.	DARZALEX (daratumumab)	DARZALEX (daratumumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9145	DARZALEX	daratumumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	DARZALEX (daratumumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9144, C9062	DARZALEX FASPRO	daratumumab/hyaluronidase-fihj	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation) an Oncology or hematologist specialist with authorization.	DARZALEX FASPRO (daratumumab)	DARZALEX FASPRO (daratumumab/hyaluronidase-fihj)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9144, C9062	DARZALEX FASPRO	daratumumab/hyaluronidase-fihj	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	DARZALEX FASPRO (daratumumab/hyaluronidase-fihj)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7318	DUROLANE - non-preferred	sodium hyaluronate	As of 08/01/2022: HYALGAN, SYNVIS, SYNVIS ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of DUROLANE requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	DUROLANE (sodium hyaluronate)	DUROLANE (sodium hyaluronate)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0586	DYSPORT	abobotulinumtoxinA	No prior authorization is required.	DYSPORT (abobotulinumtoxinA)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1743	ELAPRASE	idursulfase (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Mucopolysaccharidosis II with authorization.	ELAPRASE (idursulfase)	ELAPRASE (idursulfase)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3061	ELELYSO	taliglucerase alfa (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Gaucher 1 DX with authorization.	ELELYSO (taliglucerase alfa)	ELELYSO (taliglucerase alfa)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9269	ELZONRIS	tagraxofusp-erzs	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology or Hematology specialist with authorization.	ELZONRIS (tagraxofusp-erzs)	ELZONRIS (tagraxofusp-erzs)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9269	ELZONRIS	tagraxofusp-erzs	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ELZONRIS (tagraxofusp-erzs)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9176	EMPLICITI	elotuzumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	EMPLICITI (elotuzumab)	EMPLICITI (elotuzumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9176	EMPLICITI	elotuzumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	EMPLICITI (elotuzumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9358	ENHERTU	fam-trastuzumab deruxtecan-nxki	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ENHERTU (fam-trastuzumab deruxtecan-nxki)	ENHERTU (trastuzumab deruxtecan)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9358	ENHERTU	fam-trastuzumab deruxtecan-nxki	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ENHERTU (fam-trastuzumab deruxtecan-nxki)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.

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Medical	J1302	ENJAYMO	sutumlimab	Yes, through the Plan Pharmacy Services.	ENJAYMO (sutumlimab-jome)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3380	ENTYVIO	vedolizumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Gastroenterology specialists with authorization.	ENTYVIO (vedolizumab)	ENTYVIO (vedolizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy	J0885, Q4081	EPOGEN - preferred	epoetin alfa, (for non-esrd use)	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	EPOGEN (epoetin alpha)	EPOGEN (epoetin alpha)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0885, Q4081	EPOGEN - preferred	epoetin alfa, (for non-esrd use)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	EPOGEN (epoetin alpha)	EPOGEN (epoetin alpha)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0885	EOPGEN	epoetin alfa, (for non-esrd use)	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	EPOGEN (epoetin-alfa)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9055	ERBITUX	cetuximab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ERBITUX (cetuximab)	ERBITUX (cetuximab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9055	ERBITUX	cetuximab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ERBITUX (cetuximab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7323	EUFLEXA - non-preferred	sodium hyaluronate, 1%	As of 08/01/2022: HYALGAN, SYNVIC, SYNVIC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of EUFLEXA requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	EUFLEXA (sodium hyaluronate, 1%)	EUFLEXA (sodium hyaluronate, 1%)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3111	EVENTY	romosozumab-aqqg	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Endocrinology or Rheumatology specialists with authorization.	EVENTY (romosozumab-aqqg)	EVENTY (romosozumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1305	EVKEEZA	evinacumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Cardiologist, Lipidologist, or Endocrinologist specialist with authorization.	EVKEEZA (evinacumab)	EVKEEZA (evinacumab)	Medicare Prior Authorization is required. See Medical Policy.
Pharmacy		EVRYSDI	risdiplam	Yes, through Navitus. Restricted to a pediatric neurologist at a Muscular Dystrophy Association care center with authorization.	EVRYSDI (risdiplam)	EVRYSDI (risdiplam)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1428	EXONDYS 51	eteplirsen	None. Not Covered.	EXONDYS 51 (eteplirsen)		
Medical	J0178	EVLEA	afibercept	None. Please see attached policy for criteria.	EVLEA (afibercept)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0180	FABRYZYME	agalsidase	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a medical geneticist or other prescriber specialized in the treatment of Fabry DX with authorization.	FABRYZYME (agalsidase)	FABRYZYME (agalsidase)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0517	FASENRA	benralizumab	Yes, through the Plan Pharmacy Services. Restricted to Pulmonology, Allergy, or Immunology specialists with authorization.	FASENRA (benralizumab)	FASENRA (benralizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1951	FENSOLVI - non-preferred	leuprolide acetate	Yes, through the Plan Pharmacy Services requiring a failed trial or contraindication of all other leuprolide products. Restricted to (in at least consultation with) a Oncology, Urology, OB/GYN, Internal medicine, Family medicine, or Pediatrics specialist with authorization.	FENSOLVI (leuprolide acetate)	FENSOLVI (leuprolide acetate)	
Medical	Q0138, Q0139	FERAHEME - preferred	ferumoxytol	As of 08/01/2022: VENOFER, INFED, FERRELCIT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	FERAHEM (ferumoxytol)		
Medical	J2916	FERRLECIT - preferred	sodium ferric gluconate complex	As of 08/01/2022: VENOFER, INFED, FERRELCIT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	FERRLECIT (sodium ferric gluconate complex)		

INJECTABLE MEDICINES

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Updated: 11/01/2022

Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J1572	FLEBOGAMMA/FLEBOGAMMA DIF (IVIG), IMMUNE GLOBULIN	flebogamma	Yes, through the Plan Pharmacy Services.	FLEBOGAMMA/FLEBOGAMMA DIF (IVIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1325	FLOLAN	epoprostenol sodium	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Cardiology or Pulmonology specialist with authorization.	FLOLAN (epoprostenol sodium)	FLOLAN (epoprostenol)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9307	FOLOTYN	pralatrexate	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	FOLOTYN (pralatrexate)	FOLOTYN (pralatrexate)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5108	FULPHILA - preferred	pegfilgrastim-jmbd	As of 09/01/2022: PREFERRED PEGFILGRASTIM PRODUCT. No prior authorization required. Restricted to (in at least consultation with) a Oncology or Hematology specialist.	FULPHILA (pegfilgrastim-jmbd)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5108	FULPHILA	pegfilgrastim-jmbd	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	FULPHILA (pegfilgrastim-jmbd)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0641	FUSILEV	levoleucovorin	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	FUSILEV (levoleucovorin)	FUSILEV (levoleucovorin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9331	FYARRO	sirolimus albumin-bound	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	FYARRO (sirolimus albumin-bound)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	C9399,J3590	FLYNETRA - non-preferred	pegfilgrastim-pbbk	As of 09/01/2022: FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of FLYNETRA. Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology or Hematology specialist with authorization.	FLYNETRA (pegfilgrastim-pbbk)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1569	GAMMAGARD (SCIG), IMMUNE GLOBULIN	immune globulin, (gammagard liquid)	Yes, through the Plan Pharmacy Services.	GAMMAGARD (SCIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1557	GAMMAPLEX (IVIG), IMMUNE GLOBULIN	immune globulin (gammaplex liquid)	Yes, through the Plan Pharmacy Services.	GAMMAPLEX (IVIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1561	GAMUNEX-C/GAMMAKED (SCIG), IMMUNE GLOBULIN	gamunex injection	Yes, through the Plan Pharmacy Services.	GAMUNEX-C/GAMMAKED (SCIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9301	GAZYVA	obinutuzumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	GAZYVA (obinutuzumab)	GAZYVA (obinutuzumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9301	GAZYVA	obinutuzumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	GAZYVA (obinutuzumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7326	GEL-ONE - non-preferred	hyaluronate sodium	As of 08/01/2022: HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILLURON will be the preferred product. Coverage of GEL-ONE requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	GEL-ONE (hyaluronate sodium)	GEL-ONE (hyaluronate sodium)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7328	GELSYN-3 - non-preferred	hyaluronate sodium	As of 08/01/2022: HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILLURON will be the preferred product. Coverage of GELSYN-3 requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	GELSYN-3 (hyaluronate sodium)	GELSYN-3 (hyaluronate sodium)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7320	GENVISC 850 - non-preferred	hyaluronan or derivative	As of 08/01/2022: HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILLURON will be the preferred product. Coverage of GENVISC 850 requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	GENVISC 850 (hyaluronan derivative)	GENVISC 850 (hyaluronate or derivative)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0223	GIVLAARI	givosiran	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Hematologist or specialist with expertise in diagnosis and management of AHP with authorization.	GIVLAARI (givosiran)	GIVLAARI (givosiran)	Medicare Prior Authorization is required. See Medical Policy.

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J0257	GLASSIA	alpha-1-proteinase inhibitor (human)	Yes through the Plan Pharmacy Services. Restricted to an Pulmonology specialist with authorization.	GLASSIA (alpha-1-proteinase inhibitor)	GLASSIA (alpha-1-proteinase inhibitor)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1447	GRANIX	tbo-filgrastim	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	GRANIX (tbo-filgrastim)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9179	HALAVEN	eribulin mesylate	Yes through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	HALAVEN (eribulin mesylate)	HALAVEN (eribulin mesylate)	Medicare Prior Authorization is required. See Medical Policy.
Pharmacy	J7170	HEMLIBRA	emicizumab	PHARMACY BENEFIT ONLY. Yes, through Navitus. Refer to members pharmacy benefit formulary for coverage.		HEMLIBRA (emicizumab)	
Medical	J7170	HEMLIBRA	emicizumab	Yes, through the Plan Pharmacy Services	Coming Soon	Coming Soon!	
Medical	J9355	HERCEPTIN - non-preferred	trastuzumab injection	As of 03/01/2022: Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Coverage of HERCEPTIN requires failed trials of all preferred alternatives. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Oncology or Hematology specialist.	HERCEPTIN (trastuzumab)	HERCEPTIN (trastuzumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9355	HERCEPTIN	trastuzumab injection	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	HERCEPTIN (trastuzumab injection)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9355	HERCEPTIN HYLECTA	trastuzumab and hyaluronidase-oyxk	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	HERCEPTIN HYLECTA (trastuzumab and hyaluronidase-oyxk)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5113	HERZUMA - preferred	trastuzumab-pkrb	As of 03/01/2022: Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Prior authorization is required through the Plan Pharmacy Services and is restricted to Oncology or Hematology specialist.	HERZUMA (trastuzumab)	HERZUMA (trastuzumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5113	HERZUMA	trastuzumab-pkrb	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	HERZUMA (trastuzumab-pkrb)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1559	HIZENTRA (SCIG), IMMUNE GLOBULIN	immune globulin (hizentra)	Yes, through the Plan Pharmacy Services.	HIZENTRA (SCIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7321	HYALGAN - preferred	hyaluronate or derivative	As of 08/01/2022: HYALGAN, SYNVIS, SYNVIS ONE, HYMOVIS, and TRILLURON will be the preferred products. No Prior Authorization needed for preferred products.	HYALGAN (hyaluronate or derivative)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9351	HYCAMTIN	topotecan	IV dosage form does not require PA Oral dosage form requires PA - Restricted to Oncologists with authorization through the Plan Pharmacy Services.		HYCAMTIN (topotecan)	
Medical	J7322	HYMOVIS - preferred	hyaluronan	As of 08/01/2022: HYALGAN, SYNVIS, SYNVIS ONE, HYMOVIS, and TRILLURON will be the preferred products. No Prior Authorization needed for preferred products.	HYMOVIS (hyaluronan)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1575	HYQVIA (SCIG), IMMUNE GLOBULIN	immune globulin (hyqvia)	Yes, through the Plan Pharmacy Services.	HYQVIA (SCIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9173	IMFINZI	durvalumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	IMFINZI (durvalumab)	IMFINZI (durvalumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9173	IMFINZI	durvalumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	IMFINZI (durvalumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9325	IMLYGIC	talimogene laherparepvec	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	IMLYGIC (talimogene laherparepvec)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1750	INFED - preferred	iron dextran	As of 08/01/2022: VENOFER, INFED, FERRELECIT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	INFED (iron dextran)		
Medical	Q5103	INFLECTRA - non-preferred	infliximab-dyyb	Yes, through the Plan Pharmacy Services after failed trial of RENFLEXIS. Restricted to a Dermatology, Rheumatology, or Gastroenterology specialist with authorization.	INFLECTRA (infliximab-dyyb)	INFLECTRA (infliximab-dyyb)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9198	INFUGEM	premixed gemcitabine in sodium chloride solution	Yes, through the Plan Pharmacy Services. Restricted to an oncologist with authorization.	INFUGEM (premixed gemcitabine in sodium chloride solution)	INFUGEM (premixed gemcitabine in sodium chloride solution)	

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J9198	INFUGEM	premixed gemcitabine in sodium chloride solution	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	INFUGEM (premixed gemcitabine in sodium chloride solution)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1439	INJECTAFER - non-preferred	ferric carboxymaltose	As of 08/01/2022: VENOFER, INFED, FERLECTIT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	INJECTAFER (ferric carboxymaltose)	INJECTAFER (ferric carboxymaltose)	
Medical	E0784, K0554	Insulin Pumps (MAPD ONLY)		Yes, through Dean Health Plan Utilization Management Department. MAPD ONLY	Insulin Pumps	Insulin Pumps	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1566	IVIG, IMMUNE GLOBULIN (GAMMAGARD S/D, CARIMUNE NF)	immune globulin, powder	Yes, through the Plan Pharmacy Services.	IVIG (Immune Globulin)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1599	IVIG, IMMUNE GLOBULIN	immune globulin, liquid	Yes, through the Plan Pharmacy Services.	IVIG (Immune Globulin)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5109	IXIFI- non-preferred	infliximab-gbtx	Yes, through the Plan Pharmacy Services after failed trial of RENFLEXIS. Restricted to a Dermatology, Rheumatology, or Gastroenterology specialist with authorization.	IXIFI (infliximab-gbtx)	IXIFI (infliximab-gbtx)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9281	JELMYTO	mitomycin	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	JELMYTO (mitomycin)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9272	JEMPERLI	dostarlimab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology or OB/GYN specialist with authorization.	JEMPERLI (dostarlimab)	JEMPERLI (dostarlimab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9272	JEMPERLI	dostarlimab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	JEMPERLI (dostarlimab-gbtx)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9043	JEVTANA	cabazitaxel	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	JEVTANA (cabazitaxel)	JEVTANA (cabazitaxel)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9043	JEVTANA	cabazitaxel	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	JEVTANA (cabazitaxel)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9354	KADCYLA	ado-trastuzumab emtansine	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	KADCYLA (ado-trastuzumab emtansine)	KADCYLA (ado-trastuzumab emtansine)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9354	KADCYLA	ado-trastuzumab emtansine	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	KADCYLA (ado-trastuzumab emtansine)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5117	KANJINTI - non-preferred	trastuzumab-anns	As of 03/01/2022: Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Coverage of KANJINTI requires failed trials of all preferred alternatives. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Oncology or Hematology specialist.	KANJINTI (trastuzumab-anns)	KANJINTI (trastuzumab-anns)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5117	KANJINTI	trastuzumab-anns	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	KANJINTI (trastuzumab-anns)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2840	KANUMA IV	sebelipase alfa	Yes, through the Plan Pharmacy Services.	KANUMA IV (sebelipase alfa)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3490	KETAMINE	ketamine	None. Not Covered.	KETAMINE (ketamine)		
Medical	J9271	KEYTRUDA	pembrolizumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology specialist with authorization.	KEYTRUDA (pembrolizumab)	KEYTRUDA (pembrolizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9271	KEYTRUDA	pembrolizumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	KEYTRUDA (pembrolizumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0879	KORSUVA	difelikefalin	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a medical Nephrologist specialist with authorization.	KORSUVA (difelikefalin)	KORSUVA(difelikefalin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2507	KRYSTEXXA	pegloticase	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Rheumatologist or Nephrologist specialist with authorization.	KRYSTEXXA (pegloticase)	KRYSTEXXA (pegloticase)	Medicare Prior Authorization is required. See Medical Policy.

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	Q2042	KYMRIAH	tisagenlecleucel	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	KYMRIAH (tisagenlecleucel)	KYMRIAH (tisagenlecleucel)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q2042	KYMRIAH	tisagenlecleucel	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	KYMRIAH (tisagenlecleucel)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9047	KYPROLIS	carfilzomib	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	KYPROLIS (carfilzomib)	KYPROLIS (carfilzomib)	Medicare prior Authorization is required. See Medical Policy.
Medical	J0202	LEMTRADA	alemtuzumab	Yes, through the Plan Pharmacy Services. Restricted to Neurology specialist with authorization. Infusions must be administered at a facility certified for LEMTRADA infusions.	LEMTRADA (alemtuzumab)	LEMTRADA (alemtuzumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3590	LEQVIO	incisiran	None. Not covered.	LEQVIO (incisiran)		
Medical	J0641	LEVOLEUCOVORIN		EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	LEVOLEUCOVORIN	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9119	LIBTAYO	cemiplimab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	LIBTAYO (cemiplimab)	LIBTAYO (cemiplimab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9119	LIBTAYO	cemiplimab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	LIBTAYO (cemiplimab-rwc)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J2001	LIDOCAINE	lidocaine	None. Not Covered.	LIDOCAINE (lidocaine)		
Medical	J0221	LUMIZYME	alglucosidase alfa (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Pompe DX with authorization.	LUMIZYME (alglucosidase alfa)	LUMIZYME (alglucosidase alfa) (Intravenous)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9313	LUMOXITI	moxetumomab pasudotox	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	LUMOXITI (moxetumomab pasudotox)	LUMOXITI (moxetumomab pasudotox)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9313	LUMOXITI	moxetumomab pasudotox	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	LUMOXITI (moxetumomab pasudotox-tfbl)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9217	LUPRON-ELIGARD	leuprolide	None. Please see attached policy for criteria	LUPRON-ELIGARD (leuprolide)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1950	LUPRON DEPOT	leuprolide acetate depot	None. Please see attached policy for criteria	LUPRON DEPOT (leuprolide)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	A9513	LUTATHERA	lutetium Lu 177 dotatate	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology specialist with authorization.	LUTATHERA (lutetium Lu 177 dotatate)	LUTATHERA (lutetium Lu 177 dotatate)	Medicare Prior Authorization is required. See Medical Policy.
Medical	A9513	LUTATHERA	lutetium Lu 177 dotatate	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	LUTATHERA (lutetium Lu 177)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3398	LUXTURNA	voretigene neparvovec-rzyl	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a specialist who treats the retinal dystrophy with authorization.	LUXTURNA (voretigene neparvovec-rzyl)	LUXTURNA (voretigene neparvovec-rzyl)	
Medical	J9353	MARGENZA	margetuximab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	MARGENZA (margetuximab)	MARGENZA (margetuximab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9353	MARGENZA	margetuximab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	MARGENZA (margetuximab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9371	MARQIBO	vincristine sulfate liposomal	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	MARQIBO (vincristine sulfate liposomal)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3397	MEPSEVII	vestronidase alfa-vjvk (intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Mucopolysaccharidosis VII with authorization.	MEPSEVII (vestronidase alfa-vjvk) (intravenous)	MEPSEVII (vestronidase alfa-vjvk) (intravenous)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9349	MONJUVI	tafasitamab-cxix	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	MONJUVI (tafasitamab-cxix)	MONJUVI (tafasitamab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9349	MONJUVI	tafasitamab-cxix	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	MONJUVI (tafasitamab-cxix)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J1437	MONOFERRIC - non-preferred	ferric derisomaltose	As of 08/01/2022: VENOFER, INFED, FERRELECT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	MONOFERRIC (ferric derisomaltose)	MONOFERRIC (ferric derisomaltose)	
Medical	J7327	MONOVISC - non-preferred	hyaluronan or derivative	As of 08/01/2022: HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of MONOVISC requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	MONOVISC (hyaluronan or derivative)	MONOVISC (hyaluronan or derivative)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5107	MVASI - preferred	bevacizumab-awwb	As of 10/01/2020: MVASI and ZIRABEV will be the preferred bevacizumab products. No prior authorization required. Please see attached policy for criteria.	MVASI (bevacizumab-awwb)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5108	MVASI	bevacizumab-awwb	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	MVASI (bevacizumab-awwb)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9203	MYLOTARG	gemtuzumab ozogamicin	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	MYLOTARG (gemtuzumab ozogamicin)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0587	MYOBLOC	rimabotulinumtoxinB	No prior authorization is required.	MYOBLOC (rimabotulinumtoxinB)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7352	MYOZYME	alglucosidase alfa (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Pompe DX with authorization.	MYOZYME (alglucosidase alfa)	MYOZYME (alglucosidase alfa)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3490	N/A	Levothyroxine Injection (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Medical physician specialist with authorization.	Levothyroxine Intravenous	Levothyroxine Intravenous	
Medical	J1459	NAGLAZYME	galsulfase (intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Mucopolysaccharidosis VI with authorization.	NAGLAYME (galsulfase)	NAGLAYME (galsulfase)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2506	NEULASTA - non-preferred	pegfilgrastim	As of 09/01/2022: FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of Neulasta Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology or Hematology specialist with authorization.	NEULASTA (pegfilgrastim)	NEULASTA (pegfilgrastim)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J2506	NEULASTA	pegfilgrastim	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	NEULASTA (pegfilgrastim)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Pharmacy	J2506	NEULASTA - non-preferred	pegfilgrastim	As of 09/01/2022: FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of Neulasta Yes, through Navitus. Restricted to (in at least consultation with) a Oncology or Hematology specialist with authorization.	NEULASTA (pegfilgrastim)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy	J2506	NEULASTA	pegfilgrastim	EFFECTIVE 01/01/2023: FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of Neulasta Yes, through Navitus. Restricted to (in at least consultation with) a Oncology or Hematology specialist with authorization.	NEULASTA (pegfilgrastim)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1442	NEUPOGEN	filgrastim	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	NEUPOGEN (filgrastim)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	N/A	NEW TO MARKET MEDICAL PHARMACY PRODUCTS CURRENTLY UNDER CLINICAL REVIEW	New to Market Medical Pharmacy Products currently under clinical review	EFFECTIVE 11/03/2022: New policy regarding Medical Pharmacy products under current clinical review	NEW TO MARKET MEDICAL PHARMACY PRODUCTS CURRENTLY UNDER CLINICAL REVIEW		
Medical	N/A	NEW TO MARKET MEDICAL PHARMACY PRODUCTS	New to Market Medical Pharmacy Products	EFFECTIVE 11/03/2022: New policy regarding New to Market Medical Products	NEW TO MARKET MEDICAL PHARMACY PRODUCTS		

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Medical	J3590, C9085	NEXVIAZYME	avalglucosidase alfa	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Pompe DX.	NEXVIAZYME (avalglucosidase alfa)	NEXVIAZYME (avalglucosidase alfa)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5110	NIVESTYM	filgrastim-aafi	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	NIVESTYM (filgrastim-aafi)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2796	NPLATE	romipostim	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	NPLATE (romipostim)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2182	NUCALA	mepolizumab	Yes, through the Plan Pharmacy Services. Eosinophilic asthma: Restricted to Pulmonology, Allergy, and Immunology specialists with authorization. Eosinophilic granulomatosis with polyangitis (EGPA): Restricted to a Pulmonology, Immunology, Allergy or Rheumatology specialist with authorization.	NUCALA (mepolizumab)	NUCALA (mepolizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3490, C9399	NULIBRY	fosdenopterin	Yes, through the Plan Pharmacy Services. Restricted to a neurologist, medical geneticist, or a provider who specializes in management of inborn errors of metabolism with authorization.	NULIBRY (fosdenopterin)	NULIBRY (fosdenopterin)	
Medical	J0485	NULOJIX	belatacept	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Renal Transplant or Immunosuppressive Therapy specialist with authorization.	NULOJIX (belatacept)	NULOJIX (belatacept)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5122	NYVEPRIA - non-preferred	pegfilgrastim-apgf	As of 09/01/2022: FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of NYVEPRIA. Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology or Hematology specialist with authorization.	NYVEPRIA (pegfilgrastim-apgf)	NYVEPRIA (pegfilgrastim-apgf)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5122	NYVEPRIA	pegfilgrastim-apgf	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	NYVEPRIA (pegfilgrastim-apgf)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2350	OCREVUS	ocrelizumab	Yes, through the Plan Pharmacy Services. Restricted to Neurology specialists with authorization.	OCREVUS (ocrelizumab)	OCREVUS (ocrelizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1568	OCTAGAM (IVIG), IMMUNE GLOBULIN	immune globulin (octagam liquid)	Yes, through the Plan Pharmacy Services.	OCTAGAM (IVIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5114	OGIVRI - non-preferred	trastuzumab-dkst	As of 03/01/2022: Herzuma, trazimera, phesgo will be the preferred trastuzumab products. Coverage of Ogivri requires failed trials of all preferred alternatives. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Oncology or Hematology specialist.	OGIVRI (trastuzumab-dkst)	OGIVRI (trastuzumab-dkst)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5114	OGIVRI	trastuzumab-dkst	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	OGIVRI (trastuzumab-dkst)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9205	ONIVYDE	irinotecan liposome injection	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ONIVYDE (irinotecan liposome injection)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0222	ONPATTRO	patisiran	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology, Hematology or Neurology specialist with authorization.	ONPATTRO (patisiran)	ONPATTRO (patisiran)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5112	ONTRUZANT - non-preferred	trastuzumab-dttb	As of 03/01/2022: Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Coverage of ONTRUZANT requires failed trials of all preferred alternatives. Prior authorization is required through the Plan and Pharmacy Services and is restricted to Oncology or Hematology specialist.	ONTRUZANT (trastuzumab-dttb)	ONTRUZANT (trastuzumab-dttb)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5112	ONTRUZANT	trastuzumab-dttb	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ONTRUZANT (trastuzumab-dttb)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9299	OPDIVO	nivolumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology or Hematologist specialist with authorization.	OPDIVO (nivolumab)	OPDIVO (nivolumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9299	OPDIVO	nivolumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	OPDIVO (nivolumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9999	OPDUALAG	nivolumab/relatlimab-rmbw	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	OPDUALAG (nivolumab/relatlimab-rmbw)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.

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Medical	J0129	ORENCIA (IV)	abatacept	Yes, through the Plan Pharmacy Services. Restricted to an Rheumatology specialist with authorization.	ORENCIA IV (abatacept)	ORENCIA IV (abatacept)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy	J0129	ORENCIA (SC)	abatacept	Yes, through Navitus. Restricted to an Rheumatology specialist with authorization.	ORENCIA SC (abatacept)	ORENCIA SC (abatacept)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7324	ORTHOVISC - non-preferred	hyaluronan or derivative	As of 08/01/2022: HYALGAN, SYNVISIC, SYNVISIC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of ORTHOVISC requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	ORTHOVISC (hyaluronan or derivative)	ORTHOVISC (hyaluronan or derivative)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3490, C9074	OXLUMO	lumasiran	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Nephrologist or Urologist specialist with authorization.	OXLUMO (lumasiran)	OXLUMO (lumasiran)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9177	PADCEV	enfortumab vedotin-eflv	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	PADCEV (enfortumab vedotin-eflv)	PADCEV (enfortumab vedotin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9177	PADCEV	enfortumab vedotin-eflv	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PADCEV (enfortumab vedotin-eflv)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9304	PEMFEXY	pemetrexed	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PEMFEXY (pemetrexed)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9305		pemetrexed	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PEMFEXY	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9247	PEPAXTO	melphalan	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology or Hematology specialist with authorization.	PEPAXTO (melphalan)	PEPAXTO (melphalan)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9247	PEPAXTO	melphalan	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PEPAXTO (melphalan)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9306	PERIETA	pertuzumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology or Hematology specialist with authorization.	PERIETA (pertuzumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9306	PERIETA	pertuzumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PERIETA (pertuzumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	C9399, J9316	PHESGO - preferred	pertuzumab, trastuzumab, hyaluronidase	As of 03/01/2022: Herzuma, trazimera, phesgo will be the preferred trastuzumab products. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Oncology or Hematology specialist.	PHESGO (pertuzumab) PHESGO (trastuzumab)	Coming Soon! PHESGO (trastuzumab)	
Medical	C9399, J9316	PHESGO	pertuzumab, trastuzumab, hyaluronidase	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PHESGO (pertuzumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	A9699	PLUVICTO	lutetium Lu 177 vipivotide tetraxetan	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PLUVICTO (lutetium Lu 177 vipivotide tetraxetan)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9309	POLIVY	polatuzumab vedotin-piiq	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) oncologist specialist with authorization.	POLIVY (polatuzumab vedotin-piiq)	POLIVY (polatuzumab vedotin-piiq)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9309	POLIVY	polatuzumab vedotin-piiq	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	POLIVY (polatuzumab vedotin-piiq)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9295	PORTRAZZA	nectinumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	PORTRAZZA (nectinumab)	PORTRAZZA (nectinumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9295	PORTRAZZA	nectinumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PORTRAZZA (nectinumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9204	POTELIGEO	mogamulizumab-kpkc	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	POTELIGEO (mogamulizumab-kpkc)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1459	PRIVIGEN (IVIG), IMMUNE GLOBULIN	privigen	Yes, through the Plan Pharmacy Services.	PRIVIGEN (IVIG)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.

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Pharmacy	J0885, Q4081	PROCRIPT - non-preferred	epoetin alfa, (for non-esrd use)	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	PROCRIPT (epoetin alpha)	PROCRIPT (epoetin alpha)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0885, Q4082	PROCRIPT - non-preferred	epoetin alfa, (for non-esrd use)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	PROCRIPT (epoetin alpha)	PROCRIPT (epoetin alpha)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0885	PROCRIPT	epoetin alfa, (for non-esrd use)	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PROCRIPT (epoetin alfa, (for non-esrd use))	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9015	PROLEUKIN	aldesleukin	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	PROLEUKIN (aldesleukin)	PROLEUKIN (aldesleukin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9015	PROLEUKIN	aldesleukin	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PROLEUKIN (aldesleukin)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0897	PROLIA, XGEVA	denosumab	Yes, through the Plan Pharmacy Services. Restricted to (at least in consultation with) a Oncology, Rheumatology, Internal Medicine, Family Medicine, Orthopedic Surgery, or Endocrinology specialist with authorization.	PROLIA, XGEVA (denosumab)	PROLIA, XGEVA (denosumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q2043	PROVENGE	sipuleucel-T	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	PROVENGE (sipuleucel-T)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1301	RADICAVA	edaravone	Yes, through the Plan Pharmacy Services. Restricted to an Neurology specialist with authorization.	RADICAVA (edaravone)	RADICAVA (edaravone)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0896	REBLOZYL	lusptercept	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	REBLOZYL (lusptercept-aamt)	REBLOZYL (lusptercept)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3590	RELEUKO	filgrastim-ayow	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RELEUKO (filgrastim-ayow)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1745	REMICADE - non-preferred	infliximab	Yes, through the Plan Pharmacy Services after failed trial of RENFLEXIS. Restricted to a Dermatology, Rheumatology, or Gastroenterology specialist with authorization.	REMICADE (infliximab)	REMICADE (infliximab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3285	REMODULIN IV	treprostinil	Generic Treprostinil will be covered with prior Authorization through the Plan Pharmacy Services. Brand REMODULIN will not be covered. Restricted to (in at least consultation with) a Cardiology or Pulmonology specialists with authorization.	REMODULIN IV (treprostinil)	REMODULIN IV (treprostinil)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5104	RENFLEXIS - preferred infliximab product	infliximab-abda	As of 10/01/2019: Prior authorization for the preferred infliximab product will only require provider attestation to an appropriate indication through the Plan Pharmacy Services. Restricted to a Dermatology, Rheumatology, or Gastroenterology specialist with authorization.	RENFLEXIS (infliximab)	RENFLEXIS (infliximab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy	Q5105, Q5106	RETACRIT - preferred	epoetin alfa-epbx	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	RETACRIT (epoetin alfa-epbx)	RETACRIT (epoetin alfa-epbx)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5105, Q5106	RETACRIT - preferred	epoetin alfa-epbx	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	RETACRIT (epoetin alfa-epbx)	RETACRIT (epoetin alfa-epbx)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5106	RETACRIT	epoetin alfa-epbx	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RETACRIT (epoetin alfa-epbx)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J7311	RETISERT	fluocinolone acetonide intravitreal implant	None. Not Covered.	RETISERT (fluocinolone acetonide intravitreal implant)		Medicare Prior Authorization is required. See Medical Policy.
Medical	J3590	RETHYMIC	allogeneic processed thymus tissue-agdc	Yes, through the Plan Pharmacy Services.	RETHYMIC (allogeneic processed thymus tissue-agdc)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy		RHOPRESSA	netarsudil	PHARMACY BENEFIT ONLY. Yes, through Navitus.	RHOPRESSA (netarsudil)	RHOPRESSA (netarsudil)	

INJECTABLE MEDICINES

SEARCH TIPS:


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Updated: 11/01/2022

Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	Q5123	RIABNI - non-preferred	rituximab-arxx	TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through the Plan Pharmacy Services. RIABNI will be covered after a failed trial of TRUXIMA AND RUXIENCE. Restricted to (in at least consultation with) a Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialist with authorization.	RIABNI (rituximab-arxx)	RIABNI (rituximab-arxx)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5123	RIABNI	rituximab-arxx	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RIABNI (rituximab-arxx)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9312	RITUXAN - non-preferred	rituximab	As of 07/01/2022: TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through the Plan Pharmacy Services. RITUXAN will be covered after a failed trial of TRUXIMA AND RUXIENCE. Restricted to (in at least consultation with) a Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialist with authorization.	RITUXAN (rituximab)	RITUXAN (rituximab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9312	RITUXAN	rituximab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RITUXAN (rituximab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9311	RITUXAN HYCELA	rituximab and hyaluronidase human	TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialist with authorization.	RITUXAN HYCELA (rituximab and hyaluronidase human)	RITUXAN HYCELA (rituximab and hyaluronidase human)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9311	RITUXAN HYCELA	rituximab and hyaluronidase human	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RITUXAN HYCELA (rituximab and hyaluronidase human)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9312	RITUXIMAB IV	rituxan, truxima, ruxiencem riabni	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RITUXIMAB IV (rituxan, truxima, ruxiencem, riabni)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5119	RUXIENCE - preferred	rituximab-pvvr	As of 10/01/2020: TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialists with authorization.	RUXIENCE (rituximab-pvvr)	RUXIENCE (rituximab-pvvr)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5119	RUXIENCE	rituximab-pvvr	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RUXIENCE (rituximab-pvvr)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9061	RYBREVANT	amivantamab-vmjw	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncologist or Hematologist specialist with authorization.	RYBREVANT (amivantamab-vmjw)	RYBREVANT (amivantamab-vmjw)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9061	RYBREVANT	amivantamab-vmjw	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	RYBREVANT (amivantamab-vmjw)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2998	RYPLAZIM	plasminogen, human-tvmh	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a medical Hematologist or MD specializing in plasminogen deficiency (PLGD) with authorization.	RYPLAZIM (plasminogen, human-tvmh)	RYPLAZIM (plasminogen, human-tvmh)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2353, J2354	SANDOSTATIN	octreotide	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Endocrinologist, Oncologist, or gastroenterologist specialist with authorization.	SANDOSTATIN (octreotide acetate)	SANDOSTATIN (octreotide acetate)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy		SANDOSTATIN	octreotide	Yes, through Navitus. Restricted to (in at least consultation with) a Endocrinologist, Oncologist, or Gastroenterologist specialist with authorization.	SANDOSTATIN (octreotide acetate)	SANDOSTATIN (octreotide acetate)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J2353	SANDOSTATIN LAR	octreotide suspension	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	SANDOSTATIN (octreotide suspension)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J0491	SAPHNELO	anifrolumab-fnia	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Rheumatology specialist with authorization.	SAPHNELO (anifrolumab-fnia)	SAPHNELO (anifrolumab-fnia)	
Medical	J9227	SARCLISA	isatuximab-irfc	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	SARCLISA (isatuximab-irfc)	SARCLISA (isatuximab-irfc)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9227	SARCLISA	isatuximab-irfc	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	SARCLISA (isatuximab-irfc)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD	
Medical	J7352	SCENESSE	afamelanotide	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Dermatologist, Medical Geneticist, or a Physician specializing in the treatment of cutaneous porphyrias with authorization.	SCENESSE (afamelanotide)	SCENESSE (afamelanotide)	Medicare Prior Authorization is required. See Medical Policy.	
Medical	90750	SHINGRIX	zoster vaccine	Yes, through the Plan Pharmacy Services for members under the age of 50.		SHINGRIX (zoster vaccine)	No Prior Authorization Required. CMS guidelines must be followed.	
Medical	J2502	SIGNIFOR LAR	pasireotide	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Endocrinologist specialist with authorization.	SIGNIFOR LAR (pasireotide)	SIGNIFOR LAR (pasireotide)		
Medical	J1602	SIMPONI ARIA	golimumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Rheumatology (Rheumatoid Arthritis, Peripheral Ankylosing Spondylitis, or Psoriatic Arthritis) or Gastroenterology specialist with authorization.	SIMPONI ARIA (golimumab)	SIMPONI ARIA (golimumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.	
Pharmacy	J1602	SIMPONI ARIA	golimumab	Yes, through Navitus. Restricted to (in at least consultation with) an Rheumatology (Rheumatoid Arthritis, Peripheral Ankylosing Spondylitis, or Psoriatic Arthritis) or Gastroenterology specialist with authorization.	SIMPONI ARIA (golimumab)	SIMPONI ARIA (golimumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.	
Medical	J7402	SINUVA	mometasone furoate	Yes, through the Plan Pharmacy Services. Restricted to ENT specialist with authorization.	SINUVA (mometasone furoate)	SINUVA (mometasone furoate)	Medicare Prior Authorization is required. See Medical Policy.	
Medical		SITE OF SERVICE		Yes, through the Plan Pharmacy Services. Requests for select specialty drugs as listed in the list in section 'Drugs in Scope' to be administered in a hospital outpatient setting may be directed to a preferred alternative site of care, such as home infusion provider or a physician office.	SITE OF SERVICE		Medicare Prior Authorization is required. See Medical Policy.	
Medical	J3590	SKYRIZI IV	risankizumab	Yes, through Plan Pharmacy Services. Restricted to Gastroenterology.	SKYRIZI IV (risankizumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.	
Medical	J1300	SOLIRIS	eculizumab	Yes, through the Plan Pharmacy Services. Restricted to a Neurologist or Neuro-Ophthalmologist, Nephrology, Hematology, Oncology, or Transplant specialist with authorization.	SOLIRIS (eculizumab)	SOLIRIS (eculizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.	
Medical	J1930	SOMATULINE	lanreotide depot	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Endocrinologist, Oncologist, or gastroenterologist specialist with authorization.	SOMATULINE (lanreotide depot)	SOMATULINE (lanreotide depot)		
Medical	J2326	SPINRAZA	nusinersen	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Neurology specialist with expertise in SMA treatment with authorization.	SPINRAZA (nusinersen)	SPINRAZA (nusinersen)	Medicare Prior Authorization is required. See Medical Policy.	
Medical	J3490_S0013	SPRAVATO	esketamine	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Psychiatrist or Psychiatric Nurse Practitioner with authorization.	SPRAVATO (esketamine)	SPRAVATO (esketamine)	Medicare Prior Authorization is required. See Medical Policy.	
Medical	J3358	STELARA (IV)	ustekinumab	Yes, through the Plan Pharmacy Services. Restricted to an Gastroenterology specialist with authorization.	STELARA IV (ustekinumab)	STELARA IV (ustekinumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.	
Pharmacy	J3358	STELARA (SC)	ustekinumab	Yes, through Navitus. Restricted to a Gastroenterology specialist with authorization.	STELARA SC (ustekinumab)	STELARA SC (ustekinumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.	
Pharmacy		Sublingual Immunotherapy (SLIT) for ALLERGY products	GRASTEK (Timothy grass pollen allergen extract), RAGWITEK (Short ragweed pollen allergen extract), ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue grass mixed pollens allergen extract), ODACTRA (House Dust Mite allergen extract)	Yes, through Navitus. Must be prescribed by an allergist, immunologist, or physician with active and ongoing experience in the diagnosis and treatment of allergic disease and use of immunotherapy products with authorization	SLIT for Allergy Products	SLIT for Allergy Products		
Medical	J7321	SUPARTZ FX - non-preferred	hyaluronan or derivative	As of 08/01/2022: HYALGAN, SYNVIS, SYNVIS ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of SUPARTZ FX requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	SUPARTZ FX (hyaluronan or derivative)	SUPARTZ FX (hyaluronan or derivative)	See CMS Guidance for Jurisdictions of WI, IL, MO.	

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Updated: 11/01/2022

Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J1627	SUSTOL	granisetron extended-release	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	SUSTOL (granisetron extended-release)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J2860	SYLVANT	siltuximab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	SYLVANT (siltuximab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	90378	SYNAGIS	palivizumab	Yes, through the Plan Pharmacy Services. Restricted to NICU Physician, Neonatologist, or Pediatric specialist (including family practice, general pediatrics, pediatric pulmonology, and pediatric cardiology) with authorization.	SYNAGIS (palivizumab)	SYNAGIS (palivizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9262	SYNRIBO	omacetaxine	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	SYNRIBO (omacetaxine)	SYNRIBO (omacetaxine)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J7325	SYNVISC - preferred	hyaluronan or derivative	As of 08/01/2022: SYNVISC ONE, HYALGAN, SYNVISC, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred products.	SYNVISC (hyaluronan or derivative)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7325	SYNVISC ONE - preferred	hyaluronan or derivative	As of 08/01/2022: SYNVISC ONE, HYALGAN, SYNVISC, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred products.	SYNVISC ONE (hyaluronan or derivative)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q2053	TECARTUS	brexucabtagene autoleucl	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	TECARTUS (brexucabtagen autoleucl)	TECARTUS (brexucabtagen autoleucl)	
Medical	Q2053	TECARTUS	brexucabtagene autoleucl	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	TECARTUS (atezolizumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9022	TECENTRIQ	atezolizumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	TECENTRIQ (atezolizumab)	TECENTRIQ (atezolizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9022	TECENTRIQ	atezolizumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	TECENTRIQ (atezolizumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3241	TEPEZZA	teprotumumab-trbw	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Ophthalmologist and Endocrinologist specialist with authorization.	TEPEZZA (teprotumumab-trbw)	TEPEZZA (teprotumumab-trbw)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2356	TEZSPIRE	tezepelumab	Yes, through the Plan Pharmacy Services.	TEZSPIRE (tezepelumab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9273	TIVDAK	tisotumab vedotin-tftv	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncology specialist with authorization.	TIVDAK (tisotumab vedotin-tftv)	TIVDAK (tisotumab vedotin-tftv)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9273	TIVDAK	tisotumab vedotin-tftv	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	TIVDAK (tisotumab vedotin-tftv)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5116	TRAZIMERA - preferred	trastuzumab-qyyp	Yes, through the Plan Pharmacy Services. Restricted to an Oncology specialist with authorization.	TRAZIMERA (trastuzumab-qyyp)	TRAZIMERA (trastuzumab-qyyp)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5116	TRAZIMERA	trastuzumab-qyyp	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	TRAZIMERA (trastuzumab-qyyp)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9033	TREANDA	bendamustine	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	TREANDA (bendamustine)	TREANDA (bendamustine)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9033	TREANDA	bendamustine	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	TREANDA (bendamustine)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1443, J1444	TRIFERIC - non-preferred	ferric pyrophosphate citrate solution, powder	As of 08/01/2022: VENOFER, INFED, FERLECIT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	TRIFERIC (ferric pyrophosphate citrate solution, powder)	TRIFERIC (ferric pyrophosphate citrate solution, powder)	

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J1445	TRIFERIC AVNU- non-preferred	ferric pyrophosphate citrate	As of 08/01/2022: VENOFER, INFED, FERRELECIT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	TRIFERIC AVNU (ferric pyrophosphate citrate)	TRIFERIC AVNU (ferric pyrophosphate citrate)	
Medical	J7332	TRILURON - preferred	sodium hyaluronate	As of 08/01/2022: HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred product	TRILURON (sodium hyaluronate)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J7329	TRIVISC - non-preferred	hyaluronan or derivative	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of TRIVISC requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	TRIVISC (hyaluronan or derivative)	TRIVISC (hyaluronan or derivative)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9317	TRODELVY	sacituzumab govitecan-hzly	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	TRODELVY (sacituzumab govitecan-hzly)	TRODELVY (sacituzumab govitecan-hzly)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9317	TRODELVY	sacituzumab govitecan-hzly	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	TRODELVY (sacituzumab govitecan-hzly)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1746	TROGARZO	ibalizumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Infectious Disease specialist with authorization.	TROGARZO (ibalizumab)	TROGARZO (ibalizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5115	TRUXIMA - preferred	rituximab-abbs	As of 10/01/2020: TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialist with authorization.	TRUXIMA (rituximab)	TRUXIMA (rituximab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5115	TRUXIMA	rituximab-abbs	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	TRUXIMA (rituximab-abbs)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2323	TYSABRI	natalizumab injection	Yes, through the Plan Pharmacy Services. Restricted to a Neurology or Gastroenterology specialist with authorization.	TYSABRI (natalizumab)	TYSABRI (natalizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5111	UDENYCA - non-preferred	pegfilgrastim-cbqv	As of 09/01/2022: FULPHILA and ZIEXTENZO will be the preferred pegfilgrastim products. Coverage of UDENYCA requires a failed trial of FULPHILA and ZIEXTENZO. Restricted to (in at least consultation with) a Hematologist or Oncologist specialist with authorization through the Plan Pharmacy Services.	UDENYCA (pegfilgrastim-cbqv)	UDENYCA (pegfilgrastim-cbqv)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5111	UDENYCA	pegfilgrastim-cbqv	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	UDENYCA (pegfilgrastim-cbqv)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1303	ULTOMIRIS	ravulizumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Hematology, Oncology, or Immunology specialist with authorization.	ULTOMIRIS (ravulizumab)	ULTOMIRIS (ravulizumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3490	UPTRAVI-IV	selexipag	Yes, though the Plan Pharmacy Services. Restricted to (in at least consultation with) a cardiologist or pulmonologist with authorization.	UPTRAVI-IV (selexipag)	UPTRAVI-IV (selexipag)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy	J3490	UPTRAVI	selexipag	Yes, though Navitus. Restricted to (in at least consultation with) a cardiologist or pulmonologist with authorization.	UPTRAVI (selexipag)	UPTRAVI (selexipag)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9303	VECTIBX	panitumumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	VECTIBX (panitumumab)	VECTIBX (panitumumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9303	VECTIBX	panitumumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	VECTIBX (panitumumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9041, J9044	VELCADE - non-preferred	bortezomib - preferred	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization. Brand VELCADE will not be covered without failure with the interchangeable generic product.	VELCADE (bortezomib)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.

INJECTABLE MEDICINES

SEARCH TIPS:

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Updated: 11/01/2022

Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J9041, J9044	VELCADE	bortezomib - preferred	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	VELCADE (bortezomib)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J1756	VENOFER - preferred	iron sucrose	As of 08/01/2022: VENOFER, INFED, FERRELECT, and FERAHEME are the preferred parenteral iron products and do not require prior authorization. INJECTAFER, MONOFERRIC, TRIFERIC, and TRIFERIC AVNU are the non-preferred parenteral iron products and prior authorization is required through the Plan Pharmacy Services with authorization.	VENOFER (iron sucrose)		
Medical	J1427	VILTEPSO	viltolarsen	None. Not Covered.	VILTEPSO (viltolarsen)		
Medical	J1323	VIMIZIM	elosulfase (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Mucopolysaccharidosis IVA with authorization.	VIMIZIM (elosulfase)	VIMIZIM (elosulfase)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J7321	VISCO-3 - non-preferred	hyaluronan or derivative	As of 08/01/2022: HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of VISCO-3 requires a failed trial of a preferred product. Prior authorization is required through the Plan Pharmacy Services and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	VISCO-3 (hyaluronan or derivative)	VISCO-3 (hyaluronan or derivative)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3396	VISUDYNE	verteporfin	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Ophthalmologist specialist with authorization.	VISUDYNE (verteporfin)	VISUDYNE (verteporfin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3385	VPRIV	velaglucerase alfa (Intravenous)	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Gaucher DX with authorization.	VPRIV (velaglucerase alfa)	VPRIV (velaglucerase alfa)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3032	VYEPTI	eptinezumab-ijmr	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Neurologist specialist with authorization.	VYEPTI (eptinezumab-ijmr)	VYEPTI (eptinezumab-ijmr)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1429	VYONDYS 53	golodirsen	None. Not Covered.	VYONDYS 53 (golodirsen)		
Medical	J9332	VYVGART	efgartigimod alfa-fcab	Yes, through the Plan Pharmacy Services. Must be prescribed by or in consultation with a neurologist.	VYVGART (efgartigimod)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9153	VYXEOS	daunorubicin and cytarabine – liposome	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	VYXEOS (daunorubicin and cytarabine – liposome)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Pharmacy		VYZULTA	latanoprostene bunod	PHARMACY BENEFIT ONLY. Yes, through Navitus.	VYZULTA (latanoprostene bunod)	VYZULTA (latanoprostene bunod)	
Medical	J1558	XEMBIFY (SCIG)	immune globulin	Yes, through the Plan Pharmacy Services.	XEMBIFY (SCIG)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0588	XEOMIN	incobotulinumtoxinA	No prior authorization is required.	XEOMIN (incobotulinumtoxinA)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J3299	XIPERE	triamcinolone acetone injectable suspension	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an ophthalmologist specialist with authorization.	XIPERE (triamcinolone acetone injectable suspension)	XIPERE (triamcinolone acetone injectable suspension)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J2357	XOLAIR	omalizumab, 5mg	Yes, through the Plan Pharmacy Services. Restricted to a Allergy, Pulmonology, Immunology or Dermatology specialist with authorization.	XOLAIR (omalizumab)	XOLAIR (omalizumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9228	YERVOY	ipilimumab	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Oncology or Dermatology specialist with authorization.	YERVOY (ipilimumab)	YERVOY (ipilimumab)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9228	YERVOY	ipilimumab	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	YERVOY (ipilimumab)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q2041	YESCARTA	axicabtagene ciloleuce	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	YESCARTA (axicabtagene ciloleuce)	YESCARTA (axicabtagene ciloleuce)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q2041	YESCARTA	axicabtagene ciloleuce	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	YESCARTA (axicabtagene ciloleuce)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.

INJECTABLE MEDICINES

SEARCH TIPS:



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Updated: 11/01/2022

Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form	MAPD
Medical	J9352	YONDELIS	trabectedin	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	YONDELIS (trabectedin)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	J9400	ZALTRAP	ziv-aflibercept	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ZALTRAP (ziv-aflibercept)	ZALTRAP (ziv-aflibercept)	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5101	ZARXIO	filgrastim-ayow	EFFECTIVE 01/01/2023. Does not require prior authorization	ZARXIO (filgrastim-ayow)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0256	ZEMAIRA/PROLASTIN-C	alpha-1-proteinase inhibitor (human)	Yes through the Plan Pharmacy Services. Restricted to an Pulmonology specialist with authorization.	ZEMAIRA/PROLASTIN-C (alpha-1-proteinase inhibitor)	ZEMAIRA/PROLASTIN-C (alpha-1-proteinase inhibitor)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9223	ZEPZELCA	lurbinectedin	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ZEPZELCA (lurbinectedin)	ZEPZELCA (lurbinectedin)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9223	ZEPZELCA	lurbinectedin	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ZEPZELCA (lurbinectedin)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	Q5120	ZIEXTENZO - preferred	pegfilgrastim-bmez	PREFERRED PEGFILGRASTIM PRODUCT. No prior authorization required. Restricted to (in at least consultation with) a Oncology or Hematology specialist.	ZIEXTENZO (pegfilgrastim-bmez)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5120	ZIEXTENZO - preferred	pegfilgrastim-bmez	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ZIEXTENZO (pegfilgrastim-bmez)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J0565	ZINPLAVA	bezlotoxumab	Yes, through the Plan Pharmacy Services. Restricted to a Infectious Disease or Gastroenterology specialist with authorization.	ZINPLAVA (bezlotoxumab)	ZINPLAVA (bezlotoxumab)	See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5118	ZIRABEV - preferred	bevacizumab-bvzr	As of 10/01/2020: MVASI and ZIRABEV will be the preferred bevacizumab products. No prior authorization required. Please see attached policy for criteria.	ZIRABEV (bevacizumab-bvzr)		See CMS Guidance for Jurisdictions of WI, IL, MO.
Medical	Q5118	ZIRABEV - preferred	bevacizumab-bvzr	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ZIRABEV (bevacizumab-bvzr)	Coming Soon!	Medicare Prior Authorization is required. See Medical Policy.
Medical	J3399	ZOLGENSMA	onasemnogene abeparvovic-xioi	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Neurologist with expertise in the diagnosis of Spinal Muscular Atrophy (SMA) with authorization.	ZOLGENSMA (onasemnogene abeparvovic-xioi)	ZOLGENSMA (onasemnogene abeparvovic-xioi)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J1632	ZULRESSO	brexanolone	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) a Psychiatrist or an Obstetrician-Gynecologist specialist with authorization.	ZULRESSO (brexanolone)	ZULRESSO (brexanolone)	Medicare Prior Authorization is required. See Medical Policy.
Medical	J9999	ZYNLONTA	loncastuximab tesirine	Yes, through the Plan Pharmacy Services. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ZYNLONTA (loncastuximab tesirine)	ZYNLONTA (loncastuximab tesirine)	
Medical	J9999	ZYNLONTA	loncastuximab tesirine	EFFECTIVE 01/01/2023. Yes, through the Plan Pharmacy services	ZYNLONTA (loncastuximab)	Coming Soon!	See CMS Guidance for Jurisdictions of WI, IL, MO.
Notes:							
			These drugs are all medical injectable drugs, and are not listed on the WellFirst Health drug formulary. The on-line formulary only lists drugs covered by the pharmacy benefit.	There are claim specific edits for many of these drugs. The edits limit the uses of these drugs to approved indications and dosages. In addition, WellFirst Health has payment restrictions consistent with WellFirst Health Medical or Drug Policies.		The Health Plan will not cover U.S. Food and Drug Administration (FDA) approved drugs that are new to the market until the Pharmacy and Therapeutics (P&T) Committee formally reviews and grants approval, within a maximum timeframe of 1 year from FDA approval. If a provider believes that use of a new drug is medically necessary prior to P&T Committee approval, they may submit an exception to coverage form request.	
		J3590 and J3490 are miscellaneous codes used for drugs that do not have a J code assigned by the FDA. New drugs may take between 12-18 months to get a J code assigned		Any drug submitted under either J3590 or J3490 with a cost of \$750 or greater will be reviewed post-claim by WellFirst Health.	It is recommended that any use of the miscellaneous codes be pre-approved ahead of time through WellFirst Health Utilization Management, especially for off-label uses from FDA indications.	Pharmacy Drug Exception to Coverage Form - IL Pharmacy Drug Exception to Coverage Form - MO	Medical Injectable Drug Exception to Coverage Form - IL Medical Injectable Drug Exception to Coverage Form - MO