



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary

90378 (CPT)	<b>Synagis</b>	palivizumab (respiratory syncytial virus immune globulin [RSV-IgIM], for intramuscular use, 50 mg, each)	Medical (PA)	
A9268	<b>Vibrant</b>	Programmer for transient, orally ingested capsule	Pharmacy (PA)	
A9269	<b>Vibrant</b>	Programable, transient, orally ingested capsule, for use with external programmer, per month	Pharmacy (PA)	
A9291		Prescription digital cognitive and/or behavioral therapy, fda cleared, per course of treatment	Medical (PA)	
A9513	<b>Lutathera</b>	lutetium lu 177, dotatate, therapeutic, 1 millicurie	Medical (PA)	
A9590	<b>Azedra</b>	Iodine I-131, iobenguane, 1 millicurie	Medical (PA)	
A9606	<b>Xofigo</b>	radium ra-223 dichloride, therapeutic, per microcurie	Medical (PA)	
A9607	<b>Pluvicto</b>	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Medical (PA)	
A9608	<b>Posluma</b>	Flotufolostat f 18, diagnostic, 1 millicurie	Medical	
A9609		Fludeoxyglucose f18 up to 15 millicuries	Medical	
A9800	<b>Locametz</b>	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	Medical	
B4105	<b>Relizorb</b>	in-line cartridge digestive enzyme for enteral feeding each	Medical	
C9046	<b>Goprelto</b>	Cocaine hydrochloride nasal solution (goprelto), 1 mg	Medical	
C9047	<b>Cablivi</b>	Injection, caplacizumab-yhdp, 1 mg	Medical (PA)	



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C9088	<b>Zynrelef</b>	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Medical	
C9089	<b>Xaracoll</b>	Bupivacaine, collagen-matrix implant, 1 mg	Medical	
C9101	<b>Olinvyk</b>	Injection, oliceridine, 0.1 mg	Medical	
C9143	<b>Numbrino</b>	Cocaine hydrochloride nasal solution (numbrino), 1 mg	Medical	
C9144	<b>Posimir</b>	Injection, bupivacaine (posimir), 1 mg	Medical	
C9145	<b>Aponvie</b>	Injection, aprepitant, (aponvie), 1 mg	Medical (NF)	
C9169	<b>Anktiva</b>	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Medical	
C9170	<b>Imdelltra</b>	Injection, tarlatamab-dlle, 1 mg	Medical (PA)	
C9172	<b>Beqvez</b>	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Medical (PA)	
C9248	<b>Cleviprex</b>	injection, clevidipine butyrate	Medical	
C9250	<b>Artiss</b>	artiss fibrin sealant	Medical	
C9290	<b>Exparel</b>	injection, bupivacaine liposome, 1 mg	Medical	
C9293	<b>Voraxaze</b>	injection, glucarpidase, 10 units	Medical	
C9399		Unclassified	Medical	
C9462	<b>Baxdela</b>	injection, delafloxacin, 1 mg	Medical	
C9482	<b>Sotalol</b>	injection, sotalol hydrochloride, 1 mg	Medical	
C9488	<b>Vaprisol</b>	injection, conivaptan hydrochloride, 1 mg	Medical	
D4381	<b>Arestin</b>	minocycline microspheres, 1 mg	Medical	



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G2082	<b>Spravato</b>	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	Either (PA)	May bill either benefit, PA required regardless of benefit
G2083	<b>Spravato</b>	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	Either (PA)	May bill either benefit, PA required regardless of benefit
J0121	<b>Nuzyra</b>	Injection, omadacycline, 1 mg	Medical (PA)	
J0122	<b>Xerava</b>	Injection, eravacycline, 1 mg	Medical	
J0129	<b>Orencia</b>	injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Either (PA)	May bill either benefit, PA required regardless of benefit
J0130	<b>Reopro</b>	injection abciximab, 10 mg	Medical	
J0131		Injection, acetaminophen, not otherwise specified,10 mg	Medical	
J0132	<b>Acetadote</b>	injection, acetylcysteine, 100 mg	Medical	
J0133		injection, acyclovir, 5 mg	Medical	



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J0134		Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	Medical	
J0135	<b>Humira</b>	injection, adalimumab, 20 mg	Pharmacy (PA)	
J0136		Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	Medical	
J0137		Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	Medical	
J0138	<b>Combogesic IV</b>	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Medical (NF)	
J0153	<b>Adenoscan</b>	injection, adenosine , 1 mg	Medical	
J0171		injection, adrenalin, epinephrine, 0.1 mg	Medical	
J0172	<b>Aduhelm</b>	Injection, aducanumab-awwa, 2 mg	Medical (PA)	
J0173		Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg	Medical (NF)	
J0174	<b>Leqembi</b>	Injection, lecanemab-irmb, 1 mg	Medical (PA)	
J0175	<b>Kisunla</b>	Injection, donanemab-azbt, 2 mg	Medical (PA)	
J0177	<b>Eylea HD</b>	Injection, aflibercept hd, 1 mg	Medical (PA)	
J0178	<b>Eylea</b>	injection, aflibercept, 1 mg	Medical	
J0179	<b>Beovu</b>	Injection, brolucizumab-dbl, 1 mg	Either	
J0180	<b>Fabrazyme</b>	injection, agalsidase beta, 1 mg	Medical (PA)	
J0184	<b>Barhemsys</b>	Injection, amisulpride, 1 mg	Medical (NF)	
J0185	<b>Cinvanti</b>	injection, aprepitant, 1 mg	Medical	
J0202	<b>Lemtrada</b>	injection alemtuzumab 1 mg	Medical (PA)	
J0205	<b>Ceredase</b>	injection, alglucerase, 1 mg	Medical	
J0206	<b>Aloprim</b>	Injection, allopurinol sodium, 1 mg	Medical	
J0207	<b>Ethylol</b>	injection, amifostine, 500 mg	Medical	



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J0208	<b>Pedmark</b>	Injection, sodium thiosulfate (pedmark), 100 mg	Medical (PA)	
J0209		Injection, sodium thiosulfate (hope), 100 mg	Medical	
J0210	<b>Amevive</b>	injection, methyldopate hcl, up to 250 mg	Medical	
J0211	<b>Nithiodote</b>	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	Medical	
J0215		alefacept	Medical	
J0216		Injection, alfentanil hydrochloride, 500 micrograms	Medical	
J0217	<b>Lamzede</b>	Injection, velmanase alfa-tycv, 1 mg	Medical (PA)	
J0218	<b>Xenpozyme</b>	Injection, olipudase alfa-rpcp, 1 mg	Medical (PA)	
J0219	<b>Nexviazyme</b>	Injection, avalglucosidase alfa-ngpt, 4 mg	Medical (PA)	
J0220	<b>Myozyme</b>	injection, alglucosidase alfa, 10 mg, not otherwise specified	Medical (PA)	
J0221	<b>Lumizyme</b>	injection, alglucosidase alfa, (lumizyne), 10 mg	Medical (PA)	
J0222	<b>Onpattro</b>	Injection, Patisiran, 0.1 mg	Medical (PA)	
J0223	<b>Givlaari</b>	Injection, givosiran, 0.5 mg	Medical (PA)	
J0224	<b>Oxlumo</b>	Injection, lumasiran, 0.5 mg	Medical (PA)	
J0225	<b>Amvuttra</b>	Injection, vutrisiran, 1 mg	Medical (PA)	
J0248	<b>Veklury</b>	Injection, remdesivir, 1 mg	Medical	
J0256	<b>Aralast NP, Prolastin, Prolastin C, Zemaira</b>	injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Medical (PA)	
J0257	<b>Glassia</b>	injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Medical (PA)	
J0270	<b>Caverject, Edex</b>	prostaglandin e1,ic	Pharmacy	
J0275	<b>Muse</b>	alprostadil urethral suppository	Pharmacy	



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J0278		injection, amikacin sulfate, 100 mg	Medical	
J0280		injection, aminophyllin, up to 250 mg	Medical	
J0282		Injection, amiodarone hydrochloride, 30 mg	Medical	
J0283	<b>Nexterone</b>	Injection, amiodarone hydrochloride (nexterone), 30 mg	Medical	
J0285		injection, amphotericin b, 50mg	Medical	
J0287	<b>Abelcet</b>	injection, amphotericin b lipid complex, 10 mg	Medical	
J0288	<b>Amphotec</b>	injection, ampho b cholesteryl sulfate, 10mg	Medical	
J0289	<b>Ambisome</b>	injection, amphotericin b liposome, 10mg	Medical	
J0290		injection, ampicillin sodium, 500 mg	Medical	
J0291	<b>Zemdri</b>	Injection, plazomicin, 5 mg	Medical	
J0295		injection, ampicillin sodium/sulbactam sodium, per 1.5 g	Medical	
J0348	<b>Eraxis</b>	injection, anidulafungin, 1 mg	Medical	
J0349	<b>Rezzayo</b>	Injection, rezafungin, 1 mg	Medical	
J0360		injection, hydralazine hcl, up to 20 mg	Medical	
J0364	<b>Apokyn</b>	injection, apomorphine hydrochloride 1 mg	Pharmacy (PA)	
J0365	<b>Trasylol</b>	injection, aprtonin, 10,000kiu	Medical	
J0391		Injection, artesunate, 1 mg	Medical	
J0400	<b>Abilify</b>	Injection, aripiprazole, intramuscular, 0.25 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J0401	<b>Abilify Maintena</b>	Injection, aripiprazole (abilify maintena), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit



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J0402	<b>Abilify Asimtufii</b>	Injection, aripiprazole (abilify asimtufii), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J0456	<b>Zithromax</b>	injection, azithromycin, 500 mg	Medical	
J0457	<b>Azactam</b>	Injection, aztreonam, 100 mg	Medical	
J0461		injection, atropine sulfate, 0.01 mg	Medical	
J0470	<b>Bal in Oil</b>	injection, dimecaprol 100mg	Medical	
J0475	<b>Lioresal</b>	injection, baclofen, 10 mg	Medical	
J0476	<b>Gablofen, Lioresal</b>	injection, baclofen, 50 mcg for intrathecal trial	Medical	
J0480	<b>Simulect</b>	Injection, basiliximab, 20 mg	Medical	
J0485	<b>Nulojix</b>	injection, belatacept, 1 mg	Medical (PA)	
J0490	<b>Benlysta</b>	injection, belimumab, 10 mg	Pharmacy (PA)	
J0491	<b>Saphnelo</b>	Injection, anifrolumab-fnia, 1 mg	Medical (PA)	
J0500	<b>Bentyl</b>	injection, dicyclomine hcl, up to 20 mg	Medical	
J0515	<b>Cogentin</b>	injection, benzotropine mesylate, per 1 mg	Medical	
J0517	<b>Fasenra</b>	Injection, benralizumab, 1 mg	Either (PA)	Syringe: Medical only Pen: Pharmacy only PA required regardless of benefit
J0558	<b>Bicillin C-R</b>	injection, penicillin g benzathine and penicillin g procaine, 100,000 units	Medical	
J0561	<b>Bicillin L-A</b>	injection, penicillin g benzathine, 100,000 units	Medical	
J0565	<b>Zinplava</b>	injection, bezlotoxumab, 10 mg	Medical (PA)	
J0567	<b>Brineura</b>	injection, cerliponase alfa, 1 mg	Medical (PA)	
J0570	<b>Probuphine</b>	buprenorphine implant 74.2mg	Medical (PA)	



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J0571	<b>Subutex</b>	buprenorphine, oral , 1 mg	Pharmacy	
J0572	<b>Suboxone</b>	buprenorphine/naloxone, oral, less than or equal to 3 mg	Pharmacy	
J0573	<b>Suboxone</b>	buprenorphine/naloxone, oral, greater than 3 mg but less than or equal to 6 mg	Pharmacy	
J0574	<b>Suboxone</b>	buprenorphine/naloxone, oral, greater than 6 mg , but less than or equal to 10 mg	Pharmacy	
J0575	<b>Suboxone</b>	buprenorphine/naloxone, oral, greater than 10 mg	Pharmacy	
J0577	<b>Brixadi</b>	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	Either (PA)	May bill either benefit, PA required regardless of benefit
J0578	<b>Brixadi</b>	Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days of therapy	Either (PA)	May bill either benefit, PA required regardless of benefit
J0583	<b>Angiomax</b>	injection, bivalirudin, 1 mg	Medical	
J0584	<b>Crysvita</b>	inj burosumab-twza, 1mg	Medical (PA)	
J0585	<b>Botox</b>	injection, onabotulinumtoxina, 1 unit	Medical (PA)	
J0586	<b>Dysport</b>	injection, abobotulinumtoxina	Medical (PA)	
J0587	<b>Myobloc</b>	injection, rimabotulinumtoxina, 100 units	Medical (PA)	
J0588	<b>Xeomin</b>	injection, incobotulinumtoxina, 1 unit	Medical (PA)	
J0589	<b>Daxxify</b>	Injection, daxibotulinumtoxina-lanm, 1 unit	Medical (PA)	
J0592		injection, buprenorphine hcl, 0.1 mg	Medical (PA)	
J0593	<b>Takhzyro</b>	Injection, lanadelumab-flyo, 1 mg	Pharmacy (PA)	
J0594		injection, busulfan, 1 mg	Medical	
J0595		injection, butorphanol tartrate, 1 mg	Medical	
J0596	<b>Ruconest</b>	injection, c1 esterase inhib ruconest 10 u	Pharmacy (PA)	





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J0597	<b>Berinert</b>	injection, c-1 esterase inhibitor (human), berinert, 10 units	Pharmacy (PA)	
J0598	<b>Cinryze</b>	injection, c-1 esterase, 10 units	Pharmacy (PA)	
J0599	<b>Haegarda</b>	injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Pharmacy (PA)	
J0600		injection, edetate calcium disodium, 1000mg	Medical	
J0604	<b>Sensipar</b>	cinacalcet, oral, 1mg (for esrd on dialysis)	Pharmacy	
J0606	<b>Parsabiv</b>	injection, etelcalcetide, 0.1 mg	Medical	
J0612		Injection, calcium gluconate, not otherwise specified, 10 mg	Medical	
J0613		Injection, calcium gluconate (wg critical care), not therapeutically equivalent to j0612, 10 mg	Medical	
J0630	<b>Micalcin</b>	injection, calcitonin salmon, up to 400 units	Pharmacy	
J0637	<b>Canidas</b>	injection, caspofungin acetate, 5 mg	Medical	
J0638	<b>Ilaris</b>	injection, canakinumab	Medical (PA)	
J0640		injection, leucovorin calcium, per 50 mg	Medical	
J0641		Injection, levoleucovorin, not otherwise specified, 0.5 mg	Medical	
J0642	<b>Khapzory</b>	Injection, levoleucovorin (khapzory), 0.5 mg	Medical (NF)	
J0650		Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Medical	
J0651		Injection, levothyroxine sodium (fresenius kabi), not therapeutically equivalent to j0650, 10 mcg	Medical (NF)	



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J0652		Injection, levothyroxine sodium (hikma), not therapeutically equivalent to j0650, 10 mcg	Medical (NF)	
J0665		Injection, bupivacaine, not otherwise specified, 0.5 mg	Medical	
J0670	<b>Polocaine</b>	injection, mepivacaine hcl, per 10 ml	Medical	
J0687		Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	Medical (NF)	
J0688		Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	Medical (NF)	
J0689		Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	Medical (NF)	
J0690		injection, cefazolin sodium, 500 mg	Medical	
J0691	<b>Xenleta</b>	Injection, lefamulin, 1 mg	Medical (PA)	
J0692	<b>Maxipime</b>	injection, cefepime hcl, 500 mg	Medical	
J0694	<b>Mefoxin</b>	injection, ceftioxin sodium, 1 g	Medical	
J0695	<b>Zerbaxa</b>	injection, ceftolozane 50 mg & taz 25 mg	Medical	
J0696	<b>Rocephin</b>	injection, ceftriaxone sodium, per 250 mg	Medical	
J0697	<b>Zinacef</b>	injection, sterile cefuroxime sodium, per 750 mg	Medical	
J0698	<b>Claforan</b>	injection, cefotaxime sodium, per g	Medical	
J0699	<b>Fetroja</b>	Injection, cefiderocol, 10 mg	Medical	
J0701		Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg	Medical (NF)	
J0702	<b>Celestone Soluspan</b>	injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Medical	



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J0703		Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg	Medical (NF)	
J0706		injection, caffeine citrate, 5 mg i	Medical	
J0712	<b>Teflaro</b>	injection, ceftaroline fosamil, 10 mg	Medical	
J0713	<b>Fortaz</b>	injection, ceftazidime, per 500 mg	Medical	
J0714	<b>Avycaz</b>	injection, ceftazidime and avibactam, 0.5 g/0.125 g	Medical	
J0716	<b>Anascorp</b>	injection, centruroides immune f(ab)2, up to 120 mg	Medical	
J0717	<b>Cimzia</b>	injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Either (PA)	Vial: Medical only Syringe: Pharmacy only PA required regardless of benefit
J0720		injection, choloramphenicol sodium, 1gm	Medical	
J0725	<b>Novarel</b>	injection, gonadotropin, 1000units	Medical	
J0735	<b>Duraclon</b>	injection, clonidine hcl, 1 mg	Medical	
J0736		Injection, clindamycin phosphate, 300 mg	Medical	
J0737		Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	Medical (NF)	
J0739	<b>Apretude</b>	Injection, cabotegravir, 1mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	Medical	
J0740	<b>Vistide</b>	injection, cidofovir, 375 mg	Medical	
J0741	<b>Cabenuva</b>	Injection, cabotegravir and rilpivirine, 2mg/3mg	Either	



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J0742	<b>Recarbrio</b>	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Medical	
J0743	<b>Primaxin</b>	injection, cilastatin sodium; imipenem, per 250 mg	Medical	
J0744	<b>Cipro</b>	injection, ciprofloxacin for intravenous infusion, 200 mg	Medical	
J0745		injection, codeine phosphate, per 30 mg	Medical	
J0750	<b>Truvada</b>	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Pharmacy	
J0751	<b>Descovy</b>	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Pharmacy	
J0770	<b>Coly-Mycin</b>	injection, colistimethate sodium, up to 150mg	Medical	
J0775	<b>Xiaflex</b>	injection, collagenase, clostridium histolyticum, 0.01 mg	Medical	
J0780		injection, prochlorperazine, up to 10 mg	Medical	
J0791	<b>Adakveo</b>	Injection, crizanlizumab-tmca, 5 mg	Medical (PA)	
J0795	<b>Acthrel</b>	injection, corticorelin ovine triflutate, 1 mcg	Medical	
J0799		Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified	Pharmacy	
J0801	<b>Acthar</b>	Injection, corticotropin (acthar gel), up to 40 units	Either (PA)	May bill either benefit, PA required regardless of benefit



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J0802	<b>Cortrophin</b>	Injection, corticotropin (ani), up to 40 units	Either (PA)	May bill either benefit, PA required regardless of benefit
J0834		injection, cosyntropin (cortrosyn), 0.25 mg	Medical	
J0840	<b>Crofab</b>	injection, crotalidae polyvalent immune fab (ovine), up to 1 gm	Medical	
J0841	<b>Anavip</b>	injection, crotalidae immune f(ab') <sub>2</sub> (equine), 120 mg	Medical	
J0850	<b>Cytogam</b>	injection, cymomegalovirus imm, per vial	Medical	
J0872		Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Medical (NF)	
J0873		Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg	Medical (NF)	
J0874		Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	Medical (NF)	
J0875	<b>Dalvance</b>	injection dalbavancin 5mg	Medical	
J0877		Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg	Medical (NF)	
J0878	<b>Cubicin</b>	injection, daptomycin, 1 mg	Medical	
J0879	<b>Korsuva</b>	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Medical (PA)	
J0881	<b>Aranesp</b>	injection, darbepoetin alfa, 1 mcg (non-esrd use)	Either	May bill either benefit, PA required when billing through pharmacy benefit



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J0882	<b>Aranesp</b>	injection, darbepoetin alfa, 1 mcg (for esrd on dialysis)	Either	May bill either benefit, PA required when billing through pharmacy benefit
J0883	<b>Argatroban</b>	Injection, argatroban, 1 mg (for non-esrd use)	Medical	
J0884	<b>Argatroban</b>	Injection, argatroban, 1 mg (for esrd on dialysis)	Medical	
J0885	<b>Procrit/Epogen</b>	injection, epoetin alfa, (for non-esrd use), 1000 units	Either	May bill either benefit, PA required when billing through pharmacy benefit
J0887	<b>Mircera</b>	injection, epoetin beta, 1 mcg (for esrd on dialysis)	Medical	
J0888	<b>Mircera</b>	injection, epoetin beta, 1 mcg (for non-esrd use)	Medical	
J0889	<b>JESDUVROQ</b>	Daprodustat, oral, 1 mg, (for esrd on dialysis)	Medical (PA)	
J0890	<b>Omontys</b>	injection, peginesatide, 0.1 mg (for esrd on dialysis)	Medical	
J0891		Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	Medical (NF)	
J0892		Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	Medical (NF)	
J0893		Injection, decitabine (sun pharma), not therapeutically equivalent to j0894, 1 mg	Medical (NF)	
J0894	<b>Dacogen</b>	injection, decitabine, 1 mg	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J0895	<b>Desferal</b>	injection, deferoxamine mesylate, 500 mg	Medical	
J0896	<b>Reblozyl</b>	Injection, luspatercept-aamt, 0.25 mg	Medical (PA)	
J0897	<b>Prolia/Xgeva</b>	injection, denosumab, 1mg	Either (PA)	This Jcode is shared by two different products. May bill either benefit. PA required regardless of benefit
J0898		Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	Medical (NF)	
J0899		Injection, argatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	Medical (NF)	
J0911	<b>Defencath</b>	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Medical	
J1000		injection, depo-estradiol cypionate, up to 5 mg	Either	
J1010	<b>Depo-Medrol</b>	Injection, methylprednisolone acetate, 1 mg	Either	
J1071	<b>Depo-Testosterone</b>	injection, testosterone cypionate, 1 mg	Pharmacy (PA)	
J1094		injection, dexamethasone acetate, 1 mg	Either	
J1095	<b>Dexycu</b>	injection, dexamethasone 9 percent, intraocular, 1 microgram	Medical	
J1096	<b>Dextenza</b>	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Medical	
J1097	<b>Omidria</b>	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1100		injection, dexamethasone sodium phosphate, 1 mg	Medical	
J1105	<b>Igalmi</b>	Dexmedetomidine, oral, 1 mcg	Medical	
J1110	<b>D.H.E 45</b>	injection, dihydroergotamine mesylate, per 1 mg	Medical	
J1120		injection, acetazolamide sodium, up to 500 mg	Medical	
J1130	<b>Dyloject</b>	injection, diclofenac sodium 0.5mg	Medical (NF)	
J1160	<b>Lanoxin</b>	injection, digoxin, up to 0.5 mg	Medical	
J1162	<b>Digibind, Digfab</b>	injection, digoxin immune fab (ovine), per vial	Medical	
J1165		injection, phenytoin sodium, per 50 mg	Medical	
J1171		Injection, hydromorphone, 0.1 mg	Medical	
J1190	<b>Zinecard, Totect</b>	injection, dexrazoxane hcl, per 250 mg	Medical	
J1200	<b>Benadryl</b>	injection, diphenhydramine hcl, up to 50 mg	Medical	
J1201	<b>Quzyttir</b>	Injection, cetirizine hydrochloride, 0.5 mg	Medical (NF)	
J1202	<b>Opfolda</b>	Miglustat, oral, 65 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1203	<b>Pombiliti</b>	Injection, cipaglucoisidase alfa-atga, 5 mg	Medical (PA)	
J1205	<b>Diuril</b>	injection, chlorothiazide sodium, per 500 mg	Medical	
J1212	<b>Rimso-50</b>	injection, dmso, dimethyl sulfoxide, 50%, 50 ml	Medical	
J1230		injection, methadone hcl 10 mg	Medical	
J1240		injection, dimenhydrinate, up to 50 mg	Medical	
J1245		injection, dipyridamole, per 10 mg	Medical	
J1246	<b>Unituxin</b>	Injection, dinutuximab, 0.1 mg	Medical	
J1250		injection, dobutamine hcl, per 250 mg	Medical	
J1260	<b>Anzemet</b>	injection, dolasetron mesylate, 10 mg	Medical	
J1265		injection, dopamine hcl, 40 mg	Medical	





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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1267	<b>Doribax</b>	injection, doripenem, 10 mg	Medical	
J1270	<b>Hectrol</b>	injection, doxercalciferol, 1 mcg	Medical	
J1290	<b>Kalbitor</b>	injection, ecallantide	Pharmacy (PA)	
J1300	<b>Soliris</b>	injection, eculizumab, 10 mg	Medical (PA)	
J1301	<b>Radicava</b>	injection, edaravone 1 mg	Pharmacy (PA)	
J1302	<b>Enjaymo</b>	Injection, sutimlimab-jome, 10 mg	Medical (PA)	
J1303	<b>Ultomiris</b>	Injection, ravulizumab-cwvz, 10 mg	Medical (PA)	
J1304	<b>Qalsody</b>	Injection, tofersen, 1 mg	Medical (PA)	
J1305	<b>Evkeeza</b>	Injection, evinacumab-dgnb, 5mg	Medical (PA)	
J1306	<b>Leqvio</b>	Injection, inclisiran, 1 mg	Medical (PA)	
J1322	<b>Vimizim</b>	injection elosulfase alfa, 1 mg	Medical (PA)	
J1323	<b>Elrexio</b>	Injection, elranatamab-bcmm, 1 mg	Medical (PA)	
J1324	<b>Fuzeon</b>	injection enfurvirtide	Either	
J1325	<b>Flolan</b>	injection, epoprostenol	Pharmacy (PA)	
J1327	<b>Integrilin</b>	injection, eptifibatide, 5 mg	Medical	
J1335	<b>Invanz</b>	injection, ertapenem sodium, 500 mg	Medical	
J1364		injection, erythromycin lactobionate, per 500 mg	Medical	
J1380	<b>Delestrogen</b>	injection, estradiol valerate, 10 mg	Either	
J1410	<b>Premarin</b>	injection, estrogen conjugate 25 mg	Either	
J1411	<b>Hemgenix</b>	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Medical (PA)	
J1412	<b>Roctavian</b>	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes	Medical (PA)	
J1413	<b>Elevidys</b>	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Medical (PA)	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1426	<b>Amondys 45</b>	injection, casimersen, 10 mg	Medical (PA)	
J1427	<b>Viltepso</b>	Injection, viltolarsen, 10 mg	Medical (PA)	
J1428	<b>Exondys 51</b>	injection, eteplirsen, 10 mg	Medical (PA)	
J1429	<b>Vyondys 53</b>	Injection, golodirsen, 10 mg	Medical (PA)	
J1430		injection, ethanolamine oleate, 100mg	Medical	
J1434	<b>Focinvez</b>	Injection, fosaprepitant (focinvez), 1 mg	Medical (NF)	
J1437	<b>Monoferric</b>	Injection, ferric derisomaltose, 10 mg	Medical (NF)	
J1438	<b>Enbrel</b>	injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Pharmacy (PA)	
J1439	<b>Injectafer</b>	injection, ferric carboxymaltose, 1 mg	Medical	
J1440	<b>Rebyota</b>	Fecal microbiota, live - jsml, 1 ml	Medical (PA)	
J1442	<b>Neupogen</b>	injection, filgrastim (g-csf), 1 microgram	Either	May bill either benefit, PA required when billing through pharmacy benefit
J1443	<b>Triferic</b>	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron	Medical	
J1444	<b>Triferic</b>	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Medical	
J1445	<b>Triferic Avnu</b>	Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron	Medical	
J1447	<b>Granix</b>	injection tbo-filgrastim 1 microg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1448	<b>Cosela</b>	Injection, trilaciclib, 1mg	Medical (PA)	



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Code	Brand Name	Description	Benefit	
				(PA) = Prior Authorization Required (NF) = Non-Formulary

J1449	<b>Rovedon</b>	Injection, eflapegrastim-xnst, 0.1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1450	<b>Diflucan</b>	injection, fluconazole, 200 mg	Medical	
J1451	<b>Antizol</b>	injection, fomepizole, 15 mg	Medical	
J1453	<b>Emend</b>	injection, fosaprepitant, 1 mg	Medical	
J1454	<b>Akynzeo</b>	injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Medical	
J1456		Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	Medical (NF)	
J1458	<b>Naglazyme</b>	injection, galsulfase	Medical (PA)	
J1459	<b>Privigen</b>	injection, immune globulin (privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Medical (PA)	
J1460	<b>Gamastan</b>	injection, gamma globulin, 1cc	Medical (PA)	
J1551	<b>Cutaquig</b>	Injection, immune globulin (cutaquig), 100 mg	Medical (PA)	
J1554	<b>Asceniv</b>	injection, immune globulin (asceniv), 500 mg	Medical (PA)	
J1555	<b>Cuvitru</b>	injection, immune globulin (cuvitru), 100 mg	Medical (PA)	
J1556	<b>Bivigam</b>	injection, immune globulin (bivigam), 500 mg	Medical (PA)	
J1557	<b>Gammaplex</b>	injection, immune globulin, (gammaplex), intravenous, nonlyophilized (e.g. liquid), 500 mg	Medical (PA)	
J1558	<b>Xembify</b>	Injection, immune globulin (xembify), 100 mg	Medical (PA)	
J1559	<b>Hizentra</b>	injection, immune globulin (hizentra)	Medical (PA)	
J1560	<b>Gamastan</b>	injection, gamma globulin, 10cc	Medical (PA)	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1561	<b>Gamunex, Gammunex-C, Gammaked</b>	injection, immune globulin, (gamunex/gamunex-c/gammaked), nonlyophilized (e.g., liquid), 500 mg	Medical (PA)	
J1562	<b>Vivaglobin</b>	injection, immune globulin (vivaglobin)	Medical (PA)	
J1566	<b>Gammagard S/D / Carimune Nf</b>	injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Medical (PA)	
J1568	<b>Octagam</b>	injection, octagam, 500mg	Medical (PA)	
J1569	<b>Gammagard Liquid</b>	injection, immune globulin, (gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg	Medical (PA)	
J1570	<b>Cytovene</b>	injection, ganciclovir sodium, 500 mg	Medical	
J1571		injection, hepagam b im, 0.5ml	Medical	
J1572	<b>Flebogamma</b>	injection, immune globulin, (flebogamma/flebogamma dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Medical (PA)	
J1573	<b>Hepagam B</b>	injection, hepagam b intravenous, 0.5ml	Medical	
J1574		Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg	Medical (NF)	
J1575	<b>HyQvia</b>	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Medical (PA)	
J1576	<b>Panzyga</b>	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Medical (PA)	
J1580		injection, garamycin, gentamicin, up to 80 mg	Medical	
J1595	<b>Copaxone</b>	injection, glatiramer acetate, 20 mg	Pharmacy	
J1596		Injection, glycopyrrolate, 0.1 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1597	<b>Glyrx-PF</b>	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	Medical (NF)	
J1598		Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	Medical (NF)	
J1599		Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Medical (PA)	
J1600	<b>Myochrysine</b>	injection, gold sodium thiomaleate, 50mg	Medical	
J1602	<b>Simponi Aria</b>	injection, golimumab, 1 mg , for intravenous use	Either (PA)	May bill either benefit, PA required regardless of benefit
J1610		injection, glucagon hcl, per 1 mg	Medical	
J1611		Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Medical	
J1626	<b>Kytril</b>	injection, granisetron hcl, 100 mcg	Medical	
J1627	<b>Sustol</b>	injection, granisetron, extended-release, 0.1 mg	Medical	
J1628	<b>Tremfya</b>	injection, guselkumab, 1 mg	Pharmacy (PA)	
J1630	<b>Haldol</b>	injection, haloperidol, up to 5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J1631	<b>Haldol</b>	injection, haloperidol decanoate, 50 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J1632	<b>Zulresso</b>	Injection, brexanolone, 1 mg	Medical (PA)	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1640	<b>Panhematin</b>	injection, hemin, 1 mg	Medical	
J1642		injection, heparin sodium, (heparin lock flush), per 10 units	Medical	
J1643		Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units	Medical (NF)	
J1644		injection, heparin sodium, per 1000 units	Medical	
J1645	<b>Fragmin</b>	injection, dalteparin sodium, per 2500 iu	Either	
J1650	<b>Lovenox</b>	injection, enoxaparin sodium, 10 mg	Either	
J1652	<b>Arixtra</b>	injection, fondaparinux sodium, 0.5 mg	Either	
J1670	<b>Hypertet</b>	injection, tetanus immune globulin, human, up to 250 units	Medical	
J1675	<b>Supprelin</b>	injection, histrelin acetate, 10 mcg	Medical (PA)	
J1720	<b>Solu- Cortef</b>	injection, hydrocortisone sodium succinate, up to 100 mg	Either	
J1726	<b>Makena</b>	injection, hydroxyprogesterone caproate, (makena), 10 mg	Pharmacy (PA)	
J1729	<b>Hydroxyprogesterone Caproate</b>	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Medical	
J1738	<b>Anjeso</b>	Injection, meloxicam, 1 mg	Medical (NF)	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1740	<b>Boniva</b>	injection, ibandronate sodium, 1 mg	Either	This Jcode is shared by two different dosage forms (both are ibandronate). Both products can be billed via jcode (no PA required). Ibandronate vial is not covered on the pharmacy benefit.
J1741		injection, ibuprofen, 100 mg	Medical	
J1742	<b>Corvert</b>	injection, ibutilide fumarate, 1 mg	Medical	
J1743	<b>Elaprase</b>	injection, idursulfase	Medical (PA)	
J1744	<b>Firazyr</b>	injection, icatibant, 1 mg	Pharmacy (PA)	
J1745	<b>Remicade</b>	injection, infliximab, excludes biosimilar, 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1746	<b>Trogarzo</b>	injection, ibalizumab-uiyk, 10 mg	Medical (PA)	
J1747	<b>Spevigo</b>	Injection, spesolimab-sbzo, 1 mg	Medical (PA)	
J1748	<b>Zymfentra</b>	Injection, infliximab-dyyb (zymfentra), 10 mg	Pharmacy (PA)	
J1749	<b>Aurlumyn</b>	Injection, iloprost, 0.1 mcg	Medical	
J1750	<b>Dexferrum, Infed</b>	injection, iron dextran, 50 mg	Medical	
J1756	<b>Venofer</b>	injection, iron sucrose, 1 mg	Medical	
J1786	<b>Cerezyme</b>	injection, imiglucerase, 10 units	Medical (PA)	
J1790	<b>Inapsine</b>	injection, droperidol, up to 5 mg	Medical	
J1800		injection, propranolol hcl, up to 1 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1805		Injection, esmolol hydrochloride, 10 mg	Medical	
J1806		Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	Medical (NF)	
J1811	<b>Fiasp</b>	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	Either (NF)	
J1812	<b>Fiasp</b>	Insulin (fiasp), per 5 units	Either (NF)	
J1813	<b>Lyumjev</b>	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	Either	
J1814	<b>Lyumjev</b>	Insulin (lyumjev), per 5 units	Either	
J1815		injection, insulin, per 5 units	Medical	
J1817		insulin for administration through dme (i.e., insulin pump) per 50 units	Medical	
J1823	<b>Uplizna</b>	Injection, inebilizumab-cdon, 1 mg	Medical (PA)	
J1826	<b>Avonex</b>	INJECTION, INTERFERON BETA-1A, 30 MCG	Pharmacy	
J1830	<b>Betaseron/ Extavia</b>	injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Pharmacy (PA)	
J1833	<b>Cresemba</b>	injection, isavuconazonium 1 mg	Medical	
J1836		Injection, metronidazole, 10 mg	Medical	
J1840		injection, kanamycin sulfate, up to 500 mg	Medical	
J1850		injection, kanamycin sulfate, 75 mg	Medical	
J1885		injection, ketorolac tromethamine, per 15 mg	Medical	
J1920		Injection, labetalol hydrochloride, 5 mg	Medical	





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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1921		Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Medical (NF)	
J1930	<b>Somatuline Depot</b>	injection, lanreotide	Medical (PA)	
J1931	<b>Aldurazyme</b>	injection, laronidase	Medical (PA)	
J1932	<b>Lanreotide</b>	Injection, lanreotide, (cipl), 1 mg	Medical (PA)	
J1939		Injection, bumetanide, 0.5 mg	Medical	
J1940		injection, furosemide, up to 20 mg	Medical	
J1941	<b>Furoscix</b>	Injection, furosemide (furoscix), 20 mg	Pharmacy (PA)	
J1943	<b>Aristada Initio</b>	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J1944	<b>Aristada</b>	Injection, aripiprazole lauroxil, (aristada), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J1945	<b>Refludan</b>	injection, lepirudin, 50 mg	Medical	
J1950	<b>Lupron depot</b>	injection, leuprolide acetate (for depot suspension), per 3.75 mg	Medical (PA)	
J1951	<b>Fensolvi</b>	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Medical (PA)	
J1952	<b>Camcevi</b>	Leuprolide injectable, camcevi, 1 mg	Medical (PA)	
J1953	<b>Keppra</b>	injection, levetiracetam, 10 mg	Medical	
J1954	<b>Lutrate</b>	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg	Medical (PA)	
J1955	<b>Carnitor</b>	injection, levocarnitine, per 1 g	Medical	
J1956	<b>Levaquin</b>	injection, levofloxacin, 250 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1961	<b>Sunlenca</b>	Injection, lenacapavir, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1980	<b>Levsin</b>	injection, hyoscyamine sulfate, 0.25mg	Medical	
J2002		Injection, lidocaine hcl in 5% dextrose, 1 mg	Medical	
J2003		Injection, lidocaine hydrochloride, 1 mg	Medical	
J2004		Injection, lidocaine hcl with epinephrine, 1 mg	Medical	
J2010	<b>Lincocin</b>	injection, lincomycin hcl, up to 300 mg	Medical	
J2020	<b>Zyvox</b>	injection, linezolid, 200 mg	Medical	
J2021		Injection, linezolid (hospira), not therapeutically equivalent to j2020, 200 mg	Medical (NF)	
J2060	<b>Ativan</b>	injection, lorazepam, 2 mg	Medical	
J2062	<b>Adasuve</b>	loxapine, inhalation powder, 10 mg	Medical	
J2150		injection, mannitol, 25% in 50 ml	Medical	
J2170	<b>Increlex</b>	injection, mescasermin	Pharmacy (PA)	
J2175	<b>Demerol</b>	injection, meperidine hcl, per 100 mg	Medical	
J2182	<b>Nucala</b>	injection, mepolizumab, 1 mg	Either (PA)	Vial: Medical only Syringe/Autoinjector: Pharmacy only PA required regardless of benefit



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2183		Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	Medical (NF)	
J2184		Injection, meropenem (b. braun), not therapeutically equivalent to j2185, 100 mg	Medical (NF)	
J2185		injection, meropenem, 100 mg	Medical	
J2186	<b>Vabomere</b>	injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Medical	
J2210	<b>Methergine</b>	injection, methylergonovine maleate, up to 0.2 mg	Medical	
J2212	<b>Relistor</b>	injection, methylnaltrexone, 0.1 mg	Pharmacy (PA)	
J2246		Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	Medical (NF)	
J2247		Injection, micafungin sodium (par pharm) not therapeutically equivalent to j2248, 1 mg	Medical	
J2248	<b>Mycamine</b>	Injection, micafungin sodium, 1 mg	Medical	
J2249	<b>Byfavo</b>	Injection, remimazolam, 1 mg	Medical	
J2250		injection, midazolam hcl, per 1 mg	Medical	
J2251		Injection, midazolam in 0.9% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg	Medical (NF)	
J2252		Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg	Medical (NF)	
J2253	<b>Seizalam</b>	Injection, midazolam (seizalam), 1 mg	Medical (NF)	
J2260		injection, milrinone lactate, 5 mg	Medical	
J2267	<b>OmvoH</b>	Injection, mirikizumab-mrkz, 1 mg	Medical (PA)	
J2270		injection, morphine sulfate, up to 10 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2272		Injection, morphine sulfate (fresenius kabi), not therapeutically equivalent to j2270, up to 10 mg	Medical (NF)	
J2274	<b>Duramorph</b>	injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	Medical	
J2277	<b>Aphexda</b>	Injection, motixafortide, 0.25 mg	Medical (PA)	
J2278	<b>Prialt</b>	injection, ziconotide, 1 mcg	Medical	
J2280	<b>Avelox</b>	injection, moxifloxacin, 100 mg	Medical	
J2281		Injection, moxifloxacin (fresenius kabi), not therapeutically equivalent to j2280, 100 mg	Medical	
J2300		injection, nalbuphine hcl, per 10 mg	Medical	
J2305		Injection, nitroglycerin, 5 mg	Medical	
J2310		injection, naloxone hcl, per 1 mg	Either	
J2311	<b>Zimhi</b>	Injection, naloxone hydrochloride (zimhi), 1 mg	Medical (NF)	
J2315	<b>Vivitrol</b>	injection, naltrexone, depot form, 1 mg	Either	
J2323	<b>Tysabri</b>	injection, natalizumab, 1 mg	Medical (PA)	
J2325	<b>Natreacor</b>	injection, nestiritide, 0.1mg	Medical	
J2326	<b>Spinraza</b>	injection, nusinersin, 0.1 mg	Medical (PA)	
J2327	<b>Skyrizi</b>	Injection, risankizumab-rzaa, intravenous, 1 mg	Medical (PA)	
J2329	<b>Briumvi</b>	Injection, ublituximab-xiiy, 1mg	Medical (PA)	
J2350	<b>Ocrevus</b>	injection, ocrelizumab, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J2353	<b>Sandostatin LAR</b>	injection, octreotide, depot form for intramuscular injection, 1 mg	Medical (PA)	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2354	<b>Sandostatin</b>	injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Medical	
J2355	<b>Neumega</b>	injection, oprelvekin, 5 mg	Medical	
J2356	<b>Tezspire</b>	Injection, tezepelumab-ekko, 1 mg	Medical (PA)	
J2357	<b>Xolair</b>	injection, omalizumab, 5 mg	Either (PA)	Vial: Medical only Syringe/Autoinjector: Pharmacy only PA required regardless of benefit
J2358	<b>Zyprexa Relprevv</b>	injection, olanzapine, long-acting, 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2359	<b>Zyprexa</b>	Injection, olanzapine, 0.5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2360		injection, orphenadrine citrate, up to 60 mg	Medical	
J2371		Injection, phenylephrine hydrochloride, 20 micrograms	Medical	
J2372	<b>Biorphen</b>	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	Medical (NF)	
J2373	<b>Immphentiv</b>	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	Medical (NF)	
J2401	<b>Nesacaine</b>	Injection, chlorprocaine hydrochloride, per 1 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2402	<b>Clorotekal</b>	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg	Medical	
J2403	<b>Iheezo</b>	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	Medical	
J2404		Injection, nicardipine, 0.1 mg	Medical	
J2405	<b>Zofran</b>	injection, ondansetron hcl, per 1 mg	Medical	
J2406	<b>Kimyrsa</b>	Injection, oritavancin (kimyrsa), 10 mg	Medical	
J2407	<b>Orbactiv</b>	Injection, oritavancin (orbactiv), 10 mg	Medical	
J2410	<b>Opana</b>	injection, oxymorphone hcl 1 mg	Medical	
J2425	<b>Kepivance</b>	injection, palifermin, 50 mcg	Medical	
J2426	<b>Invega Sustenna, Invega Trinza</b>	injection, paliperidone palmitate	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2427	<b>Invega Hafyera, Invega Trinza</b>	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2430	<b>Aredia</b>	injection, pamidronate disodium, per 30 mg	Medical	
J2440		Injection, papaverine hcl, up to 60 mg	Medical	
J2468		Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	Medical (NF)	
J2469	<b>Aloxi</b>	injection, palonosetron hcl, 25 mcg	Medical	
J2470		Injection, pantoprazole sodium, 40 mg	Medical	
J2471		Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	Medical (NF)	
J2501	<b>Zemplar</b>	injection, paricalcitol, 1 mcg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2502	<b>Signifor LAR</b>	injection, pasireotide long acting 1 mg	Medical (PA)	
J2503	<b>Macugen</b>	injection, pegaptanib sodium, 0.3 mg	Medical	
J2504	<b>Adagen</b>	injection, pegademase bovine, 25 iu	Medical (PA)	
J2506	<b>Neulasta, Neulasta Onpro</b>	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Either	May bill either benefit, PA required when billing through pharmacy benefit
J2507	<b>Krystexxa</b>	injection, pegloticase, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J2508	<b>Elfabrio</b>	Injection, pegunigalsidase alfa-iwxj, 1 mg	Medical (PA)	
J2510		injection, penicillin g procaine, aqueous, up to 600,000 units	Medical	
J2515	<b>Nembutal</b>	injection, pentobarbital sodium, per 50 mg	Medical	
J2540	<b>Pfizerpen-G</b>	injection, penicillin g potassium, up to 600,000 units	Medical	
J2543	<b>Zosyn</b>	injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	Medical	
J2545	<b>Nebupent</b>	pentamidine isethionate, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per 300 mg	Medical	
J2547	<b>Rapivab</b>	injection, peramivir 1 mg	Medical	
J2550	<b>Phenergan</b>	injection, promethazine hcl, up to 50 mg	Medical	
J2560		injection, phenobarbital sodium, up to 120 mg	Medical	
J2561	<b>Sezaby</b>	Injection, phenobarbital sodium (sezaby), 1 mg	Medical (PA > 1 year of age)	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2562	<b>Mozobil</b>	injection, plerixafor, 1 mg	Medical (PA)	
J2590	<b>Pitocin</b>	injection, oxytocin, up to 10 units	Medical	
J2597	<b>Ddavn</b>	injection, desmopressin acetate, per 1 mcg	Medical	
J2598	<b>Vasopressin</b>	Injection, vasopressin, 1 unit	Medical	
J2599		Injection, vasopressin (american reagent), not therapeutically equivalent to j2598, 1 unit	Medical (NF)	
J2601		Injection, vasopressin (baxter), 1 unit	Medical (NF)	
J2675		injection, progesterone, per 50 mg	Medical	
J2679		Injection, fluphenazine hcl, 1.25 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2680		injection, fluphenazine decanoate, up to 25 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2690		injection, procainamide hcl, up to 1 g	Medical	
J2700		injection, oxacillin sodium, 250 mg	Medical	
J2704	<b>Diprivan</b>	injection , propofol, 10mg	Medical	
J2720		injection, protamine sulfate, per 10 mg	Medical	
J2724	<b>Ceproprotein</b>	injection, protein c concentrate, 10 units	Medical	
J2730		injection, pralidoxime chloride, up to 1 g	Medical	
J2760		injection, phentolamine mesylate, up to 5 mg	Medical	
J2765	<b>Reglan</b>	injection, metoclopramide hcl, up to 10 mg	Medical	
J2770	<b>Synercid</b>	injection, quinupristin/ dalbopristin, 500mg	Medical	
J2777	<b>Vabysmo</b>	Injection, faricimab-svoa, 0.1 mg	Medical	
J2778	<b>Lucentis</b>	injection, ranibizumab, 0.1 mg	Medical	





## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2779	<b>Susvimo</b>	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Medical	
J2781	<b>Syfovre</b>	Injection, pegcetacoplan, intravitreal, 1 mg	Medical (PA)	
J2782	<b>Izervay</b>	Injection, avacincaptad pegol, 0.1 mg	Medical (PA)	
J2783	<b>Elitek</b>	injection, rasburicase, 0.5 mg	Medical	
J2785	<b>Lexiscan</b>	injection, regadenoson, 0.1 mg	Medical	
J2786	<b>Cinqair</b>	injection, reslizumab, 1 mg	Medical (PA)	
J2787	<b>Photrex Viscous</b>	riboflavin 5' phosphate, ophthalmic solution, up to 3ml	Medical	
J2788	<b>Micrhogam, Bayrho</b>	injection, rho d immune globulin, human, minidose, 50 mcg (250 i.u.)	Medical	
J2790	<b>Rhogam ultra</b>	injection, rho d immune globulin, human, full dose, 300 mcg (1500 i.u.)	Medical	
J2791	<b>Rhophylac</b>	injection, rho( d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Medical	
J2792	<b>Winrho sdf</b>	injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Medical	
J2793	<b>Arcalyst</b>	injection, riloncept, 1 mg	Pharmacy (PA)	
J2794	<b>Risperdal Consta</b>	injection, risperidone, long acting, 0.5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2795	<b>Naropin</b>	injection, ropivacaine hcl, 1 mg	Medical	
J2796	<b>Nplate</b>	injection, romiplostim, 10 mcg	Medical (PA)	
J2797	<b>Varubi</b>	injection, rolapitant, 0.5 mg	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2798	<b>Perseris</b>	Injection, risperidone, (perseris), 0.5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2799	<b>Uzedy</b>	Injection, risperidone (uzedy), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2800	<b>Robaxin</b>	injection, methocarbamol, up to 10 ml	Medical	
J2801	<b>Rykindo</b>	Injection, risperidone (rykindo), 0.5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2805	<b>Sincalide</b>	injection, sincalide, 5 mcg	Medical	
J2806		Injection, sincalide (maia), not therapeutically equivalent to j2805, 5 micrograms	Medical (NF)	
J2810		injection, theophylline, per 40 mg	Medical	
J2820	<b>Leukine</b>	injection, sargramostim (gm-csf), 50 mcg	Medical	
J2840	<b>Kanuma</b>	injection, sebelipase alfa, 1 mg	Medical (PA)	
J2850	<b>Chirhostim</b>	injection, secretin, synthetic, human, 1 mcg	Medical	
J2860	<b>Sylvant</b>	injection, siltuximab 10 mg	Medical (PA)	
J2916	<b>Ferlecit</b>	injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Medical	
J2919	<b>Solu- Medrol</b>	Injection, methylprednisolone sodium succinate, 5 mg	Either	
J2940	<b>Somatrem</b>	injection, somatrem, 1 mg	Pharmacy (PA)	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2941	<b>Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive</b>	injection, somatropin, 1 mg	Pharmacy (PA)	
J2993	<b>Retavase</b>	injection, reteplase recombinant, 18.1mg	Medical	
J2997	<b>Activase</b>	injection, alteplase recombinant, 1 mg	Medical	
J2998	<b>Ryplazim</b>	Injection, plasminogen, human-tvmh, 1 mg	Medical (PA)	
J3010	<b>Sublimaze</b>	injection, fentanyl citrate, 0.1 mg	Medical	
J3030	<b>Imitrex</b>	injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Pharmacy	
J3031	<b>Ajovy</b>	INJECTION FREMANEZUMAB-VFRM 1 MG	Pharmacy (PA)	
J3032	<b>Vyepti</b>	Injection, eptinezumab-jjmr, 1 mg	Medical (PA)	
J3055	<b>Talvey</b>	Injection, talquetamab-tgvs, 0.25 mg	Medical (PA)	
J3060	<b>Elleyso</b>	injection, taliglucerate alfa, 10 units	Medical (PA)	
J3070	<b>Talwin</b>	injection, pentazocine, 30 mg	Medical	
J3090	<b>Sivextro</b>	injection tedizolid phosphate 1 mg	Medical	
J3095	<b>Vibrativ</b>	injection, telavancin, 10 mg	Medical	
J3101	<b>Tnkase</b>	injection, tenecteplase, 1 mg	Medical	
J3105		injection, terbutaline sulfate, up to 1 mg	Medical	
J3110	<b>Forteo</b>	injection, teriparatide, 10 mcg	Pharmacy (PA)	
J3111	<b>Evenity</b>	Injection, romosozumab-aqqg, 1 mg	Either (PA)	
J3121	<b>Delatestryl</b>	injection, testosterone enanthate, 1 mg	Pharmacy (PA)	
J3145	<b>Aveed</b>	Testosterone undecanoate 1mg	Medical (PA)	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required (NF) = Non-Formulary	
J3230		injection, chlorpromazine hcl, up to 50 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J3240	<b>Thyrogen</b>	injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Medical	
J3241	<b>Tepezza</b>	Injection, teprotumumab-trbw, 10 mg	Medical (PA)	
J3243		injection, tigecycline, 1 mg	Medical	
J3244		Injection, tigecycline (accord), not therapeutically equivalent to j3243, 1 mg	Medical (NF)	
J3245	<b>Ilumya</b>	injection, tildrakizumab, 1 mg	Medical (PA)	
J3246	<b>Aggrastat</b>	injection, tirofiban hcl, 0.25mg	Medical	
J3247	<b>Cosentyx</b>	Injection, secukinumab, intravenous, 1 mg	Medical (PA)	
J3250	<b>Tigan</b>	injection, trimethobenzamide hcl, up to 200 mg	Medical	
J3260		injection, tobramycin sulfate, up to 80 mg	Medical	
J3262	<b>Actemra</b>	injection, tocilizumab, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J3263	<b>Loqtorzi</b>	Injection, toripalimab-tpzi, 1 mg	Medical	
J3285	<b>Remodulin</b>	injection, treprostinil	Pharmacy (PA)	
J3299	<b>Xipere</b>	Injection, triamcinolone acetonide (xipere), 1 mg	Medical	
J3300	<b>Triesence</b>	injection, triamcinolone acetonide, preservative free, 1 mg	Medical	
J3301	<b>Kenalog</b>	injection, triamcinolone acetonide, not otherwise specified, 10 mg	Medical	
J3302	<b>Clinacort</b>	injection, triamcinolone diacetate, per 5 mg	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J3303	<b>Aristospan</b>	injection, triamcinolone hexacetonide, per 5 mg	Medical	
J3304	<b>Zilretta</b>	injection, triamcinolone acetonide, preservative free extended release, microsphere formulation, 1 mg	Medical (PA)	
J3315	<b>Trelstar</b>	injection, triptorelin pamoate, 3.75 mg	Medical (PA)	
J3316	<b>Triptodur</b>	injection, triptorelin, extended release, 3.75	Medical (PA)	
J3355	<b>Bravelle</b>	injection, urofollitropin, 75 iu	Pharmacy	
J3357	<b>Stelara SC</b>	ustekinumab, for subcutaneous injection	Pharmacy (PA)	
J3358	<b>Stelara IV</b>	ustekinumab, for intravenous injection, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J3360		injection, diazepam, up to 5 mg	Medical	
J3365	<b>Abbokinase</b>	injection, urokinase, 250,000 iu	Medical	
J3370		injection, vancomycin hcl, 500 mg	Medical	
J3371		Injection, vancomycin hcl (mylan), not therapeutically equivalent to j3370, 500 mg	Medical (NF)	
J3372		Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3370, 500 mg	Medical (NF)	
J3380	<b>Entyvio</b>	Injection, vedolizumab, intravenous, 1 mg	Medical (PA)	
J3385	<b>Vpriv</b>	injection, velaglucerase alfa, 100 units	Medical (PA)	
J3393	<b>Zynteglo</b>	Injection, betibeglogene autotemcel, per treatment	Medical (PA)	
J3394	<b>Lyfgenia</b>	Injection, lovoibeglogene autotemcel, per treatment	Medical (PA)	
J3396	<b>Visudyne</b>	injection, verteporfin, 0.1 mg	Medical	
J3397	<b>Mepsevii</b>	inj, vestronidase alfa-vjvk, 1 mg	Medical (PA)	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J3398	<b>Luxturna</b>	inj voretigene neparvovec-rzyl 1 billion vector genomes	Medical (PA)	
J3399	<b>Zolgensma</b>	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	Medical (PA)	
J3401	<b>Vyjuvek</b>	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml	Medical (PA)	
J3410		injection, hydroxyzine hcl, up to 25 mg	Medical	
J3411		injection, thiamine hcl, 100 mg	Medical	
J3415		injection, pyridoxine hcl, 100 mg	Medical	
J3420		injection, vitamin b-12 cyanocobalamin, up to 1,000 mcg	Medical	
J3424		Injection, hydroxocobalamin, intravenous, 25 mg	Either	
J3425		Injection, hydroxocobalamin, intramuscular, 10 mcg	Medical	
J3430		injection, phytonadione (vitamin k), per 1 mg	Medical	
J3465	<b>Vfend</b>	injection, voriconazole, 10mg	Medical	
J3470	<b>Amphadase</b>	injection, hyaluronidase, up to 150 units	Medical	
J3471		injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	Medical	
J3473		injection, hyaluronidase recombinant, 1 usp unit	Medical	
J3475		injection, magnesium sulfate, per 500 mg	Medical	
J3480		injection, potassium chloride, per 2 meq	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required (NF) = Non-Formulary	
J3486	<b>Geodon</b>	injection, ziprasidone mesylate, 10 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J3489	<b>Reclast/Zometa</b>	injection, zoledronic acid, 1 mg	Either	This Jcode is shared by two different products. Both products can be billed via jcode (no PA required). Generic Zometa is not covered on the pharmacy benefit.
J3490		unclassified drugs	Medical	
J3535		drug administered through a metered dose inhaler	Medical	
J3585	<b>Retrovir</b>	injection, zidovudine, 10 mg	Medical	
J3590		unclassified biologics	Medical	
J3591		unclassified drug or biological (for esrd on dialysis)	Medical	
J7030	<b>sodium chloride</b>	infusion, normal saline solution, 1,000 cc	Medical	
J7040	<b>sodium chloride</b>	infusion, normal saline solution, sterile (500 ml=1 unit)	Medical	
J7042	<b>Dextrose- Nacl</b>	5% dextrose/normal saline (500 ml = 1 unit)	Medical	
J7050	<b>sodium chloride</b>	infusion, normal saline solution, 250 cc	Medical	
J7060	<b>dextrose</b>	5% dextrose/water (500 ml = 1 unit)	Medical	
J7070	<b>dextrose</b>	infusion, d-5-w, 1,000 cc	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7100		infusion, dextran40, lmd 10% in 0.95 sodium hcl, 500 ml	Medical	
J7110		infusion, dextran 75 in d5w	Medical	
J7120		ringers lactate infusion, up to 1,000 cc	Medical	
J7121		5% dextrose l r infusion to 1000 cc	Medical	
J7165	<b>Balfaxar</b>	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	Medical	
J7168	<b>Kcentra</b>	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Medical	
J7169	<b>Andexxa</b>	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Medical	
J7170	<b>Hemlibra</b>	inj emicizumab-kxwh, 0.5mg	Medical (PA)	
J7171	<b>Adzynma</b>	Injection, adamts13, recombinant-krhn, 10 iu	Medical (PA)	
J7175	<b>Coagadex</b>	injection, factor x 1 i.u. (human)	Medical	
J7177	<b>Fibryga</b>	injection, human fibrinogen concentrate (fibryga), 1 mg	Medical	
J7178	<b>RiaSTAP</b>	injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Medical	
J7179	<b>Vonvendi</b>	injection von willebrand factor 1 i.u. vwf:rc0	Medical	
J7180	<b>Corifact</b>	injection, factor viii (antihemophilic factor, human), 1 iu	Medical	
J7181	<b>Tretten</b>	injection, factor viii a-subunit, (recombinant), per iu	Medical	
J7182	<b>NovoEight</b>	injection, factor viii (antihemophilic factor, recombinant), (novoeight), per iu	Medical	
J7183	<b>WILATE</b>	injection, von willebrand factor complex (human), wilate, 1 iu vwf:rc0	Medical	





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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7185	<b>Xyntha / Xyntha solofuse</b>	injection, xyntha, 1 iu	Medical	
J7186	<b>Alphanate</b>	injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Medical	
J7187	<b>Humate-P</b>	injection, von willebrand factor complex (humate-p), per iu vwf-rc0	Medical	
J7188	<b>Obizur</b>	injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Medical (PA)	
J7189	<b>Novoseven</b>	factor viia (antihemophilic factor, recombinant) (novoseven rt), per 1 mcg	Medical	
J7190	<b>Hemofil-M, Koate, Monoclate-P</b>	factor viii (antihemophilic factor, human) per i.u.	Medical	
J7191		factor viii (antihemophilic factor (porcine), per i.u.	Medical	
J7192	<b>Advate, Recombinate, Kogenate FS, Helixate FS</b>	factor viii (antihemophilic factor, recombinant) per iu, not otherwise specified	Medical	
J7193	<b>Alphanine SD, Mononine</b>	factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Medical	
J7194	<b>Profilnine</b>	factor ix complex, 1 iu	Medical	
J7195	<b>Benefix, Ixinity</b>	factor ix recombinant, 1iu	Medical	
J7196		injection, antithrombin recombinant, 50 i.u.	Medical	
J7197	<b>Thrombate iii</b>	injection, antithrombin iii, 1 iu	Medical	
J7198	<b>Feiba NF</b>	anti-inhibitor, feiba vh immuno (anti-inhibitor coagulant complex), 1iu	Medical	
J7199		hemophilia clotting factor, not otherwise classified	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7200	<b>Rixubis</b>	injection, factor ix, (antihemophilic factor, recombinant), (rixibus), per iu	Medical	
J7201	<b>Alprolix</b>	injection, factor ix, fc fusion protein (recombinant), per iu	Medical	
J7202	<b>Idelvion</b>	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Medical (PA)	
J7203	<b>Rebiny</b>	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebiny), 1 iu	Medical (PA)	
J7204	<b>Esperoct</b>	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Medical	
J7205	<b>Eloctate</b>	injection, factor viii fc fusion per iu	Medical	
J7207	<b>Adynovate</b>	injection, factor viii pegylated 1 i.u.	Medical	
J7208	<b>Jivi</b>	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Medical	
J7209	<b>Nuwiq</b>	injection, factor viii 1 i.u.	Medical	
J7210	<b>Afstyla</b>	injection, factor viii (antihemophilic factor, recombinant), (afstyla) 1 iu	Medical	
J7211	<b>Kovaltry</b>	injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 iu	Medical	
J7212	<b>Sevenfact</b>	Factor viia (antihemophilic factor, recombinant)- jncw (sevenfact), 1 microgram	Medical	
J7213	<b>Ixinity</b>	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Medical	
J7214	<b>Altuviio</b>	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7294	<b>Annovera</b>	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	Pharmacy	
J7295	<b>Nuvaring</b>	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Pharmacy	
J7296	<b>Kyleena</b>	contraceptive system, intrauterine, levonorgestrel releasing, 19.5 mg	Medical	
J7297	<b>Liletta</b>	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Medical	
J7298	<b>Mirena</b>	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	Medical	
J7300	<b>Paragard</b>	paragard t380a (intrauterine copper contraceptive)	Medical	
J7301	<b>Skyla</b>	levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Medical	
J7304	<b>Contraceptive patch</b>	contraceptive supply, hormone containing patch, each	Pharmacy	
J7307	<b>Nexplanon</b>	Etonogestrel (contraceptive) implant system, including implant and supplies	Medical	
J7308	<b>Levulan Kerastick</b>	aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Medical	
J7311	<b>Retisert</b>	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Medical	
J7312	<b>Ozurdex</b>	injection, dexamethasone, intravitreal implant, 0.1 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7313	<b>Iluvien</b>	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Medical	
J7314	<b>Yutiq</b>	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Medical	
J7315	<b>Mitosol</b>	mitomycin, ophthalmic, 0.2 mg	Medical	
J7316	<b>Jetrea</b>	injection, ocriplasmin, 0.125 mg	Medical (PA)	
J7318	<b>Durolane</b>	hyaluronan or derivative, durolane, for intra-articular injection, per dose	Medical (PA)	
J7320	<b>Genvisc 850</b>	hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Medical (PA)	
J7321	<b>Supartz/ Hyalgan/Visco-3</b>	Hyaluronan or derivative, hyalgan, supartz OR Visco-3, for intra-articular injection, per dose	Medical (PA)	
J7322	<b>Hymovis</b>	hyaluronan or derivative for intra-articular injection, 1 mg	Medical (PA)	
J7323	<b>Euflexxa</b>	hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Medical (PA)	
J7324	<b>Orthovisc</b>	hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Medical (PA)	
J7325	<b>Synvisc/ Synvisc-One</b>	hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Medical (PA)	
J7326	<b>Gel-One</b>	hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Medical (PA)	
J7327	<b>Monovisc</b>	hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Medical (PA)	
J7328	<b>Gel-Syn</b>	hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Medical (PA)	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7329	<b>Trivisc</b>	hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Medical (PA)	
J7330	<b>Carticel</b>	implant, cultured chondrocytes, 1 ea	Medical	
J7331	<b>Synjoynt</b>	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Medical (PA)	
J7332	<b>Triluron</b>	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Medical (PA)	
J7336	<b>Qutenza</b>	capsaicin 8% patch, per sq cm	Medical (PA)	
J7340	<b>Duopa</b>	carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Either (PA)	
J7342	<b>Otiprio</b>	installation, ciprofloxacin otic suspension, 6mg	Medical	
J7345	<b>Ameluz</b>	aminolevulinic acid hcl for topical administration, 10%,	Medical	
J7351	<b>Durysta</b>	Injection, bimatoprost, intracameral implant, 1 microgram	Medical (PA)	
J7352	<b>Scenesse</b>	Afamelanotide implant, 1 mg	Medical (PA)	
J7353	<b>Nexobrid</b>	Anacaulase-bcdb, 8.8% gel, 1 gram	Medical	
J7354	<b>Ycanth</b>	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Medical (PA)	
J7355	<b>iDose TR</b>	Injection, travoprost, intracameral implant, 1 microgram	Medical (PA)	
J7402	<b>Sinuva</b>	Mometasone furoate sinus implant (sinuva), 10 micrograms	Medical	
J7500	<b>Imuran</b>	azathioprine, oral, 50 mg	Pharmacy	
J7501		azathioprine, parenteral, 100mg	Medical	
J7502	<b>Sandimmune</b>	cyclosporine, oral, 100 mg	Pharmacy	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7503	<b>Envarsus XR</b>	tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Pharmacy	
J7504	<b>Atgam</b>	injection, lymphocyte immune globulin, 250mg	Medical	
J7505	<b>Orthoclone</b>	injection, monoclonal antibodies, 5 mg	Medical	
J7507	<b>Prograf</b>	tacrolimus, immediate release, oral, 1 mg	Pharmacy	
J7508	<b>Astagraf XL</b>	tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Pharmacy	
J7509	<b>Medrol</b>	methylprednisolone, oral, per 4 mg	Pharmacy	
J7510	<b>Orapred</b>	prednisolone, oral, per 5 mg	Pharmacy	
J7511	<b>Thymoglobulin</b>	lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Medical	
J7512	<b>Prednisone</b>	prednisone, immediate release or delayed release, oral, 1 mg	Pharmacy	
J7513	<b>Zenapax</b>	daclizumab, parenteral, 25 mg	Medical	
J7515	<b>Gengraf, Neoral</b>	cyclosporine, oral, 25 mg	Pharmacy	
J7516	<b>Sandimmune</b>	Injection, cyclosporine, 250 mg	Medical	
J7517	<b>Cellcept</b>	mycophenolate mofetil, oral, 250 mg	Pharmacy	
J7518	<b>Myfortic</b>	mycophenolic acid, oral, 180 mg	Pharmacy	
J7519		Injection, mycophenolate mofetil, 10 mg	Medical	
J7520	<b>Rapamune</b>	oral, sirolimus, 1 mg	Pharmacy	
J7525	<b>Prograf</b>	injection, tacrolimus, 5mg	Medical	
J7527	<b>Zortress</b>	everolimus, oral, 0.25 mg	Pharmacy	
J7605	<b>Arformoterol</b>	arformoterol, inhalation solution, fda approved final product, noncompounded, administered through dme, unit dose form, 15 mcg	Pharmacy	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7606	<b>Perforomist</b>	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	Pharmacy	
J7607		levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	Pharmacy	
J7608	<b>Acetylcysteine</b>	acetylcysteine, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per g	Medical	
J7611		albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 1 mg	Pharmacy	
J7612	<b>Xopenex</b>	levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 0.5 mg	Pharmacy	
J7613	<b>Accuneb</b>	albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 1 mg	Pharmacy	
J7614	<b>Xopenex</b>	levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 0.5 mg	Pharmacy	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7620		albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, noncompounded, administered through dme	Pharmacy	
J7626	<b>Pulmicort</b>	budesonide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, up to 0.5 mg	Pharmacy	
J7631		cromolyn sodium noncomp unit, 10 mg	Pharmacy	
J7639	<b>Pulmozyme</b>	dornase alfa, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg	Pharmacy (PA)	
J7643		glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per mg	Pharmacy	
J7644		ipratropium bromide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg	Pharmacy	
J7665	<b>Aridol</b>	mannitol, administered thru an inhaler, 5 mg	Medical	
J7669		meterproterenol sulfate non- comp unit, 10 mg	Medical	
J7674	<b>Provocholine</b>	methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Medical	
J7677	<b>Yupelri</b>	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Either	





## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7682	<b>Tobi</b>	tobramycin, inhalation solution, fda-approved final product, noncompounded, unit dose form, administered through dme, per 300 mg	Pharmacy	
J7686	<b>Tyvaso</b>	treprosinil, non-comp unit	Pharmacy (PA)	
J7699		noc drugs, inhalation solution administered through dme	Medical	
J7799		noc drugs, other than inhalation drugs, administered through dme	Medical	
J7999		compounded drug noc	Medical	
J8498		anti-emetic drug, rectal suppository, not otherwise specified	Medical	
J8499		prescription drug, oral, nonchemotherapeutic, nos	Pharmacy (PA)	
J8501	<b>Emend</b>	aprepitant, oral, 5 mg	Pharmacy	
J8510	<b>Myleran</b>	busulfan, oral, 2 mg	Pharmacy (PA)	
J8515	<b>Dostinex</b>	cabergoline, oral, 0.25 mg	Pharmacy	
J8522	<b>Xeloda</b>	Capecitabine, oral, 50 mg	Pharmacy (PA)	
J8530	<b>Cytoxan</b>	oral, cyclophosphamide 25 mg	Pharmacy	
J8540		dexamethasone, oral, 0.25 mg	Pharmacy	
J8541	<b>Hemady</b>	Dexamethasone (hemady), oral, 0.25 mg	Medical (NF)	
J8560	<b>Etoposide</b>	etoposide, oral, 50 mg	Pharmacy (PA)	
J8562	<b>Oforta</b>	fludarabine phosphate, oral, 10 mg	Pharmacy (PA)	
J8565	<b>Iressa</b>	gefitinib, oral, 250 mg	Pharmacy (PA)	
J8597		antiemetic drug, oral, not otherwise specified	Pharmacy (PA)	
J8600	<b>Alkeran</b>	melphalan, oral, 2 mg	Pharmacy	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J8610		methotrexate, oral, 2.5 mg	Pharmacy	
J8611	<b>Jylamvo</b>	Methotrexate (jylamvo), oral, 2.5 mg	Pharmacy	
J8612	<b>Xatmep</b>	Methotrexate (xatmep), oral, 2.5 mg	Pharmacy	
J8650	<b>Cesamet</b>	nabilone, oral, 1 mg	Pharmacy	
J8655	<b>Akynzeo</b>	netupitant 300 mg and palonosetron 0.5 mg, oral	Pharmacy	
J8670	<b>Varubi</b>	rolapitant, oral, 1 mg	Pharmacy	
J8700	<b>Temodar</b>	temozolomide, oral, 5 mg	Pharmacy (PA)	
J8705	<b>Hycamtin</b>	topotecan, oral, 0.25 mg	Pharmacy (PA)	
J8999		prescription drug, oral, chemotherapeutic, nos	Pharmacy (PA)	
J9000	<b>Adriamycin</b>	injection, doxorubicin hcl, 10 mg	Medical	
J9015	<b>Proleukin</b>	injection, aldesleukin, 1 ea	Medical	
J9017	<b>Trisenox</b>	injection, arsenic trioxide, 1 mg	Medical	
J9019	<b>Erwinaze</b>	injection, asparaginase (erwinaze), 1,000 iu	Medical	
J9020	<b>Elspar</b>	injection, asparaginase, 10,000 units	Medical	
J9021	<b>Rylaze</b>	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Medical	
J9022	<b>Tecentriq</b>	injection, atezolizumab, 10 mg	Medical	
J9023	<b>Bavencio</b>	injection, avelumab, 10 mg	Medical	
J9025	<b>Vidaza</b>	injection, azacitidine, 1 mg	Medical	
J9027	<b>Clolar</b>	injection, clofarabine, 1 mg	Medical	
J9029	<b>Adstiladrin</b>	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Medical (PA)	
J9030	<b>TheraCys, TiceBCG</b>	BCG live intravesical instillation, 1 mg	Medical	
J9032	<b>Beleodaq</b>	injection belinostat 10 mg	Medical	
J9033	<b>Treanda</b>	Injection, bendamustine hcl (treanda), 1 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9034	<b>Bendeka</b>	Injection, bendamustine hcl (bendeka), 1 mg	Medical	
J9035	<b>Avastin</b>	injection, bevacizumab, 10 mg	Medical	
J9036	<b>Belrapzo</b>	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Medical	
J9037	<b>Blenrep</b>	injection, belantamab mafodotin-blmf, 0.5 mg	Medical	
J9039	<b>Blincyto</b>	injection, blinatumomab 1 microgram	Medical (PA)	
J9040		injection, bleomycin sulfate, 15 units	Medical	
J9041	<b>Velcade</b>	injection, bortezomib, 0.1 mg	Medical	
J9042	<b>Adcetris</b>	injection, brentuximab vedotin, 1 mg	Medical	
J9043	<b>Jevtana</b>	injection, cabazitaxel, 1 mg	Medical	
J9045		injection, carboplatin, 50 mg	Medical	
J9046		Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)	
J9047	<b>Kyprolis</b>	injection, carfilzomib, 1mg	Medical	
J9048		Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)	
J9049		Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)	
J9050	<b>BICNU</b>	injection, carmustine, 100mg	Medical	
J9051		Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)	
J9052		Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	Medical (NF)	
J9055	<b>Erbitux</b>	injection, cetuximab, 10 mg	Medical	
J9056	<b>Vivimusta</b>	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Medical (NF)	
J9057	<b>Aliqopa</b>	injection copanlisib, 1 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9058		Injection, bendamustine hydrochloride (apotex), 1 mg	Medical (NF)	
J9059		Injection, bendamustine hydrochloride (baxter), 1 mg	Medical (NF)	
J9060		cisplatin, powder or solution, per 10 mg	Medical	
J9061	<b>Rybrevant</b>	Injection, amivantamab-vmjw, 2 mg	Medical	
J9063	<b>Elahere</b>	Injection, mirvetuximab soravtansine-gynx, 1 mg	Medical	
J9064		Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	Medical (NF)	
J9065	<b>Leustatin</b>	injection, cladribine, per 1 mg	Medical	
J9071		Injection, cyclophosphamide (auromedics), 5 mg	Medical (NF)	
J9072		Injection, cyclophosphamide (dr. reddy's), 5 mg	Medical (NF)	
J9073		Injection, cyclophosphamide (ingenus), 5 mg	Medical	
J9074		Injection, cyclophosphamide (sandoz), 5 mg	Medical (NF)	
J9075		Injection, cyclophosphamide, not otherwise specified, 5 mg	Medical	
J9098	<b>Depocyt</b>	injection, cytarabine liposome, 10 mg	Medical	
J9100		injection, cytarabine, 100 mg	Medical	
J9118	<b>Asparlas</b>	Injection, calaspargase pegol-mknl, 10 units	Medical	
J9119	<b>Libtayo</b>	Injection, cemiplimab-rwlc, 1 mg	Medical	
J9120	<b>Cosmegen</b>	injection, dactinomycin, 0.5 mg	Medical	
J9130		injection, dacarbazine, 100 mg	Medical	
J9144	<b>Darzalex Faspro</b>	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9145	<b>Darzalex</b>	injection, daratumumab 10mg	Medical	
J9150	<b>Cerubidine</b>	injection, daunorubicin, 10 mg	Medical	
J9151		injection, daunorubicin citrate, liposomal formulation, 10 mg	Medical	
J9153	<b>Vyxeos</b>	injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Medical	
J9155	<b>Firmagon</b>	injection, degarelix, 1 mg	Medical	
J9160	<b>Ontak</b>	injection, denileukin diftitox, 300 mcg	Medical	
J9171	<b>Taxotere</b>	injection, docetaxel, 1 mg	Medical	
J9172	<b>Docivyx</b>	Injection, docetaxel (docivyx), 1 mg	Medical (NF)	
J9173	<b>Imfinzi</b>	injection, durvalumab, 10 mg	Medical	
J9176	<b>Empliciti</b>	injection, elotuzumab 1mg	Medical	
J9177	<b>Padcev</b>	Injection, enfortumab vedotin-ejfv, 0.25 mg	Medical	
J9178		injection, epirubicin hcl, 2 mg	Medical	
J9179	<b>Halaven</b>	injection, erbulin mesylate, 0.1 mg	Medical	
J9181		injection, etoposide, 10 mg	Medical	
J9185		injection, fludarabine phosphate, 50 mg	Medical	
J9190	<b>Adrucil</b>	injection, fluorouracil, 500 mg	Medical	
J9196		Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg	Medical (NF)	
J9198		Injection, gemcitabine hydrochloride, (infugem), 100 mg	Medical (NF)	
J9200		injection, floxuridine, 500 mg	Medical	
J9201	<b>Gemzar</b>	injection, gemcitabine hcl, 200 mg	Medical	
J9202	<b>Zoladex</b>	goserelin acetate implant, per 3.6 mg	Medical (PA)	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9203	<b>Mylotarg</b>	injection, gemtuzumab ozogamicin, 0.1 mg (mylotarg)	Medical	
J9204	<b>Poteligeo</b>	Injection, mogamulizumab-kpkc, 1 mg	Medical	
J9205	<b>Onivyde</b>	injection, irinotecan liposome, 1mg	Medical (PA)	
J9206	<b>Camptosar</b>	injection, irinotecan, 20 mg	Medical	
J9207	<b>Ixempra</b>	injection, ixabepilone, 1 mg	Medical	
J9208	<b>Ifex</b>	injection, ifosfamide, 1 g	Medical	
J9209		injection, mesna, 200 mg	Medical	
J9210	<b>Gamifant</b>	Injection, emapalumab-lzsg, 1 mg	Medical (PA)	
J9211	<b>Idamycin</b>	injection, idarubicin hcl, 5 mg	Medical	
J9212	<b>Pegasys, Pegasys ProClick</b>	injection, interferon-alfacon-1, recombinant, 1 microgram	Medical	
J9213	<b>Roferon A, Interferon alfa-2a inj</b>	injection, interferon, alfa-2a, recombinant, 3 million units	Medical	
J9214	<b>Intron A</b>	injection, interferon, alfa-2b, recombinant, 1 million units	Medical	
J9215	<b>Alferon- N interferon</b>	injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Medical	
J9216	<b>Actimmune</b>	injection, interferon, gamma 1-b, 3 million units	Pharmacy (PA)	
J9217	<b>Eligard/Lupron depot</b>	leuprolide acetate (for depot suspension), 7.5 mg	Medical (PA)	
J9218	<b>Lupron non-depot</b>	injection, non depot form for sc or iv use, leuprolide acetate, per 1 mg	Pharmacy (PA)	
J9219	<b>Viadur</b>	leuprolide acetate implant, 65 mg	Medical	
J9223	<b>Zepzelca</b>	Injection, lurbinectedin, 0.1 mg	Medical	
J9225	<b>Vantas</b>	histrelin implant (vantas), 50 mg	Medical (PA)	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9226	<b>Supprelin LA</b>	histrelin implant (supprelin la), 50 mg	Medical (PA)	
J9227	<b>Sarclisa</b>	Injection, isatuximab-irfc, 10 mg	Medical	
J9228	<b>Yervoy</b>	injection, ipilimumab, 1 mg	Medical	
J9229	<b>Besponsa</b>	injection, inotuzumab ozogamicin, 0.1 mg	Medical	
J9230	<b>Mustargen</b>	injection, mechlorethamine hcl, 10 mg	Medical	
J9245	<b>Alkeran</b>	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Medical	
J9246	<b>Evomela</b>	Injection, melphalan (evomela), 1 mg	Medical (PA)	
J9247	<b>Pepaxto</b>	injection, melphalan flufenamide, 1 mg	Medical	
J9248	<b>Hepzato</b>	Injection, melphalan (hepzato), 1 mg	Medical	
J9249		Injection, melphalan (apotex), 1 mg	Medical (NF)	
J9255		Injection, methotrexate (Accord), not therapeutically equivalent to J9260, 50 mg	Medical (NF)	
J9259		Injection, paclitaxel protein-bound particles (american regent), not therapeutically equivalent to j9264, 1 mg	Medical (NF)	
J9260		Injection, methotrexate sodium, 50 mg	Medical	
J9261	<b>Arranon</b>	injection, nelarbine, 50 mg	Medical	
J9262	<b>Synribo</b>	injection, omacetaxine mepesuccinate, 0.01 mg	Medical	
J9263	<b>Eloxatin</b>	injection, oxaliplatin, 0.5 mg	Medical	
J9264	<b>Abraxane</b>	injection, paclitaxel protein-bound particles, 1 mg	Medical	
J9266	<b>Oncaspar</b>	injection, pegaspargase, per single dose vial	Medical	
J9267	<b>Nov-Onxol</b>	injection, paclitaxel, 1 mg	Medical	
J9268	<b>Nipent</b>	injection, pentostatin, 10 mg	Medical	
J9269	<b>Elzonris</b>	Injection, tagraxofusp-erzs, 10 micrograms	Medical	



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9270		injection, plicamycin, 2.5 mg	Medical	
J9271	<b>Keytruda</b>	injection, pembrolizumab, 1 mg	Medical	
J9272	<b>Jemperli</b>	Injection, dostarlimab-gxly, 10 mg	Medical	
J9273	<b>Tivdak</b>	Injection, tisotumab vedotin-tftv, 1 mg	Medical	
J9274	<b>Kimmtrak</b>	Injection, tebentafusp-tebn, 1 microgram	Medical (PA)	
J9280		injection, mitomycin, 5 mg	Medical	
J9281	<b>Jelmyto</b>	Mitomycin pyelocalyceal instillation, 1 mg	Medical	
J9285	<b>Lartruvo</b>	injection, olaratumumab, 10 mg (lartruvo)	Medical	
J9286	<b>Columvi</b>	Injection, glofitamab-gxbm, 2.5 mg	Medical (PA)	
J9293		injection, mitoxantrone hcl, per 5 mg	Medical	
J9294		Injection, pemetrexed (hospira), not therapeutically equivalent to j9305, 10 mg	Medical (NF)	
J9295	<b>Portrazza</b>	injection, necitumumab, 1 mg	Medical	
J9296		Injection, pemetrexed (accord), not therapeutically equivalent to j9305, 10 mg	Medical (NF)	
J9297		Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Medical (NF)	
J9298	<b>Opdualag</b>	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Medical	
J9299	<b>Opdivo</b>	injection nivolumab, 1 mg	Medical	
J9301	<b>Gazyva</b>	injection, obinutuzumab, 10 mg	Medical	
J9302	<b>Arzerra</b>	injection, ofatumumab, 10 mg	Medical	
J9303	<b>Vectibix</b>	injection, panitumumab, 10 mg	Medical	
J9304	<b>Pemfexy</b>	Injection, pemetrexed (PEMFEXY), 10 mg	Medical (NF)	
J9305	<b>Alimta</b>	Injection, pemetrexed, not otherwise specified, 10 mg	Medical	
J9306	<b>Perjeta</b>	injection, pertuzumab, 1 mg	Medical	





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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9307	<b>Folotyn</b>	injection, pralatrexate, 1 mg	Medical	
J9308	<b>Cyramza</b>	injection ramucirumab 5 mg	Medical	
J9309	<b>Polivy</b>	Injection, polatuzumab vedotin-piiq, 1 mg	Medical	
J9311	<b>Rituxan Hycela</b>	injection, rituximab and hyaluronidase, 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J9312	<b>Rituxan</b>	injection, rituximab, 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J9313	<b>Lumoxiti</b>	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Medical	
J9314		Injection, pemetrexed (teva), not therapeutically equivalent to j9305, 10 mg	Medical (NF)	
J9316	<b>Phesgo</b>	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Medical	
J9317	<b>Trodelyv</b>	Injection, sacituzumab govitecan-hziy, 2.5 mg	Medical	
J9318		Injection, romidepsin, non-lyophilized, 0.1 mg	Medical	
J9319	<b>Istodax</b>	Injection, romidepsin, lyophilized, 0.1 mg	Medical	
J9320	<b>Zansosar</b>	injection, streptozocin, 1 g	Medical	
J9321	<b>Epkinly</b>	Injection, epcoritamab-bysp, 0.16 mg	Medical (PA)	
J9322		Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	Medical (NF)	
J9323		Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Medical (NF)	
J9324	<b>Pemrydi RTU</b>	Injection, pemetrexed (pemrydi rtu), 10 mg	Medical (NF)	
J9325	<b>Imlygic</b>	injection, talimogene laherparepvec, per 1 million plaque forming units	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9328	<b>Temodar IV</b>	injection, temozolomide, 1 mg	Medical	
J9329	<b>Tevimbra</b>	Injection, tislelizumab-jsgr, 1mg	Medical	
J9330	<b>Torisel</b>	injection, temsirolimus, 1 mg	Medical	
J9331	<b>Fyarro</b>	Injection, sirolimus protein-bound particles, 1 mg	Medical (PA)	
J9332	<b>Vyvgart</b>	Injection, efgartigimod alfa-fcab, 2mg	Medical (PA)	
J9333	<b>Rystiggo</b>	Injection, rozanolixizumab-noli, 1 mg	Medical (PA)	
J9334	<b>Vyvgart Hytrulo</b>	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Medical (PA)	
J9340		injection, thiotepa, 15 mg	Medical	
J9345	<b>Zynyz</b>	Injection, retifanlimab-dlwr, 1 mg	Medical	
J9347	<b>Imjudo</b>	Injection, tremelimumab-actl, 1 mg	Medical	
J9348	<b>Danyelza</b>	Injection, naxitamab-gqgk, 1 mg	Medical	
J9349	<b>Monjuvi</b>	injection, tafasitamab-cxix, 2 mg	Medical (PA)	
J9350	<b>Lunsumio</b>	Injection, mosunetuzumab-axgb, 1 mg	Medical (PA)	
J9351	<b>Hycamtin</b>	injection, topotecan, 0.1 mg	Medical	
J9352	<b>Yondelis</b>	injection, trabectedin 0.1mg	Medical	
J9353	<b>Margenza</b>	Injection, margetuximab-cmkb, 5 mg	Medical	
J9354	<b>Kadcyla</b>	injection, ado-trastuzumab emtansine, 1 mg	Medical	
J9355	<b>Herceptin</b>	injection, trastuzumab, 10 mg	Medical	
J9356	<b>Herceptin Hylecta</b>	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Medical	
J9357	<b>Valstar</b>	injection, valrubicin, intravesical, 200 mg	Medical	
J9358	<b>Enhertu</b>	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9359	<b>Zynlonta</b>	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Medical (PA)	
J9360		injection, vinblastine sulfate, 1 mg	Medical	
J9361	<b>Ryzneuta</b>	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Medical (PA)	
J9370		vincristine sulfate, 1 mg	Medical	
J9376	<b>Veopoz</b>	Injection, pozelimab-bbfg, 1 mg	Medical (PA)	
J9380	<b>Tecvayli</b>	Injection, teclistamab-cqyv, 0.5 mg	Medical (PA)	
J9381	<b>Tzielid</b>	Injection, teplizumab-mzww, 5 mcg	Medical (PA)	
J9390	<b>Navelbine</b>	injection, vinorelbine tartrate, 10 mg	Medical	
J9393		Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg	Medical (NF)	
J9394		Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Medical (NF)	
J9395	<b>Faslodex</b>	injection, fulvestrant, 25 mg	Medical	
J9400	<b>Zaltrap</b>	injection, ziv-aflibercept, 1 mg	Medical	
J9600	<b>Photofrin</b>	Injection, porfimer sodium, 75 mg	Medical	
J9999		not otherwise classified, antineoplastic drugs	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary

M0201	<b>Covid-19 vaccine home admin</b>	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	Medical	
M0220	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	Medical	

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
M0221	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical	
M0222	<b>Bebtelovimab injection</b>	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	Medical	
M0223	<b>Bebtelovimab injection home</b>	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
M0224	<b>Pemgarda</b>	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	Medical	
M0239	<b>Bamlanivimab-xxxx infusion</b>	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Medical	
M0240	<b>Casirivimab and imdevimab infusion</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	Medical	
M0241	<b>Casirivimab and imdevimab infusion - home</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
M0243	<b>Casirivimab and imdevimab infusion</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	Medical	
M0244	<b>Casirivimab and imdevimab infusion - home</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical	
M0245	<b>Bamlan and etesev infusion</b>	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Medical	
M0246	<b>Bamlan and etesev infus home</b>	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency	Medical	
M0247	<b>Sotrovimab infusion</b>	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
M0248	<b>Sotrovimab inf, home admin</b>	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical	
N/A	<b>Lantidra</b>	donislecel-jujn	Medical (PA)	
Q0138	<b>Feraheme</b>	injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Medical	
Q0139	<b>Feraheme</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Medical	
Q0161	<b>Chlorpromazine</b>	chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
Q0166		Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Medical	
Q0167	<b>Marinol</b>	Dronabinol 2.5mg oral	Pharmacy	



Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q0169		PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Pharmacy	
Q0175		PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN		
Q0220	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg	Medical	

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q0221	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	Medical	
Q0222	<b>Bebtelovimab 175 mg</b>	Injection, bebtelovimab, 175 mg	Medical	
Q0224	<b>Pemgarda</b>	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to covid-19 vaccination, 4500 mg	Medical	
Q0239	<b>Bamlanivimab-xxxx</b>	Injection, bamlanivimab-xxxx, 700 mg	Medical	
Q0240	<b>Casirivimab and imdevimab</b>	Injection, casirivimab and imdevimab, 600 mg	Medical	
Q0243	<b>Casirivimab and imdevimab</b>	Injection, casirivimab and imdevimab, 2400 mg	Medical	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary

Q0244	<b>Casiriviman and imdevimab</b>	Injection, casirivimab and imdevimab, 1200 mg	Medical	
Q0245	<b>Bamlanivimab and etesevima</b>	Injection, bamlanivimab and etesevima, 2100 mg	Medical	
Q0247	<b>Sotrovimab</b>	Injection, sotrovimab, 500 mg	Medical	
Q0516		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 30-days	Pharmacy	
Q0517		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 60-days	Pharmacy	
Q0518		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 90-days	Pharmacy	
Q2009		injection, fosphenytoin, 50 mg phenytoin equivalent	Medical	
Q2035	<b>Afluria</b>	influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria)	Either	
Q2037	<b>Fluvirin</b>	influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)	Either	
Q2038	<b>Fluzone</b>	influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)	Either	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q2040	<b>Kymriah</b>	tisagenlecleucel, up to 250 million car positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Medical (PA)	
Q2041	<b>Yescarta</b>	axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car t cells, including leukapheresis and dose preparation procedures, per infusion	Medical (PA)	
Q2042	<b>Kymriah</b>	tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)	
Q2043	<b>Provenge</b>	sipuleucel-t auto cd54+	Medical (PA)	
Q2049	<b>Lipodox</b>	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	Medical	
Q2050	<b>Doxil</b>	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Medical	
Q2053	<b>Tecartus</b>	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)	
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)	

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q2055	<b>Abecma</b>	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)	
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)	
Q3027	<b>Avonex</b>	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	Pharmacy	
Q3028	<b>Rebif</b>	injection, interferon beta-1a, 1 mcg for subcutaneous use	Pharmacy (PA)	
Q4074	<b>Ventavis</b>	iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	Pharmacy (PA)	
Q5101	<b>Zarxio</b>	injection, filgrastim-sndz, biosimilar, (zarxio) 1 microgram	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5103	<b>Inflectra</b>	injection , infliximab-dyyb , biosimilar, 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5104	<b>Renflexis</b>	injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q5105	<b>Retacrit</b>	injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5106	<b>Retacrit</b>	injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5107	<b>Mvasi</b>	injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Medical	
Q5108	<b>Fulphila</b>	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5109	<b>Ixifi</b>	injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5110	<b>Nivestym</b>	injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5111	<b>Udenyca</b>	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5112	<b>Ontruzant</b>	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Medical (PA)	
Q5113	<b>Herzuma</b>	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Medical (PA)	



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Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q5114	<b>Ogivri</b>	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Medical (PA)	
Q5115	<b>Truxima</b>	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5116	<b>Trazimera</b>	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Medical	
Q5117	<b>Kanjinti</b>	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Medical (PA)	
Q5118	<b>Zirabev</b>	InjInjection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mgection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Medical (PA)	
Q5119	<b>Ruxience</b>	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5120	<b>Ziextenzo</b>	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5121	<b>Avsola</b>	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5122	<b>Nyvepria</b>	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5123	<b>Riabni</b>	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q5124	<b>Byooviz</b>	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Medical	
Q5125	<b>Releuko</b>	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5126	<b>Alymsys</b>	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Medical (PA)	
Q5127	<b>Stimufend</b>	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5128	<b>Cimerli</b>	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Medical	
Q5129	<b>Vegzelma</b>	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Medical (PA)	
Q5130	<b>Fylnetra</b>	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5131	<b>Idacio</b>	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Pharmacy (PA)	
Q5132	<b>Abrilada</b>	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	Pharmacy	
Q5133	<b>Tofidence</b>	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5134	<b>Tyruko</b>	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit





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Q5135	<b>Tyenne</b>	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5136	<b>Jubbonti, Wyost</b>	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Either (PA)	This Jcode is shared by two different products. May bill either benefit. PA required regardless of benefit
Q5137	<b>Wezlana SC</b>	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Pharmacy (PA)	
Q5138	<b>Wezlana IV</b>	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q9991	<b>Sublocade</b>	injection, buprenorphine extended release < 100 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q9992	<b>Sublocade</b>	injection, buprenorphine extended release > 100 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
S0012	<b>Stadol</b>	butorphanol tartrate, nasal spray, 25 mg	Pharmacy	
S0013	<b>Spravato</b>	Esketamine, nasal spray, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
S0014	<b>Cognex</b>	tacrine hydrochloride, 10 mg	Pharmacy	
S0080		Injection, pentamidine isethionate, 300 mg	Medical	
S0088	<b>Gleevec</b>	imatinib, 100 mg	Pharmacy (PA)	
S0090	<b>Viagra</b>	sildenafil citrate, 25 mg	Pharmacy	



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S0091	<b>Kytril</b>	granisetron hydrochloride, 1 mg (for circumstances falling under the medicare stature use q0166)	Pharmacy	
S0104	<b>Retrovir</b>	zidovudine, oral, 100 mg	Pharmacy	
S0106	<b>Wellbutrin SR</b>	bupropion hcl sustained release tab, 150 mg, per bottle of 60	Pharmacy	
S0108	<b>Purinethol</b>	mercaptopurine, oral, 50 mg	Pharmacy	
S0109	<b>Dolophine</b>	methadone, oral, 5 mg	Pharmacy	
S0117	<b>Retin A/Atralin/Renova</b>	tretinoin, topical, 5 grams	Pharmacy	
S0119	<b>Zofran</b>	ondansetron, oral 4 mg	Pharmacy	
S0122	<b>Menopur</b>	injection, menotropins, 75 iu	Pharmacy	
S0136	<b>Clozaril</b>	clozapine, 25 mg	Pharmacy	
S0137	<b>Videx</b>	didanosine (ddl), 25 mg	Pharmacy	
S0138	<b>Propecia</b>	finasteride, 25 mg	Pharmacy	
S0139	<b>Rogaine, Loniten</b>	minoxidil, 10 mg	Pharmacy	
S0140	<b>Invirase</b>	saquinavir, 200 mg	Pharmacy	
S0145	<b>Pegasys</b>	injection, pegylated interferon alfa 2a, 180 mcg per 0.5 ml	Pharmacy (PA)	
S0148	<b>Peg-Intron</b>	injection, peginterferon alfa-2b	Pharmacy (PA)	
S0156	<b>Aromasin</b>	exemestane, 25 mg	Pharmacy	
S0157	<b>Regranex</b>	becaplermin gel, 0.02%, 0.5g	Pharmacy	
S0160	<b>Dexedrine</b>	dextroamphetamine sulfate, 5 mg	Pharmacy	
S0170	<b>Arimidex</b>	anastrozole, oral, 1 mg	Pharmacy	



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S0172	<b>Leukeran</b>	chlorambucil, oral, 2 mg	Pharmacy	
S0174	<b>Anzemet</b>	dolasetron mesylate , oral 50 mg (for circumstances falling under medicare statute)	Pharmacy	
S0175	<b>Drogenil</b>	flutamide, oral, 125 mg	Pharmacy	
S0176	<b>Hydrea</b>	hydroxyurea, oral, 500 mg	Pharmacy	
S0178	<b>Ceenu</b>	lomustine, oral, 10 mg	Pharmacy	
S0179	<b>Megase</b>	megesterol acetate, oral 20 mg	Pharmacy	
S0182	<b>Matulane</b>	procarbazine maleate, oral, 5 mg (for circumstances foalling undr the medicare stature use q0164-q0165)	Pharmacy	
S0183	<b>Compazine</b>	prochlorperazine maleate, oral, 5mg	Pharmacy	
S0187	<b>Nolvadex</b>	tamoxifen citrate, oral, 10 mg	Pharmacy	
S0189	<b>Testopel</b>	testosterone pellet, 75 mg	Medical (PA)	
S0194		dialysis/stress vitamin supplement, oral, 100 mg capsules	Pharmacy	
S0197		prenatal vitamins, 30 day supply (further documentation required)	Pharmacy	
S1091	<b>Propel</b>	Stent, non-coronary, temporary, with delivery system (propel)	Medical	
S4990	<b>Nicoderm CQ, Nicotrol</b>	nicotine patches, legend (further documentation required)	Pharmacy	



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S4993		Contraceptive pills for birth control	Pharmacy
S4995	<b>Nicorette</b>	smoking cessation gum	Pharmacy
S5000	<b>Prescription drug, generic</b>		Pharmacy
S5001	<b>Prescription drug, brand name</b>		Pharmacy