



Individual & Family Plan Medication List

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

Code	Brand Name	Description	CCHP	
			(PA) = Prior Authorization required (NF) = Non-Formulary	
			Benefit	Notes
90378 (CPT)	Synagis	palivizumab (respiratory syncytial virus immune globulin [RSV-IgIM], for intramuscular use, 50 mg, each)	Medical (PA)	
A9268	Vibrant	Programmer for transient, orally ingested capsule	Pharmacy (PA)	
A9269	Vibrant	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	Lutathera	lutetium lu 177, dotatate, therapeutic, 1 millicurie	Medical (PA)	
A9590	Azedra	Iodine I-131, iobenguane, 1 millicurie	Medical (PA)	
A9606	Xofigo	radium ra-223 dichloride, therapeutic, per microcurie	Medical (PA)	
A9607	Pluvicto	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Medical (PA)	
A9608	Posluma	Flotufolastat f 18, diagnostic, 1 millicurie	Medical	



Individual & Family Plan Medication List

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

A9609		Fludeoxyglucose f18 up to 15 millicuries	Medical
A9800	Locametz	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	Medical
B4105	Relizorb	in-line cartridge digestive enzyme for enteral feeding each	Medical
C9046	Goprelto	Cocaine hydrochloride nasal solution (goprelto), 1 mg	Medical
C9047	Cablivi	Injection, caplacizumab-yhdp, 1 mg	Medical (PA)
C9088	Zynrelef	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Medical
C9089	Xaracoll	Bupivacaine, collagen-matrix implant, 1 mg	Medical
C9101	Olinvyk	Injection, oliceridine, 0.1 mg	Medical
C9143	Numbrino	Cocaine hydrochloride nasal solution (numbrino), 1 mg	Medical
C9144	Posimir	Injection, bupivacaine (posimir), 1 mg	Medical
C9145	Aponvie	Injection, aprepitant, (aponvie), 1 mg	Medical (NF)
C9169	Anktiva	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Medical
C9170	Imdelltra	Injection, tarlatamab-dlle, 1 mg	Medical (PA)
C9172	Beqvez	Injection, fidanacogene elaparvecvec-dzkt, per therapeutic dose	Medical (PA)
C9248	Cleviprex	injection, clevidipine butyrate	Medical
C9250	Artiss	artiss fibrin sealant	Medical
C9290	Exparel	injection, bupivacaine liposome, 1 mg	Medical
C9293	Voraxaze	injection, glucarpidase, 10 units	Medical
C9399		Unclassified	Medical



Individual & Family Plan Medication List

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

C9462	Baxdela	injection, delafloxacin, 1 mg	Medical	
C9482	Sotalol	injection, sotalol hydrochloride, 1 mg	Medical	
C9488	Vaprisol	injection, conivaptan hydrochloride, 1 mg	Medical	
D4381	Arestin	minocycline microspheres, 1 mg	Medical	
G2082	Spravato	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	Spravato	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	Nuzyra	Injection, omadacycline, 1 mg	Medical (PA)	
J0122	Xerava	Injection, eravacycline, 1 mg	Medical	
J0129	Orencia	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	Reopro	injection abciximab, 10 mg	Medical	



Individual & Family Plan Medication List

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

J0131		Injection, acetaminophen, not otherwise specified, 10 mg	Medical	
J0132	Acetadote	injection, acetylcysteine, 100 mg	Medical	
J0133		injection, acyclovir, 5 mg	Medical	
J0134		Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	Medical	
J0135	Humira	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	Combogesic IV	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Medical (NF)	
J0153	Adenoscan	injection, adenosine , 1 mg	Medical	
J0171		injection, adrenalin, epinephrine, 0.1 mg	Medical	
J0172	Aduhelm	Injection, aducanumab-avwa, 2 mg	Medical (PA)	
J0173		Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg	Medical (NF)	
J0174	Leqembi	Injection, lecanemab-irmb, 1 mg	Medical (PA)	
J0175	Kisunla	Injection, donanemab-azbt, 2 mg	Medical (PA)	
J0177	Eylea HD	Injection, aflibercept hd, 1 mg	Medical (PA)	
J0178	Eylea	injection, aflibercept, 1 mg	Medical	
J0179	Beovu	Injection, brolocizumab-dbll, 1 mg	Either	
J0180	Fabrazyme	injection, agalsidase beta, 1 mg	Medical (PA)	
J0184	Barhemsys	Injection, amisulpride, 1 mg	Medical (NF)	
J0185	Cinvanti	injection, aprepitant, 1 mg	Medical	



Individual & Family Plan Medication List

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

J0202	Lemtrada	injection alemtuzumab 1 mg	Medical (PA)
J0205	Ceredase	injection, alglucerase, 1 mg	Medical
J0206	Aloprim	Injection, allopurinol sodium, 1 mg	Medical
J0207	Ethylol	injection, amifostine, 500 mg	Medical
J0208	Pedmark	Injection, sodium thiosulfate (pedmark), 100 mg	Medical (PA)
J0209		Injection, sodium thiosulfate (hope), 100 mg	Medical
J0210	Amevive	injection, methyldopate hcl, up to 250 mg	Medical
J0211	Nithiodote	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	Medical
J0215		alefacept	Medical
J0216		Injection, alfentanil hydrochloride, 500 micrograms	Medical
J0217	Lamzede	Injection, velmanase alfa-tycv, 1 mg	Medical (PA)
J0218	Xenpozyme	Injection, olipudase alfa-rpcp, 1 mg	Medical (PA)
J0219	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg	Medical (PA)
J0220	Myozyme	injection, alglucosidase alfa, 10 mg, not otherwise specified	Medical (PA)
J0221	Lumizyme	injection, alglucosidase alfa, (lumizyne), 10 mg	Medical (PA)
J0222	Onpattro	Injection, Patisiran, 0.1 mg	Medical (PA)
J0223	Givlaari	Injection, givosiran, 0.5 mg	Medical (PA)
J0224	Oxlumo	Injection, lumasiran, 0.5 mg	Medical (PA)
J0225	Amvuttra	Injection, vutrisiran, 1 mg	Medical (PA)
J0248	Veklury	Injection, remdesivir, 1 mg	Medical
J0256	Aralast NP, Prolastin, Prolastin C, Zemaira	injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Medical (PA)



Individual & Family Plan Medication List

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

J0257	Glassia	injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Medical (PA)	
J0270	Caverject, Edex	prostaglandin e1,ic	Pharmacy	
J0275	Muse	alprostadil urethral suppository	Pharmacy	
J0278		injection, amikacin sulfate, 100 mg	Medical	
J0280		injection, aminophyllin, up to 250 mg	Medical	
J0282		Injection, amiodarone hydrochloride, 30 mg	Medical	
J0283	Nexterone	Injection, amiodarone hydrochloride (nexterone), 30 mg	Medical	
J0285		injection, amphotericin b, 50mg	Medical	
J0287	Abelcet	injection, amphotericin b lipid complex, 10 mg	Medical	
J0288	Amphotec	injection, ampho b cholesteryl sulfate, 10mg	Medical	
J0289	Ambisome	injection, amphotericin b liposome, 10mg	Medical	
J0290		injection, ampicillin sodium, 500 mg	Medical	
J0291	Zemdri	Injection, plazomicin, 5 mg	Medical	
J0295		injection, ampicillin sodium/sulbactam sodium, per 1.5 g	Medical	
J0348	Eraxis	injection, anidulafungin, 1 mg	Medical	
J0349	Rezzayo	Injection, rezafungin, 1 mg	Medical	
J0360		injection, hydralazine hcl, up to 20 mg	Medical	
J0364	Apokyn	injection, apomorphine hydrochloride 1 mg	Pharmacy (PA)	
J0365	Trasylol	injection, aprtonin, 10,000kiu	Medical	
J0391		Injection, artesunate, 1 mg	Medical	
J0400	Abilify	Injection, aripiprazole, intramuscular, 0.25 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit



Individual & Family Plan Medication List

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

J0401	Abilify Maintena	Injection, aripiprazole (abilify maintena), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J0402	Abilify Asimtufii	Injection, aripiprazole (abilify asimtufii), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J0456	Zithromax	injection, azithromycin, 500 mg	Medical	
J0457	Azactam	Injection, aztreonam, 100 mg	Medical	
J0461		injection, atropine sulfate, 0.01 mg	Medical	
J0470	Bal in Oil	injection, dimecaprol 100mg	Medical	
J0475	Lioresal	injection, baclofen, 10 mg	Medical	
J0476	Gablofen, Lioresal	injection, baclofen, 50 mcg for intrathecal trial	Medical	
J0480	Simulect	Injection, basiliximab, 20 mg	Medical	
J0485	Nulojix	injection, belatacept, 1 mg	Medical (PA)	
J0490	Benlysta	injection, belimumab, 10 mg	Pharmacy (PA)	
J0491	Saphnelo	Injection, anifrolumab-fnia, 1 mg	Medical (PA)	
J0500	Bentyl	injection, dicyclomine hcl, up to 20 mg	Medical	
J0515	Cogentin	injection, benzotropine mesylate, per 1 mg	Medical	
J0517	Fasenra	Injection, benralizumab, 1 mg	Either (PA)	Syringe: Medical only Pen: Pharmacy only PA required regardless of benefit
J0558	Bicillin C-R	injection, penicillin g benzathine and penicillin g procaine, 100,000 units	Medical	
J0561	Bicillin L-A	injection, penicillin g benzathine, 100,000 units	Medical	



Individual & Family Plan Medication List

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

J0565	Zinplava	injection, bezlotoxumab, 10 mg	Medical (PA)	
J0567	Brineura	injection, cerliponase alfa, 1 mg	Medical (PA)	
J0570	Probuphine	buprenorphine implant 74.2mg	Medical (PA)	
J0571	Subutex	buprenorphine, oral , 1 mg	Pharmacy	
J0572	Suboxone	buprenorphine/naloxone, oral, less than or equal to 3 mg	Pharmacy	
J0573	Suboxone	buprenorphine/naloxone, oral, greater than 3 mg but less than or equal to 6 mg	Pharmacy	
J0574	Suboxone	buprenorphine/naloxone, oral, greater than 6 mg , but less than or equal to 10 mg	Pharmacy	
J0575	Suboxone	buprenorphine/naloxone, oral, greater than 10 mg	Pharmacy	
J0577	Brixadi	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	Brixadi	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	Angiomax	injection, bivalirudin, 1 mg	Medical	
J0584	Crysvita	inj burosumab-twza, 1mg	Medical (PA)	
J0585	Botox	injection, onabotulinumtoxina, 1 unit	Medical (PA)	
J0586	Dysport	injection, abobotulinumtoxina	Medical (PA)	
J0587	Myobloc	injection, rimabotulinumtoxina, 100 units	Medical (PA)	
J0588	Xeomin	injection, incobotulinumtoxina, 1 unit	Medical (PA)	
J0589	Daxxify	Injection, daxibotulinumtoxina-lanm, 1 unit	Medical (PA)	
J0592		injection, buprenorphine hcl, 0.1 mg	Medical (PA)	



Individual & Family Plan Medication List

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

J0593	Takhzyro	Injection, lanadelumab-flyo, 1 mg	Pharmacy (PA)
J0594		injection, busulfan, 1 mg	Medical
J0595		injection, butorphanol tartrate, 1 mg	Medical
J0596	Ruconest	injection, c1 esterase inhib ruconest 10 u	Pharmacy (PA)
J0597	Berinert	injection, c-1 esterase inhibitor (human), berinert, 10 units	Pharmacy (PA)
J0598	Cinryze	injection, c-1 esterase, 10 units	Pharmacy (PA)
J0599	Haegarda	injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Pharmacy (PA)
J0600		injection, edetate calcium disodium, 1000mg	Medical
J0604	Sensipar	cinacalcet, oral, 1mg (for esrd on dialysis)	Pharmacy
J0606	Parsabiv	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	Micalcin	injection, calcitonin salmon, up to 400 units	Pharmacy
J0637	Canidas	injection, caspofungin acetate, 5 mg	Medical
J0638	Ilaris	injection, canakinumab	Medical (PA)
J0640		injection, leucovorin calcium, per 50 mg	Medical
J0641		Injection, levoleucovorin, not otherwise specified, 0.5 mg	Medical
J0642	Khapzory	Injection, levoleucovorin (khapzory), 0.5 mg	Medical (NF)



Individual & Family Plan Medication List

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

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)	
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	Polocaine	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	Xenleta	Injection, lefamulin, 1 mg	Medical (PA)	
J0692	Maxipime	injection, cefepime hcl, 500 mg	Medical	
J0694	Mefoxin	injection, cefoxitin sodium, 1 g	Medical	
J0695	Zerbaxa	injection, ceftolozane 50 mg & taz 25 mg	Medical	
J0696	Rocephin	injection, ceftriaxone sodium, per 250 mg	Medical	
J0697	Zinacef	injection, sterile cefuroxime sodium, per 750 mg	Medical	
J0698	Claforan	injection, cefotaxime sodium, per g	Medical	
J0699	Fetroja	Injection, cefiderocol, 10 mg	Medical	



Individual & Family Plan Medication List

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

J0701		Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg	Medical (NF)	
J0702	Celestone Soluspan	injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Medical	
J0703		Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg	Medical (NF)	
J0706		injection, caffeine citrate, 5 mg i	Medical	
J0712	Teflaro	injection, ceftaroline fosamil, 10 mg	Medical	
J0713	Fortaz	injection, ceftazidime, per 500 mg	Medical	
J0714	Avycaz	injection, ceftazidime and avibactam, 0.5 g/0.125 g	Medical	
J0716	Anascorp	injection, centruroides immune f(ab)2, up to 120 mg	Medical	
J0717	Cimzia	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	Novarel	injection, gonadotropin, 1000units	Medical	
J0735	Duraclon	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)	



Individual & Family Plan Medication List

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

J0739	Apretude	Injection, cabotegravir, 1mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	Medical	
J0740	Vistide	injection, cidofovir, 375 mg	Medical	
J0741	Cabenuva	Injection, cabotegravir and rilpivirine, 2mg/3mg	Either	
J0742	Recarbrio	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Medical	
J0743	Primaxin	injection, cilastatin sodium; imipenem, per 250 mg	Medical	
J0744	Cipro	injection, ciprofloxacin for intravenous infusion, 200 mg	Medical	
J0745		injection, codeine phosphate, per 30 mg	Medical	
J0750	Truvada	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	Descovy	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	Coly-Mycin	injection, colistimethate sodium, up to 150mg	Medical	
J0775	Xiaflex	injection, collagenase, clostridium histolyticum, 0.01 mg	Medical	
J0780		injection, prochlorperazine, up to 10 mg	Medical	
J0791	Adakveo	Injection, crizanlizumab-tmca, 5 mg	Medical (PA)	
J0795	Acthrel	injection, corticorelin ovine triflutate, 1 mcg	Medical	



Individual & Family Plan Medication List

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

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	Acthar	Injection, corticotropin (acthar gel), up to 40 units	Either (PA)	May bill either benefit, PA required regardless of benefit
J0802	Cortrophin	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	Crofab	injection, crotalidae polyvalent immune fab (ovine), up to 1 gm	Medical	
J0841	Anavip	injection, crotalidae immune f(ab')2 (equine), 120 mg	Medical	
J0850	Cytogam	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	Dalvance	injection dalbavancin 5mg	Medical	
J0877		Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg	Medical (NF)	
J0878	Cubicin	injection, daptomycin, 1 mg	Medical	



Individual & Family Plan Medication List

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

J0879	Korsuva	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Medical (PA)	
J0881	Aranesp	injection, darbepoetin alfa, 1 mcg (non-esrd use)	Either	May bill either benefit, PA required when billing through pharmacy benefit
J0882	Aranesp	injection, darbepoetin alfa, 1 mcg (for esrd on dialysis)	Either	May bill either benefit, PA required when billing through pharmacy benefit
J0883	Argatroban	Injection, argatroban, 1 mg (for non-esrd use)	Medical	
J0884	Argatroban	Injection, argatroban, 1 mg (for esrd on dialysis)	Medical	
J0885	Procrit/Epogen	injection, epoetin alfa, (for non-esrd use), 1000 units	Either	May bill either benefit, PA required when billing through pharmacy benefit
J0887	Mircera	injection, epoetin beta, 1 mcg (for esrd on dialysis)	Medical	
J0888	Mircera	injection, epoetin beta, 1 mcg (for non-esrd use)	Medical	
J0889	JESDUVROQ	Daprodustat, oral, 1 mg, (for esrd on dialysis)	Medical (PA)	
J0890	Omontys	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)	



Individual & Family Plan Medication List

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

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	Dacogen	injection, decitabine, 1 mg	Medical	
J0895	Desferal	injection, deferoxamine mesylate, 500 mg	Medical	
J0896	Reblozyl	Injection, luspatercept-aamt, 0.25 mg	Medical (PA)	
J0897	Prolia/Xgeva	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	Defencath	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	Depo-Medrol	Injection, methylprednisolone acetate, 1 mg	Either	
J1071	Depo-Testosterone	injection, testosterone cypionate, 1 mg	Pharmacy (PA)	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1094		injection, dexamethasone acetate, 1 mg	Either	
J1095	Dexycu	injection, dexamethasone 9 percent, intraocular, 1 microgram	Medical	
J1096	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Medical	
J1097	Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Medical	
J1100		injection, dexamethasone sodium phosphate, 1 mg	Medical	
J1105	Igalmi	Dexmedetomidine, oral, 1 mcg	Medical	
J1110	D.H.E 45	injection, dihydroergotamine mesylate, per 1 mg	Medical	
J1120		injection, acetazolamide sodium, up to 500 mg	Medical	
J1130	Dyloject	injection, diclofenac sodium 0.5mg	Medical (NF)	
J1160	Lanoxin	injection, digoxin, up to 0.5 mg	Medical	
J1162	Digibind, Digfab	injection, digoxin immune fab (ovine), per vial	Medical	
J1165		injection, phenytoin sodium, per 50 mg	Medical	
J1171		Injection, hydromorphone, 0.1 mg	Medical	
J1190	Zinecard, Totect	injection, dexrazoxane hcl, per 250 mg	Medical	
J1200	Benadryl	injection, diphenhydramine hcl, up to 50 mg	Medical	
J1201	Quzyttir	Injection, cetirizine hydrochloride, 0.5 mg	Medical (NF)	
J1202	Opfolda	Miglustat, oral, 65 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1203	Pombiliti	Injection, cipaglucosidase alfa-atga, 5 mg	Medical (PA)	
J1205	Diuril	injection, chlorothiazide sodium, per 500 mg	Medical	
J1212	Rimso-50	injection, dmsol, dimethyl sulfoxide, 50%, 50 ml	Medical	



Individual & Family Plan Medication List

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

J1230		injection, methadone hcl 10 mg	Medical	
J1240		injection, dimenhydrinate, up to 50 mg	Medical	
J1245		injection, dipyridamole, per 10 mg	Medical	
J1246	Unituxin	Injection, dinutuximab, 0.1 mg	Medical	
J1250		injection, dobutamine hcl, per 250 mg	Medical	
J1260	Anzemet	injection, dolasetron mesylate, 10 mg	Medical	
J1265		injection, dopamine hcl, 40 mg	Medical	
J1267	Doribax	injection, doripenem, 10 mg	Medical	
J1270	Hectrol	injection, doxercalciferol, 1 mcg	Medical	
J1290	Kalbitor	injection, ecallantide	Pharmacy (PA)	
J1300	Soliris	injection, eculizumab, 10 mg	Medical (PA)	
J1301	Radicava	injection, edaravone 1 mg	Pharmacy (PA)	
J1302	Enjaymo	Injection, sutimlimab-jome, 10 mg	Medical (PA)	
J1303	Ultomiris	Injection, ravulizumab-cwvz, 10 mg	Medical (PA)	
J1304	Qalsody	Injection, tofersen, 1 mg	Medical (PA)	
J1305	Evkeeza	Injection, evinacumab-dgnb, 5mg	Medical (PA)	
J1306	Leqvio	Injection, inclisiran, 1 mg	Medical (PA)	
J1322	Vimizim	injection elosulfase alfa, 1 mg	Medical (PA)	
J1323	Elrexfio	Injection, elranatamab-bcmm, 1 mg	Medical (PA)	
J1324	Fuzeon	injection enfurvirtide	Either	
J1325	Flolan	injection, epoprostenol	Pharmacy (PA)	
J1327	Integrilin	injection, eptifibatide, 5 mg	Medical	
J1335	Invanz	injection, ertapenem sodium, 500 mg	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1364		injection, erythromycin lactobionate, per 500 mg	Medical	
J1380	Delestrogen	injection, estradiol valerate, 10 mg	Either	
J1410	Premarin	injection, estrogen conjugate 25 mg	Either	
J1411	Hemgenix	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Medical (PA)	
J1412	Roctavian	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	Medical (PA)	
J1413	Elevidys	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Medical (PA)	
J1426	Amondys 45	injection, casimersen, 10 mg	Medical (PA)	
J1427	Viltepso	Injection, viltolarsen, 10 mg	Medical (PA)	
J1428	Exondys 51	injection, eteplirsen, 10 mg	Medical (PA)	
J1429	Vyondys 53	Injection, golodirsen, 10 mg	Medical (PA)	
J1430		injection, ethanolamine oleate, 100mg	Medical	
J1434	Focinvez	Injection, fosaprepitant (focinvez), 1 mg	Medical (NF)	
J1437	Monoferric	Injection, ferric derisomaltose, 10 mg	Medical (NF)	
J1438	Enbrel	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	Injectafer	injection, ferric carboxymaltose, 1 mg	Medical	
J1440	Rebyota	Fecal microbiota, live - jsfm, 1 ml	Medical (PA)	
J1442	Neupogen	injection, filgrastim (g-csf), 1 microgram	Either	May bill either benefit, PA required when billing



Individual & Family Plan Medication List

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

				through pharmacy benefit
J1443	Triferic	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron	Medical	
J1444	Triferic	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Medical	
J1445	Triferic Avnu	Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron	Medical	
J1447	Granix	injection tbo-filgrastim 1 microg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1448	Cosela	Injection, trilaciclib, 1mg	Medical (PA)	
J1449	Rolvedon	Injection, eflapegrastim-xnst, 0.1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1450	Diflucan	injection, fluconazole, 200 mg	Medical	
J1451	Antizol	injection, fomepizole, 15 mg	Medical	
J1453	Emend	injection, fosaprepitant, 1 mg	Medical	
J1454	Akynzeo	injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Medical	
J1456		Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	Medical (NF)	
J1458	Naglazyme	injection, galsulfase	Medical (PA)	
J1459	Privigen	injection, immune globulin (privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Medical (PA)	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1460	Gamastan	injection, gamma globulin, 1cc	Medical (PA)	
J1551	Cutaquig	Injection, immune globulin (cutaquig), 100 mg	Medical (PA)	
J1554	Asceniv	injection, immune globulin (asceniv), 500 mg	Medical (PA)	
J1555	Cuvitru	injection, immune globulin (cuvitru), 100 mg	Medical (PA)	
J1556	Bivigam	injection, immune globulin (bivigam), 500 mg	Medical (PA)	
J1557	Gammaplex	injection, immune globulin, (gammaplex), intravenous, nonlyophilized (e.g. liquid), 500 mg	Medical (PA)	
J1558	Xembify	Injection, immune globulin (xembify), 100 mg	Medical (PA)	
J1559	Hizentra	injection, immune globulin (hizentra)	Medical (PA)	
J1560	Gamastan	injection, gamma globulin, 10cc	Medical (PA)	
J1561	Gamunex, Gammunex-C, Gammaked	injection, immune globulin, (gamunex/gamunex-c/gammaked), nonlyophilized (e.g., liquid), 500 mg	Medical (PA)	
J1562	Vivaglobin	injection, immune globulin (vivaglobin)	Medical (PA)	
J1566	Gammagard S/D / Carimune Nf	injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Medical (PA)	
J1568	Octagam	injection, octagam, 500mg	Medical (PA)	
J1569	Gammagard Liquid	injection, immune globulin, (gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg	Medical (PA)	
J1570	Cytovene	injection, ganciclovir sodium, 500 mg	Medical	
J1571		injection, hepagam b im, 0.5ml	Medical	
J1572	Flebogamma	injection, immune globulin, (flebogamma/flebogamma dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Medical (PA)	



Individual & Family Plan Medication List

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

J1573	Hepagam B	injection, hepagam b intravenous, 0.5ml	Medical	
J1574		Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg	Medical (NF)	
J1575	HyQvia	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Medical (PA)	
J1576	Panzyga	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Medical (PA)	
J1580		injection, garamycin, gentamicin, up to 80 mg	Medical	
J1595	Copaxone	injection, glatiramer acetate, 20 mg	Pharmacy	
J1596		Injection, glycopyrrolate, 0.1 mg	Medical	
J1597	Glyrx-PF	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	Myochrysin	injection, gold sodium thiomaleate, 50mg	Medical	
J1602	Simponi Aria	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	Kytril	injection, granisetron hcl, 100 mcg	Medical	



Individual & Family Plan Medication List

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

J1627	Sustol	injection, granisetron, extended-release, 0.1 mg	Medical	
J1628	Tremfya	injection, guselkumab, 1 mg	Pharmacy (PA)	
J1630	Haldol	injection, haloperidol, up to 5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J1631	Haldol	injection, haloperidol decanoate, 50 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J1632	Zulresso	Injection, brexanolone, 1 mg	Medical (PA)	
J1640	Panhematin	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	Fragmin	injection, dalteparin sodium, per 2500 iu	Either	
J1650	Lovenox	injection, enoxaparin sodium, 10 mg	Either	
J1652	Arixtra	injection, fondaparinux sodium, 0.5 mg	Either	
J1670	Hypertet	injection, tetanus immune globulin, human, up to 250 units	Medical	
J1675	Supprelin	injection, histrelin acetate, 10 mcgrogams	Medical (PA)	
J1720	Solu- Cortef	injection, hydrocortisone sodium succinate, up to 100 mg	Either	



Individual & Family Plan Medication List

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

J1726	Makena	injection, hydroxyprogesterone caproate, (makena), 10 mg	Pharmacy (PA)	
J1729	Hydroxyprogesterone Caproate	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Medical	
J1738	Anjeso	Injection, meloxicam, 1 mg	Medical (NF)	
J1740	Boniva	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	Corvert	injection, ibutilide fumarate, 1 mg	Medical	
J1743	Elaprased	injection, idursulfase	Medical (PA)	
J1744	Firazyr	injection, icatibant, 1 mg	Pharmacy (PA)	
J1745	Remicade	injection, infliximab, excludes biosimilar, 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1746	Trogarzo	injection, ibalizumab-uiyk, 10 mg	Medical (PA)	
J1747	Spevigo	Injection, spesolimab-sbzo, 1 mg	Medical (PA)	
J1748	Zymfentra	Injection, infliximab-dyyb (zymfentra), 10 mg	Pharmacy (PA)	



Individual & Family Plan Medication List

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

J1749	Aurlumyn	Injection, iloprost, 0.1 mcg	Medical	
J1750	Dexferrum, Infed	injection, iron dextran, 50 mg	Medical	
J1756	Venofer	injection, iron sucrose, 1 mg	Medical	
J1786	Cerezyme	injection, imiglucerase, 10 units	Medical (PA)	
J1790	Inapsine	injection, droperidol, up to 5 mg	Medical	
J1800		injection, propranolol hcl, up to 1 mg	Medical	
J1805		Injection, esmolol hydrochloride, 10 mg	Medical	
J1806		Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	Medical (NF)	
J1811	Fiasp	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	Either (NF)	
J1812	Fiasp	Insulin (fiasp), per 5 units	Either (NF)	
J1813	Lyumjev	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	Either	
J1814	Lyumjev	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	Uplizna	Injection, inebilizumab-cdon, 1 mg	Medical (PA)	
J1826	Avonex	INJECTION, INTERFERON BETA-1A, 30 MCG	Pharmacy	



Individual & Family Plan Medication List

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

J1830	Betaseron/ Extavia	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	Cresemba	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	
J1921		Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Medical (NF)	
J1930	Somatuline Depot	injection, lanreotide	Medical (PA)	
J1931	Aldurazyme	injection, laronidase	Medical (PA)	
J1932	Lanreotide	Injection, lanreotide, (cipla), 1 mg	Medical (PA)	
J1939		Injection, bumetanide, 0.5 mg	Medical	
J1940		injection, furosemide, up to 20 mg	Medical	
J1941	Furoscix	Injection, furosemide (furoscix), 20 mg	Pharmacy (PA)	
J1943	Aristada Initio	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	Aristada	Injection, aripiprazole lauroxil, (aristada), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J1945	Refludan	injection, lepirudin, 50 mg	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J1950	Lupron depot	injection, leuprolide acetate (for depot suspension), per 3.75 mg	Medical (PA)	
J1951	Fensolvi	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Medical (PA)	
J1952	Camcevi	Leuprolide injectable, camcevi, 1 mg	Medical (PA)	
J1953	Keppra	injection, levetiracetam, 10 mg	Medical	
J1954	Lutrate	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg	Medical (PA)	
J1955	Carnitor	injection, levocarnitine, per 1 g	Medical	
J1956	Levaquin	injection, levofloxacin, 250 mg	Medical	
J1961	Sunlenca	Injection, lenacapavir, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J1980	Levsin	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	Lincocin	injection, lincomycin hcl, up to 300 mg	Medical	
J2020	Zyvox	injection, linezolid, 200 mg	Medical	
J2021		Injection, linezolid (hospira), not therapeutically equivalent to j2020, 200 mg	Medical (NF)	
J2060	Ativan	injection, lorazepam, 2 mg	Medical	



Individual & Family Plan Medication List

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

J2062	Adasuve	loxapine, inhalation powder, 10 mg	Medical	
J2150		injection, mannitol, 25% in 50 ml	Medical	
J2170	Increlex	injection, mescasermin	Pharmacy (PA)	
J2175	Demerol	injection, meperidine hcl, per 100 mg	Medical	
J2182	Nucala	injection, mepolizumab, 1 mg	Either (PA)	Vial: Medical only Syringe/Autoinjector: Pharmacy only PA required regardless of benefit
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	Vabomere	injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Medical	
J2210	Methergine	injection, methylergonovine maleate, up to 0.2 mg	Medical	
J2212	Relistor	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	Mycamine	Injection, micafungin sodium, 1 mg	Medical	
J2249	Byfavo	Injection, remimazolam, 1 mg	Medical	



Individual & Family Plan Medication List

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

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	Seizalam	Injection, midazolam (seizalam), 1 mg	Medical (NF)	
J2260		injection, milrinone lactate, 5 mg	Medical	
J2267	OmvoH	Injection, mirikizumab-mrkz, 1 mg	Medical (PA)	
J2270		injection, morphine sulfate, up to 10 mg	Medical	
J2272		Injection, morphine sulfate (fresenius kabi), not therapeutically equivalent to j2270, up to 10 mg	Medical (NF)	
J2274	Duramorph	injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	Medical	
J2277	Aphexda	Injection, motixafortide, 0.25 mg	Medical (PA)	
J2278	Prialt	injection, ziconotide, 1 mcg	Medical	
J2280	Avelox	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	Zimhi	Injection, naloxone hydrochloride (zimhi), 1 mg	Medical (NF)	
J2315	Vivitrol	injection, naltrexone, depot form, 1 mg	Either	



Individual & Family Plan Medication List

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

J2323	Tysabri	injection, natalizumab, 1 mg	Medical (PA)	
J2325	Natrecor	injection, nestiritide, 0.1mg	Medical	
J2326	Spinraza	injection, nusinersin, 0.1 mg	Medical (PA)	
J2327	Skyrizi	Injection, risankizumab-rzaa, intravenous, 1 mg	Medical (PA)	
J2329	Briumvi	Injection, ublituximab-xiiy, 1mg	Medical (PA)	
J2350	Ocrevus	injection, ocrelizumab, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J2353	Sandostatin LAR	injection, octreotide, depot form for intramuscular injection, 1 mg	Medical (PA)	
J2354	Sandostatin	injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Medical	
J2355	Neumega	injection, oprelvekin, 5 mg	Medical	
J2356	Tezspire	Injection, tezepelumab-ekko, 1 mg	Medical (PA)	
J2357	Xolair	injection, omalizumab, 5 mg	Either (PA)	Vial: Medical only Syringe/Autoinjector: Pharmacy only PA required regardless of benefit
J2358	Zyprexa Relprevv	injection, olanzapine, long-acting, 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2359	Zyprexa	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	



Individual & Family Plan Medication List

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

J2371		Injection, phenylephrine hydrochloride, 20 micrograms	Medical	
J2372	Biorphen	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	Medical (NF)	
J2373	Immphentiv	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	Medical (NF)	
J2401	Nesacaine	Injection, chloroprocaine hydrochloride, per 1 mg	Medical	
J2402	Clorotekal	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg	Medical	
J2403	Iheezo	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	Medical	
J2404		Injection, nicardipine, 0.1 mg	Medical	
J2405	Zofran	injection, ondansetron hcl, per 1 mg	Medical	
J2406	Kimyrsa	Injection, oritavancin (kimyrsa), 10 mg	Medical	
J2407	Orbactiv	Injection, oritavancin (orbactiv), 10 mg	Medical	
J2410	Opana	injection, oxymorphone hcl 1 mg	Medical	
J2425	Kepivance	injection, palifermin, 50 mcg	Medical	
J2426	Invega Sustenna, Invega Trinza	injection, paliperidone palmitate	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2427	Invega Hafyera, Invega Trinza	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	Aredia	injection, pamidronate disodium, per 30 mg	Medical	
J2440		Injection, papaverine hcl, up to 60 mg	Medical	



Individual & Family Plan Medication List

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

J2468		Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	Medical (NF)	
J2469	Aloxi	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	Zemplar	injection, paricalcitol, 1 mcg	Medical	
J2502	Signifor LAR	injection, pasireotide long acting 1 mg	Medical (PA)	
J2503	Macugen	injection, pegaptanib sodium, 0.3 mg	Medical	
J2504	Adagen	injection, pegademase bovine, 25 iu	Medical (PA)	
J2506	Neulasta, Neulasta Onpro	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Either	May bill either benefit, PA required when billing through pharmacy benefit
J2507	Krystexxa	injection, pegloticase, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J2508	Elfabrio	Injection, pegunigalsidase alfa-iwxj, 1 mg	Medical (PA)	
J2510		injection, penicillin g procaine, aqueous, up to 600,000 units	Medical	
J2515	Nembutal	injection, pentobarbital sodium, per 50 mg	Medical	
J2540	Pfizerpen-G	injection, penicillin g potassium, up to 600,000 units	Medical	
J2543	Zosyn	injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2545	Nebupent	pentamidine isethionate, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per 300 mg	Medical	
J2547	Rapivab	injection, peramivir 1 mg	Medical	
J2550	Phenergan	injection, promethazine hcl, up to 50 mg	Medical	
J2560		injection, phenobarbital sodium, up to 120 mg	Medical	
J2561	Sezaby	Injection, phenobarbital sodium (sezaby), 1 mg	Medical (PA > 1 year of age)	
J2562	Mozobil	injection, plerixafor, 1 mg	Medical (PA)	
J2590	Pitocin	injection, oxytocin, up to 10 units	Medical	
J2597	Ddavn	injection, desmopressin acetate, per 1 mcg	Medical	
J2598	Vasopressin	Injection, vasopressin, 1 unit	Medical	
J2599		Injection, vasopressin (american reagent), not therapeutically equivalent to j2598, 1 unit	Medical	
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	Diprivan	injection , propofol, 10mg	Medical	
J2720		injection, protamine sulfate, per 10 mg	Medical	



Individual & Family Plan Medication List

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

J2724	Ceprotein	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	Reglan	injection, metoclopramide hcl, up to 10 mg	Medical
J2770	Synercid	injection, quinupristin/ dalfopristin, 500mg	Medical
J2777	Vabysmo	Injection, faricimab-svoa, 0.1 mg	Medical
J2778	Lucentis	injection, ranibizumab, 0.1 mg	Medical
J2779	Susvimo	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Medical
J2781	Syfovre	Injection, pegcetacoplan, intravitreal, 1 mg	Medical (PA)
J2782	Izervay	Injection, avacincaptad pegol, 0.1 mg	Medical (PA)
J2783	Elitek	injection, rasburicase, 0.5 mg	Medical
J2785	Lexiscan	injection, regadenoson, 0.1 mg	Medical
J2786	Cinqair	injection, reslizumab, 1 mg	Medical (PA)
J2787	Photrex Viscous	riboflavin 5' phosphate, ophthalmic solution, up to 3ml	Medical
J2788	Micrhogam, Bayrho	injection, rho d immune globulin, human, minidose, 50 mcg (250 i.u.)	Medical
J2790	Rhogam ultra	injection, rho d immune globulin, human, full dose, 300 mcg (1500 i.u.)	Medical
J2791	Rhophylac	injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Medical
J2792	Winrho sdf	injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Medical
J2793	Arcalyst	injection, riloncept, 1 mg	Pharmacy (PA)



Individual & Family Plan Medication List

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

J2794	Risperdal Consta	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	Naropin	injection, ropivacaine hcl, 1 mg	Medical	
J2796	Nplate	injection, romiplostim, 10 mcg	Medical (PA)	
J2797	Varubi	injection, rolapitant, 0.5 mg	Medical	
J2798	Perseris	Injection, risperidone, (perseris), 0.5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2799	Uzedy	Injection, risperidone (uzedy), 1 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2800	Robaxin	injection, methocarbamol, up to 10 ml	Medical	
J2801	Rykindo	Injection, risperidone (rykindo), 0.5 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J2805	Sincalide	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	Leukine	injection, sargramostim (gm-csf), 50 mcg	Medical	
J2840	Kanuma	injection, sebelipase alfa, 1 mg	Medical (PA)	
J2850	Chirhostim	injection, secretin, synthetic, human, 1 mcg	Medical	
J2860	Sylvant	injection, siltuximab 10 mg	Medical (PA)	
J2916	Ferrlecit	injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J2919	Solu- Medrol	Injection, methylprednisolone sodium succinate, 5 mg	Either	
J2940	Somatrem	injection, somatrem, 1 mg	Pharmacy (PA)	
J2941	Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive	injection, somatropin, 1 mg	Pharmacy (PA)	
J2993	Retavase	injection, reteplase recombinant, 18.1mg	Medical	
J2997	Activase	injection, alteplase recombinant, 1 mg	Medical	
J2998	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg	Medical (PA)	
J3010	Sublimaze	injection, fentanyl citrate, 0.1 mg	Medical	
J3030	Imitrex	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	Ajovy	INJECTION FREMANEZUMAB-VFRM 1 MG	Pharmacy (PA)	
J3032	Vyepti	Injection, eptinezumab-jjmr, 1 mg	Medical (PA)	
J3055	Talvey	Injection, talquetamab-tgvs, 0.25 mg	Medical (PA)	
J3060	Ellelyso	injection, taliglucerate alfa, 10 units	Medical (PA)	
J3070	Talwin	injection, pentazocine, 30 mg	Medical	
J3090	Sivextro	injection tedizolid phosphate 1 mg	Medical	
J3095	Vibrativ	injection, telavancin, 10 mg	Medical	
J3101	Tnkase	injection, tenecteplase, 1 mg	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J3105		injection, terbutaline sulfate, up to 1 mg	Medical	
J3110	Forteo	injection, teriparatide, 10 mcg	Pharmacy (PA)	
J3111	Evenity	Injection, romosozumab-aqqg, 1 mg	Either (PA)	
J3121	Delatestryl	injection, testosterone enanthate, 1 mg	Pharmacy (PA)	
J3145	Aveed	Testosterone undecanoate 1mg	Medical (PA)	
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	Thyrogen	injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Medical	
J3241	Tepezza	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	Ilumya	injection, tildrakizumab, 1 mg	Medical (PA)	
J3246	Aggrastat	injection, tirofiban hcl, 0.25mg	Medical	
J3247	Cosentyx	Injection, secukinumab, intravenous, 1 mg	Medical (PA)	
J3250	Tigan	injection, trimethobenzamide hcl, up to 200 mg	Medical	
J3260		injection, tobramycin sulfate, up to 80 mg	Medical	
J3262	Actemra	injection, tocilizumab, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J3263	Loqtorzi	Injection, toripalimab-tpzi, 1 mg	Medical	
J3285	Remodulin	injection, treprostinil	Pharmacy (PA)	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J3299	Xipere	Injection, triamcinolone acetonide (xipere), 1 mg	Medical	
J3300	Triesence	injection, triamcinolone acetonide, preservative free, 1 mg	Medical	
J3301	Kenalog	injection, triamcinolone acetonide, not otherwise specified, 10 mg	Medical	
J3302	Clinacort	injection, triamcinolone diacetate, per 5 mg	Medical	
J3303	Aristospan	injection, triamcinolone hexacetonide, per 5 mg	Medical	
J3304	Zilretta	injection, triamcinolone acetonide, preservative free extended release, microsphere formulation, 1 mg	Medical (PA)	
J3315	Trelstar	injection, triptorelin pamoate, 3.75 mg	Medical (PA)	
J3316	Triptodur	injection, triptorelin, extended release, 3.75	Medical (PA)	
J3355	Bravelle	injection, urofollitropin, 75 iu	Pharmacy	
J3357	Stelara SC	ustekinumab, for subcutaneous injection	Pharmacy (PA)	
J3358	Stelara IV	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	Abbokinase	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)	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J3380	Entyvio	Injection, vedolizumab, intravenous, 1 mg	Medical (PA)	
J3385	Vpriv	injection, velaglucerase alfa, 100 units	Medical (PA)	
J3393	Zynteglo	Injection, betibeglogene autotemcel, per treatment	Medical (PA)	
J3394	Lyfgenia	Injection, lovetibeglogene autotemcel, per treatment	Medical (PA)	
J3396	Visudyne	injection, verteporfin, 0.1 mg	Medical	
J3397	Mepsevii	inj, vestronidase alfa-vjbk, 1 mg	Medical (PA)	
J3398	Luxturna	inj voretigene neparvovec-rzyl 1 billion vector genomes	Medical (PA)	
J3399	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Medical (PA)	
J3401	Vyjuvek	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ 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, phytanadione (vitamin k), per 1 mg	Medical	
J3465	Vfend	injection, voriconazole, 10mg	Medical	
J3470	Amphadase	injection, hyaluronidase, up to 150 units	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
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	
J3486	Geodon	injection, ziprasidone mesylate, 10 mg	Either (PA < 12 years of age)	PA required for members < 12 years of age regardless of benefit
J3489	Reclast/Zometa	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	Retrovir	injection, zidovudine, 10 mg	Medical	
J3590		unclassified biologics	Medical	
J3591		unclassified drug or biological (for esrd on dialysis)	Medical	
J7030	sodium chloride	infusion, normal saline solution, 1,000 cc	Medical	
J7040	sodium chloride	infusion, normal saline solution, sterile (500 ml=1 unit)	Medical	



Individual & Family Plan Medication List

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

J7042	Dextrose- Nacl	5% dextrose/normal saline (500 ml = 1 unit)	Medical
J7050	sodium chloride	infusion, normal saline solution, 250 cc	Medical
J7060	dextrose	5% dextrose/water (500 ml = 1 unit)	Medical
J7070	dextrose	infusion, d-5-w, 1,000 cc	Medical
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 lr infusion to 1000 cc	Medical
J7165	Balfaxar	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	Medical
J7168	Kcentra	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Medical
J7169	Andexxa	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Medical
J7170	Hemlibra	inj emicizumab-kxwh, 0.5mg	Medical (PA)
J7171	Adzyna	Injection, adamts13, recombinant-krhn, 10 iu	Medical (PA)
J7175	Coagadex	injection, factor x 1 i.u. (human)	Medical
J7177	Fibryga	injection, human fibrinogen concentrate (fibryga), 1 mg	Medical
J7178	RiaSTAP	injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Medical
J7179	Vonvendi	injection von willebrand factor 1 i.u. vwf:rco	Medical
J7180	Corifact	injection, factor viii (antihemophilic factor, human), 1 iu	Medical
J7181	Tretten	injection, factor viii a-subunit, (recombinant), per iu	Medical



Individual & Family Plan Medication List

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

J7182	NovoEight	injection, factor viii (antihemophilic factor, recombinant), (novoeight), per iu	Medical	
J7183	WILATE	injection, von willebrand factor complex (human), wilate, 1 iu vwf:rc0	Medical	
J7185	Xyntha / Xyntha solofuse	injection, xyntha, 1 iu	Medical	
J7186	Alphanate	injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Medical	
J7187	Humate-P	injection, von willebrand factor complex (humate-p), per iu vwf-rc0	Medical	
J7188	Obizur	injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Medical (PA)	
J7189	Novoseven	factor viia (antihemophilic factor, recombinant) (novoseven rt), per 1 mcg	Medical	
J7190	Hemofil-M, Koate, Monoclate-P	factor viii (antihemophilic factor, human) per i.u.	Medical	
J7191		factor viii (antihemophilic factor (porcine), per i.u.	Medical	
J7192	Advate, Recombinate, Kogenate FS, Helixate FS	factor viii (antihemophilic factor, recombinant) per iu, not otherwise specified	Medical	
J7193	Alphanine SD, Mononine	factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Medical	
J7194	Profilnine	factor ix complex, 1 iu	Medical	
J7195	Benefix, Ixinity	factor ix recombinant, 1iu	Medical	
J7196		injection, antithrombin recombinant, 50 i.u.	Medical	
J7197	Thrombate iii	injection, antithrombin iii, 1 iu	Medical	



Individual & Family Plan Medication List

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

J7198	Feiba NF	anti-inhibitor, feiba vh immuno (anti-inhibitor coagulant complex), 1iu	Medical	
J7199		hemophilia clotting factor, not otherwise classified	Medical	
J7200	Rixubis	injection, factor ix, (antihemophilic factor, recombinant), (rixibus), per iu	Medical	
J7201	Alprolix	injection, factor ix, fc fusion protein (recombinant), per iu	Medical	
J7202	Idelvion	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Medical (PA)	
J7203	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Medical (PA)	
J7204	Esperoct	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Medical	
J7205	Eloctate	injection, factor viii fc fusion per iu	Medical	
J7207	Adynovate	injection, factor viii pegylated 1 i.u.	Medical	
J7208	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Medical	
J7209	Nuwiq	injection, factor viii 1 i.u.	Medical	
J7210	Afstyla	injection, factor viii (antihemophilic factor, recombinant), (afstyla) 1 iu	Medical	
J7211	Kovaltry	injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 iu	Medical	
J7212	Sevenfact	Factor viia (antihemophilic factor, recombinant)- jncw (sevenfact), 1 microgram	Medical	



Individual & Family Plan Medication List

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

J7213	Ixinity	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Medical	
J7214	Altuviiio	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	Medical	
J7294	Annovera	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	Pharmacy	
J7295	Nuvaring	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Pharmacy	
J7296	Kyleena	contraceptive system, intrauterine, levonorgestrel releasing, 19.5 mg	Medical	
J7297	Liletta	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Medical	
J7298	Mirena	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	Medical	
J7300	Paragard	paragard t380a (intrauterine copper contraceptive)	Medical	
J7301	Skyla	levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Medical	
J7304	Contraceptive patch	contraceptive supply, hormone containing patch, each	Pharmacy	
J7307	Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies	Medical	



Individual & Family Plan Medication List

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

J7308	Levulan Kerastick	aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Medical	
J7311	Retisert	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Medical	
J7312	Ozurdex	injection, dexamethasone, intravitreal implant, 0.1 mg	Medical	
J7313	Iluvien	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Medical	
J7314	Yutiq	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Medical	
J7315	Mitosol	mitomycin, ophthalmic, 0.2 mg	Medical	
J7316	Jetrea	injection, ocriplasmin, 0.125 mg	Medical (PA)	
J7318	Durolane	hyaluronan or derivative, durolane, for intra-articular injection, per dose	Medical (PA)	
J7320	Genvisc 850	hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Medical (PA)	
J7321	Supartz/ Hyalgan/Visco-3	Hyaluronan or derivative, hyalgan, supartz OR Visco-3, for intra-articular injection, per dose	Medical (PA)	
J7322	Hymovis	hyaluronan or derivative for intra-articular injection, 1 mg	Medical (PA)	
J7323	Euflexxa	hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Medical (PA)	
J7324	Orthovisc	hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Medical (PA)	
J7325	Synvisc/ Synvisc-One	hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Medical (PA)	



Individual & Family Plan Medication List

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

J7326	Gel-One	hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Medical (PA)	
J7327	Monovisc	hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Medical (PA)	
J7328	Gel-Syn	hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Medical (PA)	
J7329	Trivisc	hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Medical (PA)	
J7330	Carticel	implant, cultured chondrocytes, 1 ea	Medical	
J7331	Synjoynt	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Medical (PA)	
J7332	Triluron	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Medical (PA)	
J7336	Qutenza	capsaicin 8% patch, per sq cm	Medical (PA)	
J7340	Duopa	carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Either (PA)	
J7342	Otiprio	installation, ciprofloxacin otic suspension, 6mg	Medical	
J7345	Ameluz	aminolevulinic acid hcl for topical administration, 10%,	Medical	
J7351	Durysta	Injection, bimatoprost, intracameral implant, 1 microgram	Medical (PA)	
J7352	Scenesse	Afamelanotide implant, 1 mg	Medical (PA)	
J7353	Nexobrid	Anacaulase-bcdb, 8.8% gel, 1 gram	Medical	
J7354	Ycanth	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Medical (PA)	



Individual & Family Plan Medication List

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

J7355	iDose TR	Injection, travoprost, intracameral implant, 1 microgram	Medical (PA)
J7402	Sinuva	Mometasone furoate sinus implant (sinuva), 10 micrograms	Medical
J7500	Imuran	azathioprine, oral, 50 mg	Pharmacy
J7501		azathioprine, parenteral, 100mg	Medical
J7502	Sandimmune	cyclosporine, oral, 100 mg	Pharmacy
J7503	Envarsus XR	tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Pharmacy
J7504	Atgam	injection, lymphocyte immune globulin, 250mg	Medical
J7505	Orthoclone	injection, monoclonal antibodies, 5 mg	Medical
J7507	Prograf	tacrolimus, immediate release, oral, 1 mg	Pharmacy
J7508	Astagraf XL	tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Pharmacy
J7509	Medrol	methylprednisolone, oral, per 4 mg	Pharmacy
J7510	Orapred	prednisolone, oral, per 5 mg	Pharmacy
J7511	Thymoglobulin	lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Medical
J7512	Prednisone	prednisone, immediate release or delayed release, oral, 1 mg	Pharmacy
J7513	Zenapax	daclizumab, parenteral, 25 mg	Medical
J7515	Gengraf, Neoral	cyclosporine, oral, 25 mg	Pharmacy
J7516	Sandimmune	Injection, cyclosporine, 250 mg	Medical
J7517	Cellcept	mycophenolate mofetil, oral, 250 mg	Pharmacy
J7518	Myfortic	mycophenolic acid, oral, 180 mg	Pharmacy
J7519		Injection, mycophenolate mofetil, 10 mg	Medical



Individual & Family Plan Medication List

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

J7520	Rapamune	oral, sirolimus, 1 mg	Pharmacy	
J7525	Prograf	injection, tacrolimus, 5mg	Medical	
J7527	Zortress	everolimus, oral, 0.25 mg	Pharmacy	
J7605	Arformoterol	arformoterol, inhalation solution, fda approved final product, noncompounded, administered through dme, unit dose form, 15 mcg	Pharmacy	
J7606	Perforomist	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	Acetylcysteine	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	Xopenex	levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 0.5 mg	Pharmacy	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J7613	Accuneb	albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 1 mg	Pharmacy	
J7614	Xopenex	levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 0.5 mg	Pharmacy	
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	Pulmicort	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	Pulmozyme	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	Aridol	mannitol, administered thru an inhaler, 5 mg	Medical	
J7669		meterproterenol sulfate non- comp unit, 10 mg	Medical	



Individual & Family Plan Medication List

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

J7674	Provocholine	methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Medical	
J7677	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Either	
J7682	Tobi	tobramycin, inhalation solution, fda-approved final product, noncompounded, unit dose form, administered through dme, per 300 mg	Pharmacy	
J7686	Tyvaso	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	Emend	aprepitant, oral, 5 mg	Pharmacy	
J8510	Myleran	busulfan, oral, 2 mg	Pharmacy (PA)	
J8515	Dostinex	cabergoline, oral, 0.25 mg	Pharmacy	
J8522	Xeloda	Capecitabine, oral, 50 mg	Pharmacy (PA)	
J8530	Cytosan	oral, cyclophosphamide 25 mg	Pharmacy	



Individual & Family Plan Medication List

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

J8540		dexamethasone, oral, 0.25 mg	Pharmacy	
J8541	Hemady	Dexamethasone (hemady), oral, 0.25 mg	Medical (NF)	
J8560	Etoposide	etoposide, oral, 50 mg	Pharmacy (PA)	
J8562	Oforta	fludarabine phosphate, oral, 10 mg	Pharmacy (PA)	
J8565	Iressa	gefitinib, oral, 250 mg	Pharmacy (PA)	
J8597		antiemetic drug, oral, not otherwise specified	Pharmacy (PA)	
J8600	Alkeran	melphalan, oral, 2 mg	Pharmacy	
J8610		methotrexate, oral, 2.5 mg	Pharmacy	
J8611	Jylamvo	Methotrexate (jylamvo), oral, 2.5 mg	Pharmacy	
J8612	Xatmep	Methotrexate (xatmep), oral, 2.5 mg	Pharmacy	
J8650	Cesamet	nabilone, oral, 1 mg	Pharmacy	
J8655	Akynzeo	netupitant 300 mg and palonosetron 0.5 mg, oral	Pharmacy	
J8670	Varubi	rolapitant, oral, 1 mg	Pharmacy	
J8700	Temodar	temozolomide, oral, 5 mg	Pharmacy (PA)	
J8705	Hycamtin	topotecan, oral, 0.25 mg	Pharmacy (PA)	
J8999		prescription drug, oral, chemotherapeutic, nos	Pharmacy (PA)	
J9000	Adriamycin	injection, doxorubicin hcl, 10 mg	Medical	



Individual & Family Plan Medication List

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

J9015	Proleukin	injection, aldesleukin, 1 ea	Medical
J9017	Trisenox	injection, arsenic trioxide, 1 mg	Medical
J9019	Erwinaze	injection, asparaginase (erwinaze), 1,000 iu	Medical
J9020	Elspar	injection, asparaginase, 10,000 units	Medical
J9021	Rylaze	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Medical
J9022	Tecentriq	injection, atezolizumab, 10 mg	Medical
J9023	Bavencio	injection, avelumab, 10 mg	Medical
J9025	Vidaza	injection, azacitidine, 1 mg	Medical
J9027	Clolar	injection, clofarabine, 1 mg	Medical
J9029	Adstiladrin	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Medical (PA)
J9030	TheraCys, TiceBCG	BCG live intravesical instillation, 1 mg	Medical
J9032	Beleodaq	injection belinostat 10 mg	Medical
J9033	Treanda	Injection, bendamustine hcl (treanda), 1 mg	Medical
J9034	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	Medical
J9035	Avastin	injection, bevacizumab, 10 mg	Medical
J9036	Belrapzo	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Medical
J9037	Blenrep	injection, belantamab mafodotin-blmf, 0.5 mg	Medical
J9039	Blinicyto	injection, blinatumomab 1 microgram	Medical (PA)
J9040		injection, bleomycin sulfate, 15 units	Medical
J9041	Velcade	injection, bortezomib, 0.1 mg	Medical
J9042	Adcetris	injection, brentuximab vedotin, 1 mg	Medical
J9043	Jevtana	injection, cabazitaxel, 1 mg	Medical
J9045		injection, carboplatin, 50 mg	Medical



Individual & Family Plan Medication List

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

J9046		Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)	
J9047	Kyprolis	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	
J9050	BICNU	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	Erbix	injection, cetuximab, 10 mg	Medical	
J9056	Vivimusta	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Medical (NF)	
J9057	Aliqopa	injection copanlisib, 1 mg	Medical	
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	Rybrevent	Injection, amivantamab-vmjw, 2 mg	Medical	
J9063	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg	Medical	
J9064		Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	Medical (NF)	
J9065	Leustatin	injection, cladribine, per 1 mg	Medical	



Individual & Family Plan Medication List

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

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	Depocyt	injection, cytarabine liposome, 10 mg	Medical	
J9100		injection, cytarabine, 100 mg	Medical	
J9118	Asparlas	Injection, calaspargase pegol-mknl, 10 units	Medical	
J9119	Libtayo	Injection, cemiplimab-rwlc, 1 mg	Medical	
J9120	Cosmegan	injection, dactinomycin, 0.5 mg	Medical	
J9130		injection, dacarbazine, 100 mg	Medical	
J9144	Darzalex Faspro	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Medical	
J9145	Darzalex	injection, daratumumab 10mg	Medical	
J9150	Cerubidine	injection, daunorubicin, 10 mg	Medical	
J9151		injection, daunorubicin citrate, liposomal formulation, 10 mg	Medical	
J9153	Vyxeos	injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Medical	
J9155	Firmagon	injection, degarelix, 1 mg	Medical	
J9160	Ontak	injection, denileukin diftitox, 300 mcg	Medical	
J9171	Taxotere	injection, docetaxel, 1 mg	Medical	
J9172	Docivyx	Injection, docetaxel (docivyx), 1 mg	Medical (NF)	
J9173	Imfinzi	injection, durvalumab, 10 mg	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
J9176	Empliciti	injection, elotuzumab 1mg	Medical	
J9177	Padcev	Injection, enfortumab vedotin-ejfv, 0.25 mg	Medical	
J9178		injection, epirubicin hcl, 2 mg	Medical	
J9179	Halaven	injection, erbulin mesylate, 0.1 mg	Medical	
J9181		injection, etoposide, 10 mg	Medical	
J9185		injection, fludarabine phosphate, 50 mg	Medical	
J9190	Adrucil	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	Gemzar	injection, gemcitabine hcl, 200 mg	Medical	
J9202	Zoladex	goserelin acetate implant, per 3.6 mg	Medical (PA)	
J9203	Mylotarg	injection, gemtuzumab ozogamicin, 0.1 mg (mylotarg)	Medical	
J9204	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg	Medical	
J9205	Onivyde	injection, irinotecan liposome, 1mg	Medical (PA)	
J9206	Camptosar	injection, irinotecan, 20 mg	Medical	
J9207	Ixempra	injection, ixabepilone, 1 mg	Medical	
J9208	Ifex	injection, ifosfamide, 1 g	Medical	
J9209		injection, mesna, 200 mg	Medical	
J9210	Gamifant	Injection, emapalumab-lzsg, 1 mg	Medical (PA)	
J9211	Idamycin	injection, idarubicin hcl, 5 mg	Medical	
J9212	Pegasys, Pegasys ProClick	injection, interferon-alfacon-1, recombinant, 1 microgram	Medical	



Individual & Family Plan Medication List

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

J9213	Roferon A, Interferon alfa-2a inj	injection, interferon, alfa-2a, recombinant, 3 million units	Medical	
J9214	Intron A	injection, interferon, alfa-2b, recombinant, 1 million units	Medical	
J9215	Alferon- N interferon	injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Medical	
J9216	Actimmune	injection, interferon, gamma 1-b, 3 million units	Pharmacy (PA)	
J9217	Eligard/Lupron depot	leuprolide acetate (for depot suspension), 7.5 mg	Medical (PA)	
J9218	Lupron non-depot	injection, non depot form for sc or iv use, leuprolide acetate, per 1 mg	Pharmacy (PA)	
J9219	Viadur	leuprolide acetate implant, 65 mg	Medical	
J9223	Zepzelca	Injection, lurbinectedin, 0.1 mg	Medical	
J9225	Vantas	histrelin implant (vantas), 50 mg	Medical (PA)	
J9226	Supprelin LA	histrelin implant (supprelin la), 50 mg	Medical (PA)	
J9227	Sarclisa	Injection, isatuximab-irfc, 10 mg	Medical	
J9228	Yervoy	injection, ipilimumab, 1 mg	Medical	
J9229	Besponsa	injection, inotuzumab ozogamicin, 0.1 mg	Medical	
J9230	Mustargen	injection, mechlorethamine hcl, 10 mg	Medical	
J9245	Alkeran	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Medical	
J9246	Evomela	Injection, melphalan (evomela), 1 mg	Medical (PA)	
J9247	Pepaxto	injection, melphalan flufenamide, 1 mg	Medical	
J9248	Hepzato	Injection, melphalan (hepzato), 1 mg	Medical	
J9249		Injection, melphalan (apotex), 1 mg	Medical (NF)	



Individual & Family Plan Medication List

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

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	Arranon	injection, nelarbine, 50 mg	Medical
J9262	Synribo	injection, omacetaxine mepesuccinate, 0.01 mg	Medical
J9263	Eloxatin	injection, oxaliplatin, 0.5 mg	Medical
J9264	Abraxane	injection, paclitaxel protein-bound particles, 1 mg	Medical
J9266	Oncaspar	injection, pegaspargase, per single dose vial	Medical
J9267	Nov-Onxol	injection, paclitaxel, 1 mg	Medical
J9268	Nipent	injection, pentostatin, 10 mg	Medical
J9269	Elzonris	Injection, tagraxofusp-erzs, 10 micrograms	Medical
J9270		injection, plicamycin, 2.5 mg	Medical
J9271	Keytruda	injection, pembrolizumab, 1 mg	Medical
J9272	Jemperli	Injection, dostarlimab-gxly, 10 mg	Medical
J9273	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg	Medical
J9274	Kimmtrak	Injection, tebentafusp-tebn, 1 microgram	Medical (PA)
J9280		injection, mitomycin, 5 mg	Medical
J9281	Jelmyto	Mitomycin pyelocalyceal instillation, 1 mg	Medical
J9285	Lartruvo	injection, olaratumumab, 10 mg (lartruvo)	Medical
J9286	Columvi	Injection, glofitamab-gxbm, 2.5 mg	Medical (PA)
J9293		injection, mitoxantrone hcl, per 5 mg	Medical



Individual & Family Plan Medication List

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

J9294		Injection, pemetrexed (hospira), not therapeutically equivalent to j9305, 10 mg	Medical	
J9295	Portrazza	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	
J9298	Opdulag	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Medical	
J9299	Opdivo	injection nivolumab, 1 mg	Medical	
J9301	Gazyva	injection, obinutuzumab, 10 mg	Medical	
J9302	Arzerra	injection, ofatumumab, 10 mg	Medical	
J9303	Vectibix	injection, panitumumab, 10 mg	Medical	
J9304	Pemfexy	Injection, pemetrexed (PEMFEXY), 10 mg	Medical (NF)	
J9305	Alimta	Injection, pemetrexed, not otherwise specified, 10 mg	Medical	
J9306	Perjeta	injection, pertuzumab, 1 mg	Medical	
J9307	Folotyn	injection, pralatrexate, 1 mg	Medical	
J9308	Cyramza	injection ramucirumab 5 mg	Medical	
J9309	Polivy	Injection, polatuzumab vedotin-piiq, 1 mg	Medical	
J9311	Rituxan Hycela	injection, rituximab and hyaluronidase, 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
J9312	Rituxan	injection, rituximab, 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

J9313	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Medical	
J9314		Injection, pemetrexed (teva), not therapeutically equivalent to j9305, 10 mg	Medical (NF)	
J9316	Phesgo	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Medical	
J9317	Trodelvy	Injection, sacituzumab govitecan-hziy, 2.5 mg	Medical	
J9318		Injection, romidepsin, non-lyophilized, 0.1 mg	Medical	
J9319	Istodax	Injection, romidepsin, lyophilized, 0.1 mg	Medical	
J9320	Zansosar	injection, streptozocin, 1 g	Medical	
J9321	Epkinly	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	Pemrydi RTU	Injection, pemetrexed (pemrydi rtu), 10 mg	Medical (NF)	
J9325	Imlygic	injection, talimogene laherparepvec, per 1 million plaque forming units	Medical	
J9328	Temodar IV	injection, temozolomide, 1 mg	Medical	
J9329	Tevimbra	Injection, tislelizumab-jsgr, 1mg	Medical	
J9330	Torisel	injection, temsirolimus, 1 mg	Medical	
J9331	Fyarro	Injection, sirolimus protein-bound particles, 1 mg	Medical (PA)	
J9332	Vyvgart	Injection, efgartigimod alfa-fcab, 2mg	Medical (PA)	
J9333	Rystiggo	Injection, rozanolixumab-noli, 1 mg	Medical (PA)	



Individual & Family Plan Medication List

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

J9334	Vyvgart Hytrulo	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Medical (PA)	
J9340		injection, thiotepa, 15 mg	Medical	
J9345	Zynyz	Injection, retifanlimab-dlwr, 1 mg	Medical	
J9347	Imjudo	Injection, tremelimumab-actl, 1 mg	Medical	
J9348	Danyelza	Injection, naxitamab-gqgk, 1 mg	Medical	
J9349	Monjuvi	injection, tafasitamab-cxix, 2 mg	Medical (PA)	
J9350	Lunsumio	Injection, mosunetuzumab-axgb, 1 mg	Medical (PA)	
J9351	Hycamtin	injection, topotecan, 0.1 mg	Medical	
J9352	Yondelis	injection, trabectedin 0.1mg	Medical	
J9353	Margenza	Injection, margetuximab-cmkb, 5 mg	Medical	
J9354	Kadcyla	injection, ado-trastuzumab emtansine, 1 mg	Medical	
J9355	Herceptin	injection, trastuzumab, 10 mg	Medical	
J9356	Herceptin Hylecta	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Medical	
J9357	Valstar	injection, valrubicin, intravesical, 200 mg	Medical	
J9358	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Medical	
J9359	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Medical (PA)	



Individual & Family Plan Medication List

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

J9360		injection, vinblastine sulfate, 1 mg	Medical
J9361	Ryzneuta	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Medical (PA)
J9370		vincristine sulfate, 1 mg	Medical
J9376	Veopoz	Injection, pozelimab-bbfg, 1 mg	Medical (PA)
J9380	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg	Medical (PA)
J9381	Tzield	Injection, teplizumab-mzwv, 5 mcg	Medical (PA)
J9390	Navelbine	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	Faslodex	injection, fulvestrant, 25 mg	Medical
J9400	Zaltrap	injection, ziv-aflibercept, 1 mg	Medical
J9600	Photofrin	Injection, porfimer sodium, 75 mg	Medical
J9999		not otherwise classified, antineoplastic drugs	Medical
M0201	Covid-19 vaccine home admin	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



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
M0220	Evusheld	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	Evusheld	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	Bebtelovimab injection	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	Medical	
M0223	Bebtelovimab injection home	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	

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

M0224	Pemgarda	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	Bamlanivimab-xxxx infusion	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Medical	
M0240	Casirivimab and imdevimab infusion	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	Medical	
M0241	Casirivimab and imdevimab infusion - home	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	



Individual & Family Plan Medication List

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

M0243	Casirivimab and imdevimab infusion	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	Medical	
M0244	Casirivimab and imdevimab infusion - home	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	Bamlan and etesev infusion	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Medical	
M0246	Bamlan and etesev infus home	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	Sotrovimab infusion	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Medical	



Individual & Family Plan Medication List

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

M0248	Sotrovimab inf, home admin	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	Lantidra	donislecel-jujn	Medical (PA)	
Q0138	Feraheme	injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Medical	
Q0139	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Medical	
Q0161	Chlorpromazine	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	Marinol	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	Evusheld	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	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q0221	Evusheld	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	Bebtelovimab 175 mg	Injection, bebtelovimab, 175 mg	Medical	
Q0224	Pemgarda	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	Bamlanivimab-xxxx	Injection, bamlanivimab-xxxx, 700 mg	Medical	
Q0240	Casirivimab and imdevimab	Injection, casirivimab and imdevimab, 600 mg	Medical	
Q0243	Casirivimab and imdevimab	Injection, casirivimab and imdevimab, 2400 mg	Medical	



Individual & Family Plan Medication List

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

Q0244	Casiriviman and imdevimab	Injection, casirivimab and imdevimab, 1200 mg	Medical	
Q0245	Bamlanivimab and etesevima	Injection, bamlanivimab and etesevima, 2100 mg	Medical	
Q0247	Sotrovimab	Injection, sotrovimab, 500 mg	Medical	
Q2009		injection, fosphenytoin, 50 mg phenytoin equivalent	Medical	
Q2035	Afluria	influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria)	Either	
Q2037	Fluvirin	influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)	Either	
Q2038	Fluzone	influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)	Either	
Q2040	Kymriah	tisagenlecleucel, up to 250 million car positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Medical (PA)	
Q2041	Yescarta	axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car t cells, including leukapheresis and dose preparation procedures, per infusion	Medical (PA)	
Q2042	Kymriah	tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q2043	Provenge	sipuleucel-t auto cd54+	Medical (PA)	
Q2049	Lipodox	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	Medical	
Q2050	Doxil	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Medical	
Q2053	Tecartus	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	Breyanzi	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)	
Q2055	Abecma	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	Carvykti	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	Avonex	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	Pharmacy	
Q3028	Rebif	injection, interferon beta-1a, 1 mcg for subcutaneous use	Pharmacy (PA)	



Individual & Family Plan Medication List

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

Q4074	Ventavis	iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	Pharmacy (PA)	
Q5101	Zarxio	injection, filgrastim-sndz, biosimilar, (zarxio) 1 microgram	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5103	Inflectra	injection , infliximab-dyyb , biosimilar, 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5104	Renflexis	injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5105	Retacrit	injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5106	Retacrit	injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5107	Mvasi	injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Medical	
Q5108	Fulphila	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 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

Q5109	Ixifi	injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5110	Nivestym	injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5111	Udenyca	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Either	May bill either benefit, PA required when billing through pharmacy benefit
Q5112	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Medical (PA)	
Q5113	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Medical (PA)	
Q5114	Ogivri	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Medical (PA)	
Q5115	Truxima	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5116	Trazimera	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Medical	
Q5117	Kanjinti	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Medical (PA)	
Q5118	Zirabev	InjInjection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mgection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Medical (PA)	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q5119	Ruxience	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5120	Ziextenzo	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5121	Avsola	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5122	Nyvepria	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5123	Riabni	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5124	Byooviz	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Medical	
Q5125	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5126	Alymsys	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Medical (PA)	
Q5127	Stimufend	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5128	Cimerli	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Medical	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q5129	Vegzelma	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Medical (PA)	
Q5130	Fylnetra	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5131	Idacio	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Pharmacy (PA)	
Q5132	Abrilada	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	Pharmacy	
Q5133	Tofidence	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5134	Tyruko	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5135	Tyenne	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q5136	Jubbonti, Wyost	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	Wezlana SC	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Pharmacy (PA)	



Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit	
			(PA) = Prior Authorization Required	(NF) = Non-Formulary
Q5138	Wezlana IV	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q9991	Sublocade	injection, buprenorphine extended release < 100 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
Q9992	Sublocade	injection, buprenorphine extended release > 100 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
S0012	Stadol	butorphanol tartrate, nasal spray, 25 mg	Pharmacy	
S0013	Spravato	Esketamine, nasal spray, 1 mg	Either (PA)	May bill either benefit, PA required regardless of benefit
S0014	Cognex	tacrine hydrochloride, 10 mg	Pharmacy	
S0080		Injection, pentamidine isethionate, 300 mg	Medical	
S0088	Gleevec	imatinib, 100 mg	Pharmacy (PA)	
S0090	Viagra	sildenafil citrate, 25 mg	Pharmacy	
S0091	Kytril	granisetron hydrochloride, 1 mg (for circumstances falling under the medicare stature use q0166)	Pharmacy	
S0104	Retrovir	zidovudine, oral, 100 mg	Pharmacy	
S0106	Wellbutrin SR	bupropion hcl sustained release tab, 150 mg, per bottle of 60	Pharmacy	
S0108	Purinethol	mercaptopurine, oral, 50 mg	Pharmacy	
S0109	Dolophine	methadone, oral, 5 mg	Pharmacy	
S0117	Retin A/Atralin/Renova	tretinoin, topical, 5 grams	Pharmacy	



Individual & Family Plan Medication List

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

S0119	Zofran	ondansetron, oral 4 mg	Pharmacy	
S0122	Menopur	injection, menopropins, 75 iu	Pharmacy	
S0136	Clozaril	clozapine, 25 mg	Pharmacy	
S0137	Videx	didanosine (ddl), 25 mg	Pharmacy	
S0138	Propecia	finasteride, 25 mg	Pharmacy	
S0139	Rogaine, Loniten	minoxidil, 10 mg	Pharmacy	
S0140	Invirase	saquinavir, 200 mg	Pharmacy	
S0145	Pegasys	injection, pegylated interferon alfa 2a, 180 mcg per 0.5 ml	Pharmacy (PA)	
S0148	Peg-Intron	injection, peginterferon alfa-2b	Pharmacy (PA)	
S0156	Aromasin	exemestane, 25 mg	Pharmacy	
S0157	Regranex	becaplermin gel, 0.02%, 0.5g	Pharmacy	
S0160	Dexedrine	dextroamphetamine sulfate, 5 mg	Pharmacy	
S0170	Arimidex	anastrozole, oral, 1 mg	Pharmacy	
S0172	Leukeran	chlorambucil, oral, 2 mg	Pharmacy	
S0174	Anzemet	dolasetron mesylate , oral 50 mg (for circumstances falling under medicare statute)	Pharmacy	
S0175	Drogenil	flutamide, oral, 125 mg	Pharmacy	
S0176	Hydrea	hydroxyurea, oral, 500 mg	Pharmacy	
S0178	Ceenu	lomustine, oral, 10 mg	Pharmacy	
S0179	Megase	megesterol acetate, oral 20 mg	Pharmacy	



Individual & Family Plan Medication List

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

S0182	Matulane	procarbazine maleate, oral, 5 mg (for circumstances foalling undr the medicare stature use q0164-q0165)	Pharmacy	
S0183	Compazine	prochlorperazine maleate, oral, 5mg	Pharmacy	
S0187	Nolvadex	tamoxifen citrate, oral, 10 mg	Pharmacy	
S0189	Testopel	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	Propel	Stent, non-coronary, temporary, with delivery system (propel)	Medical	
S4990	Nicoderm CQ, Nicotrol	nicotine patches, legend (further documentation required)	Pharmacy	
S4993		Contraceptive pills for birth control	Pharmacy	
S4995	Nicorette	smoking cessation gum	Pharmacy	



Individual & Family Plan
Medication List

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

S5000	Prescription drug, generic		Pharmacy	
S5001	Prescription drug, brand name		Pharmacy	