



## Individual & Family Plan Medication List

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

90378 (CPT)	<b>Synagis</b>	palivizumab (respiratory syncytial virus immune globulin [RSV-IgIM], for intramuscular use, 50 mg, each)	Medical (PA)
A9291		Prescription digital cognitive and/or behavioral therapy, fda cleared, per course of treatment	Medical (PA)
A9513	<b>Lutathera</b>	lutetium lu 177, dotatate, therapeutic, 1 millicurie	Medical (PA)
A9590	<b>Azedra</b>	Iodine I-131, iobenguane, 1 millicurie	Medical (PA)
A9606	<b>Xofigo</b>	radium ra-223 dichloride, therapeutic, per microcurie	Medical (PA)
A9607	<b>Pluvicto</b>	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Medical (PA)
A9608	<b>Posluma</b>	Flotufolastat f 18, diagnostic, 1 millicurie	Medical
A9609		Fludeoxyglucose f18 up to 15 millicuries	Medical
A9800	<b>Locametz</b>	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	Medical
B4105	<b>Relizorb</b>	in-line cartridge digestive enzyme for enteral feeding each	Medical
C9046	<b>Goprelto</b>	Cocaine hydrochloride nasal solution (goprelto), 1 mg	Medical
C9047	<b>Cablivi</b>	Injection, caplacizumab-yhdp, 1 mg	Medical (PA)
C9088	<b>Zynrelef</b>	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Medical
C9089	<b>Xaracoll</b>	Bupivacaine, collagen-matrix implant, 1 mg	Medical
C9101	<b>Olinvyk</b>	Injection, oliceridine, 0.1 mg	Medical



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C9143	<b>Numbrino</b>	Cocaine hydrochloride nasal solution (numbrino), 1 mg	Medical
C9144	<b>Posimir</b>	Injection, bupivacaine (posimir), 1 mg	Medical
C9145	<b>Aponvie</b>	Injection, aprepitant, (aponvie), 1 mg	Medical (NF)
C9151	<b>Empaveli</b>	Injection, pegcetacoplan, 1 mg	Either (PA)
C9159	<b>Balfaxar</b>	Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity	Medical
C9160	<b>Daxxify</b>	Injection, daxibotulinumtoxina-lanm, 1 unit	Medical (PA)
C9161	<b>Eylea HD</b>	Injection, aflibercept hd, 1 mg	Medical (PA)
C9162	<b>Izervay</b>	Injection, avacincaptad pegol, 0.1 mg	Medical (PA)
C9163	<b>Talvey</b>	Injection, talquetamab-tgvs, 0.25 mg	Medical (PA)
C9164	<b>Ycanth</b>	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Medical (PA)
C9165	<b>Elrexio</b>	Injection, elranatamab-bcmm, 1 mg	Medical (PA)
C9248	<b>Cleviprex</b>	injection, clevidipine butyrate	Medical
C9250	<b>Artiss</b>	artiss fibrin sealant	Medical
C9290	<b>Exparel</b>	injection, bupivacaine liposome, 1 mg	Medical
C9293	<b>Voraxaze</b>	injection, glucarpidase, 10 units	Medical
C9399		Unclassified	Medical
C9462	<b>Baxdela</b>	injection, delafloxacin, 1 mg	Medical
C9482	<b>Sotalol</b>	injection, sotalol hydrochloride, 1 mg	Medical
C9488	<b>Vaprisol</b>	injection, conivaptan hydrochloride, 1 mg	Medical
D4381	<b>Arestin</b>	minocycline microspheres, 1 mg	Medical



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



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J0134		Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to j0131, 10 mg	Medical
J0135	<b>Humira</b>	injection, adalimumab, 20 mg	Pharmacy (PA)
J0136		Injection, acetaminophen (b braun) not therapeutically equivalent to j0131, 10 mg	Medical
J0137		Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg	Medical
J0153	<b>Adenoscan</b>	injection, adenosine , 1 mg	Medical
J0171		injection, adrenalin, epinephrine, 0.1 mg	Medical
J0172	<b>Aduhelm</b>	Injection, aducanumab-avwa, 2 mg	Medical (PA)
J0173		Injection, epinephrine (belcher) not therapeutically equivalent to j0171, 0.1 mg	Medical (NF)
J0174	<b>Leqembi</b>	Injection, lecanemab-irmb, 1 mg	Medical (PA)
J0178	<b>Eylea</b>	injection, aflibercept, 1 mg	Medical
J0179	<b>Beovu</b>	Injection, brolocuzumab-dbll, 1 mg	Either
J0180	<b>Fabrazyme</b>	injection, agalsidase beta, 1 mg	Medical (PA)
J0184	<b>Barhemsys</b>	Injection, amisulpride, 1 mg	Medical (NF)
J0185	<b>Cinvanti</b>	injection, aprepitant, 1 mg	Medical
J0202	<b>Lemtrada</b>	injection alemtuzumab 1 mg	Medical (PA)
J0205	<b>Ceredase</b>	injection, alglucerase, 1 mg	Medical
J0206	<b>Aloprim</b>	Injection, allopurinol sodium, 1 mg	Medical
J0207	<b>Ethyol</b>	injection, amifostine, 500 mg	Medical
J0208	<b>Pedmark</b>	Injection, sodium thiosulfate, 100 mg	Medical (PA)
J0210	<b>Amevive</b>	injection, methyldopate hcl, up to 250 mg	Medical
J0215		alefacept	Medical



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J0216		Injection, alfentanil hydrochloride, 500 micrograms	Medical
J0217	<b>Lamzede</b>	Injection, velmanase alfa-tycv, 1 mg	Medical (PA)
J0218	<b>Xenpozyme</b>	Injection, olipudase alfa-rpcp, 1 mg	Medical (PA)
J0219	<b>Nexviazyme</b>	Injection, avalglucosidase alfa-ngpt, 4 mg	Medical (PA)
J0220	<b>Myozyme</b>	injection, alglucosidase alfa, 10 mg, not otherwise specified	Medical (PA)
J0221	<b>Lumizyme</b>	injection, alglucosidase alfa, (lumizyne), 10 mg	Medical (PA)
J0222	<b>Onpattro</b>	Injection, Patisiran, 0.1 mg	Medical (PA)
J0223	<b>Givlaari</b>	Injection, givosiran, 0.5 mg	Medical (PA)
J0224	<b>Oxlumo</b>	Injection, lumasiran, 0.5 mg	Medical (PA)
J0225	<b>Amvuttra</b>	Injection, vutrisiran, 1 mg	Medical (PA)
J0248	<b>Veklury</b>	Injection, remdesivir, 1 mg	Medical
J0256	<b>Aralast NP, Prolastin, Prolastin C, Zemaira</b>	injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Medical (PA)
J0257	<b>Glassia</b>	injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Medical (PA)
J0270	<b>Caverject, Edex</b>	prostaglandin e1,ic	Pharmacy
J0275	<b>Muse</b>	alprostadil urethral suppository	Pharmacy
J0278		injection, amikacin sulfate, 100 mg	Medical
J0280		injection, aminophyllin, up to 250 mg	Medical
J0282		Injection, amiodarone hydrochloride, 30 mg	Medical
J0283	<b>Nexterone</b>	Injection, amiodarone hydrochloride (nexterone), 30 mg	Medical
J0285		injection, amphotericin b, 50mg	Medical
J0287	<b>Abelcet</b>	injection, amphotericin b lipid complex, 10 mg	Medical



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J0288	<b>Amphotec</b>	injection, ampho b cholesteryl sulfate, 10mg	Medical
J0289	<b>Ambisome</b>	injection, amphotericin b liposome, 10mg	Medical
J0290		injection, ampicillin sodium, 500 mg	Medical
J0291	<b>Zemdri</b>	Injection, plazomicin, 5 mg	Medical
J0295		injection, ampicillin sodium/sulbactam sodium, per 1.5 g	Medical
J0348	<b>Eraxis</b>	injection, anidulafungin, 1 mg	Medical
J0349	<b>Rezzayo</b>	Injection, rezafungin, 1 mg	Medical
J0360		injection, hydralazine hcl, up to 20 mg	Medical
J0364	<b>Apokyn</b>	injection, apomorphine hydrochloride 1 mg	Pharmacy (PA)
J0365	<b>Trasylol</b>	injection, aprtonin, 10,000kiu	Medical
J0391		Injection, artesunate, 1 mg	Medical
J0400	<b>Abilify</b>	injection, aripiprazole, im 0.25mg	Either (PA < 12 years of age)
J0401	<b>Abilify Maintena</b>	injection, aripiprazole, extended release, 1 mg	Either (PA < 12 years of age)
J0456	<b>Zithromax</b>	injection, azithromycin, 500 mg	Medical
J0457	<b>Azactam</b>	Injection, aztreonam, 100 mg	Medical
J0461		injection, atropine sulfate, 0.01 mg	Medical
J0470	<b>Bal in Oil</b>	injection, dimecaprol 100mg	Medical
J0475	<b>Lioresal</b>	injection, baclofen, 10 mg	Medical
J0476	<b>Gablofen, Lioresal</b>	injection, baclofen, 50 mcg for intrathecal trial	Medical
J0480	<b>Simulect</b>	Injection, basiliximab, 20 mg	Medical
J0485	<b>Nulojix</b>	injection, belatacept, 1 mg	Medical (PA)



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J0490	<b>Benlysta</b>	injection, belimumab, 10 mg	Pharmacy (PA)
J0491	<b>Saphnelo</b>	Injection, anifrolumab-fnia, 1 mg	Medical (PA)
J0500	<b>Bentyl</b>	injection, dicyclomine hcl, up to 20 mg	Medical
J0515	<b>Cogentin</b>	injection, benztropine mesylate, per 1 mg	Medical
J0517	<b>Fasenra</b>	Injection, benralizumab, 1 mg	Medical (PA)
J0558	<b>Bicillin C-R</b>	injection, penicillin g benzathine and penicillin g procaine, 100,000 units	Medical
J0561	<b>Bicillin L-A</b>	injection, penicillin g benzathine, 100,000 units	Medical
J0565	<b>Zinplava</b>	injection, bezlotoxumab, 10 mg	Medical (PA)
J0567	<b>Brineura</b>	injection, cerliponase alfa, 1 mg	Medical (PA)
J0570	<b>Probuphine</b>	buprenorphine implant 74.2mg	Medical (PA)
J0571	<b>Subutex</b>	buprenorphine, oral , 1 mg	Pharmacy
J0572	<b>Suboxone</b>	buprenorphine/naloxone, oral, less than or equal to 3 mg	Pharmacy
J0573	<b>Suboxone</b>	buprenorphine/naloxone, oral, greater than 3 mg but less than or equal to 6 mg	Pharmacy
J0574	<b>Suboxone</b>	buprenorphine/naloxone, oral, greater than 6 mg , but less than or equal to 10 mg	Pharmacy
J0575	<b>Suboxone</b>	buprenorphine/naloxone, oral, greater than 10 mg	Pharmacy
J0576	<b>Brixadi</b>	Injection, buprenorphine extended-release (brixadi), 1 mg	Either (PA)
J0583	<b>Angiomax</b>	injection, bivalirudin, 1 mg	Medical
J0584	<b>Crysvita</b>	inj burosumab-twza, 1mg	Medical (PA)
J0585	<b>Botox</b>	injection, onabotulinumtoxinA, 1 unit	Medical (PA)



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J0586	<b>Dysport</b>	injection, abobotulinumtoxina	Medical (PA)
J0587	<b>Myobloc</b>	injection, rimabotulinumtoxinb, 100 units	Medical (PA)
J0588	<b>Xeomin</b>	injection, incobotulinumtoxina, 1 unit	Medical (PA)
J0592		injection, buprenorphine hcl, 0.1 mg	Medical (PA)
J0593	<b>Takhzyro</b>	Injection, lanadelumab-flyo, 1 mg	Pharmacy (PA)
J0594		injection, busulfan, 1 mg	Medical
J0595		injection, butorphanol tartrate, 1 mg	Medical
J0596	<b>Ruconest</b>	injection, c1 esterase inhib ruconest 10 u	Pharmacy (PA)
J0597	<b>Berinert</b>	injection, c-1 esterase inhibitor (human), berinert, 10 units	Pharmacy (PA)
J0598	<b>Cinryze</b>	injection, c-1 esterase, 10 units	Pharmacy (PA)
J0599	<b>Haegarda</b>	injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Pharmacy (PA)
J0600		injection, edetate calcium disodium, 1000mg	Medical
J0604	<b>Sensipar</b>	cinacalcet, oral, 1mg (for esrd on dialysis)	Pharmacy
J0606	<b>Parsabiv</b>	injection, etelcalcetide, 0.1 mg	Medical
J0612		Injection, calcium gluconate (fresenius kabi), per 10 mg	Medical
J0613		Injection, calcium gluconate (wg critical care), per 10 mg	Medical
J0630	<b>Micalcin</b>	injection, calcitonin salmon, up to 400 units	Pharmacy
J0637	<b>Canidas</b>	injection, caspofungin acetate, 5 mg	Medical
J0638	<b>Ilaris</b>	injection, canakinumab	Medical (PA)
J0640		injection, leucovorin calcium, per 50 mg	Medical
J0641		Injection, levoleucovorin, not otherwise specified, 0.5 mg	Medical
J0642	<b>Khapzory</b>	Injection, levoleucovorin (khapzory), 0.5 mg	Medical (NF)





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J0665		Injection, bupivacaine, not otherwise specified, 0.5 mg	Medical
J0670	<b>Polocaine</b>	injection, mepivacaine hcl, per 10 ml	Medical
J0688		Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	Medical (NF)
J0689		Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	Medical (NF)
J0690		injection, cefazolin sodium, 500 mg	Medical
J0691	<b>Xenleta</b>	Injection, lefamulin, 1 mg	Medical (PA)
J0692	<b>Maxipime</b>	injection, cefepime hcl, 500 mg	Medical
J0694	<b>Mefoxin</b>	injection, ceftioxin sodium, 1 g	Medical
J0695	<b>Zerbaxa</b>	injection, ceftolozane 50 mg & taz 25 mg	Medical
J0696	<b>Rocephin</b>	injection, ceftriaxone sodium, per 250 mg	Medical
J0697	<b>Zinacef</b>	injection, sterile cefuroxime sodium, per 750 mg	Medical
J0698	<b>Claforan</b>	injection, cefotaxime sodium, per g	Medical
J0699	<b>Fetroja</b>	Injection, cefiderocol, 10 mg	Medical
J0701		Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg	Medical (NF)
J0702	<b>Celestone Soluspan</b>	injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Medical
J0703		Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg	Medical (NF)
J0706		injection, caffeine citrate, 5 mg i	Medical
J0712	<b>Teflaro</b>	injection, ceftaroline fosamil, 10 mg	Medical



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



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



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J0802	<b>Cortrophin</b>	Injection, corticotropin (ani), up to 40 units	Either (PA)
J0834		injection, cosyntropin (cortrosyn), 0.25 mg	Medical
J0840	<b>Crofab</b>	injection, crotalidae polyvalent immune fab (ovine), up to 1 gm	Medical
J0841	<b>Anavip</b>	injection, crotalidae immune f(ab') <sub>2</sub> (equine), 120 mg	Medical
J0850	<b>Cytogam</b>	injection, cymomegalovirus imm, per vial	Medical
J0873		Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg	Medical (NF)
J0874		Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	Medical (NF)
J0875	<b>Dalvance</b>	injection dalbavancin 5mg	Medical
J0877		Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg	Medical (NF)
J0878	<b>Cubicin</b>	injection, daptomycin, 1 mg	Medical
J0879	<b>Korsuva</b>	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Medical (PA)
J0881	<b>Aranesp</b>	injection, darbepoetin alfa, 1 mcg (non-esrd use)	Either
J0882	<b>Aranesp</b>	injection, darbepoetin alfa, 1 mcg (for esrd on dialysis)	Either
J0883	<b>Argatroban</b>	Injection, argatroban, 1 mg (for non-esrd use)	Medical



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J0884	<b>Argatroban</b>	Injection, argatroban, 1 mg (for esrd on dialysis)	Medical
J0885	<b>Procrit/Epogen</b>	injection, epoetin alfa, (for non-esrd use), 1000 units	Either
J0887	<b>Mircera</b>	injection, epoetin beta, 1 mcg (for esrd on dialysis)	Medical
J0888	<b>Mircera</b>	injection, epoetin beta, 1 mcg (for non-esrd use)	Medical
J0889	<b>JESDUVROQ</b>	Daprodustat, oral, 1 mg, (for esrd on dialysis)	Medical (PA)
J0890	<b>Omontys</b>	injection, peginesatide, 0.1 mg (for esrd on dialysis)	Medical
J0891		Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	Medical (NF)
J0892		Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	Medical (NF)
J0893		Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	Medical (NF)
J0894	<b>Dacogen</b>	injection, decitabine, 1 mg	Medical
J0895	<b>Desferal</b>	injection, deferoxamine mesylate, 500 mg	Medical
J0896	<b>Reblozyl</b>	Injection, luspatercept-aamt, 0.25 mg	Medical (PA)



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J0897	<b>Prolia/Xgeva</b>	injection, denosumab, 1mg	Either (PA)
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)
J1000		injection, depo-estradiol cypionate, up to 5 mg	Either
J1020	<b>Methylpred</b>	injection, methylprednisolone acetate, 20 mg	Either
J1030	<b>Depo-Medrol</b>	injection, methylprednisolone acetate, 40 mg	Either
J1040	<b>Depo-Medrol</b>	injection, methylprednisolone acetate, 80 mg	Either
J1071	<b>Depo-Testosterone</b>	injection, testosterone cypionate, 1 mg	Pharmacy (PA)
J1094		injection, dexamethasone acetate, 1 mg	Either
J1095	<b>Dexycu</b>	injection, dexamethasone 9 percent, intraocular, 1 microgram	Medical
J1096	<b>Dextenza</b>	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Medical
J1097	<b>Omidria</b>	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Medical
J1100		injection, dexamethasone sodium phosphate, 1 mg	Medical
J1105	<b>Igalmi</b>	Dexmedetomidine, oral, 1 mcg	Medical



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J1110	<b>D.H.E 45</b>	injection, dihydroergotamine mesylate, per 1 mg	Medical
J1120		injection, acetazolamide sodium, up to 500 mg	Medical
J1130	<b>Dyloject</b>	injection, diclofenac sodium 0.5mg	Medical (NF)
J1160	<b>Lanoxin</b>	injection, digoxin, up to 0.5 mg	Medical
J1162	<b>Digibind, Digfab</b>	injection, digoxin immune fab (ovine), per vial	Medical
J1165		injection, phenytoin sodium, per 50 mg	Medical
J1170		injection, hydromorphone, up to 4 mg	Medical
J1190	<b>Zinecard, Totect</b>	injection, dexrazoxane hcl, per 250 mg	Medical
J1200	<b>Benadryl</b>	injection, diphenhydramine hcl, up to 50 mg	Medical
J1201	<b>Quzyttir</b>	Injection, cetirizine hydrochloride, 0.5 mg	Medical (NF)
J1205	<b>Diuril</b>	injection, chlorothiazide sodium, per 500 mg	Medical
J1212	<b>Rimso-50</b>	injection, dmsol, dimethyl sulfoxide, 50%, 50 ml	Medical
J1230		injection, methadone hcl 10 mg	Medical
J1240		injection, dimenhydrinate, up to 50 mg	Medical
J1245		injection, dipyridamole, per 10 mg	Medical
J1246	<b>Unituxin</b>	Injection, dinutuximab, 0.1 mg	Medical
J1250		injection, dobutamine hcl, per 250 mg	Medical
J1260	<b>Anzemet</b>	injection, dolasetron mesylate, 10 mg	Medical
J1265		injection, dopamine hcl, 40 mg	Medical
J1267	<b>Doribax</b>	injection, doripenem, 10 mg	Medical
J1270	<b>Hectrol</b>	injection, doxercalciferol, 1 mcg	Medical
J1290	<b>Kalbitor</b>	injection, ecallantide	Pharmacy (PA)
J1300	<b>Soliris</b>	injection, eculizumab, 10 mg	Medical (PA)
J1301	<b>Radicava</b>	injection, edaravone 1 mg	Pharmacy (PA)
J1302	<b>Enjaymo</b>	Injection, sutimlimab-jome, 10 mg	Medical (PA)



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1303	<b>Ultomiris</b>	Injection, ravulizumab-cwvz, 10 mg	Medical (PA)
J1304	<b>Qalsody</b>	Injection, tofersen, 1 mg	Medical (PA)
J1305	<b>Evkeeza</b>	Injection, evinacumab-dgnb, 5mg	Medical (PA)
J1306	<b>Leqvio</b>	Injection, inclisiran, 1 mg	Medical (PA)
J1322	<b>Vimizim</b>	injection elosulfase alfa, 1 mg	Medical (PA)
J1324	<b>Fuzeon</b>	injection enfurvirtide	Either
J1325	<b>Flolan</b>	injection, epoprostenol	Pharmacy (PA)
J1327	<b>Integrilin</b>	injection, eptifibatide, 5 mg	Medical
J1335	<b>Invanz</b>	injection, ertapenem sodium, 500 mg	Medical
J1364		injection, erythromycin lactobionate, per 500 mg	Medical
J1380	<b>Delestrogen</b>	injection, estradiol valerate, 10 mg	Either
J1410	<b>Premarin</b>	injection, estrogen conjugate 25 mg	Either
J1411	<b>Hemgenix</b>	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Medical (PA)
J1412	<b>Roctavian</b>	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes	Medical (PA)
J1413	<b>Elevidys</b>	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Medical (PA)
J1426	<b>Amondys 45</b>	injection, casimersen, 10 mg	Medical (PA)
J1427	<b>Viltepso</b>	Injection, viltolarsen, 10 mg	Medical (PA)
J1428	<b>Exondys 51</b>	injection, eteplirsen, 10 mg	Medical (PA)
J1429	<b>Vyondys 53</b>	Injection, golodirsen, 10 mg	Medical (PA)
J1430		injection, ethanolamine oleate, 100mg	Medical
J1437	<b>Monoferic</b>	Injection, ferric derisomaltose, 10 mg	Medical (NF)





## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1438	<b>Enbrel</b>	injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Pharmacy (PA)
J1439	<b>Injectafer</b>	injection, ferric carboxymaltose, 1 mg	Medical
J1440	<b>Rebyota</b>	Fecal microbiota, live - jsIm, 1 ml	Medical (PA)
J1442	<b>Neupogen</b>	injection, filgrastim (g-csf), 1 microgram	Either
J1443	<b>Triferic</b>	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron	Medical
J1444	<b>Triferic</b>	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Medical
J1445	<b>Triferic Avnu</b>	Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron	Medical
J1447	<b>Granix</b>	injection tbo-filgrastim 1 microg	Either (PA)
J1448	<b>Cosela</b>	Injection, trilaciclib, 1mg	Medical (PA)
J1449	<b>Rolvedon</b>	Injection, eflapegrastim-xnst, 0.1 mg	Either (PA)
J1450	<b>Diflucan</b>	injection, fluconazole, 200 mg	Medical
J1451	<b>Antizol</b>	injection, fomepizole, 15 mg	Medical
J1453	<b>Emend</b>	injection, fosaprepitant, 1 mg	Medical
J1454	<b>Akynzeo</b>	injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1456		Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	Medical (NF)
J1458	<b>Naglazyme</b>	injection, galsulfase	Medical (PA)
J1459	<b>Privigen</b>	injection, immune globulin (privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Medical (PA)
J1460	<b>Gamastan</b>	injection, gamma globulin, 1cc	Medical (PA)
J1551	<b>Cutaquig</b>	Injection, immune globulin (cutaquig), 100 mg	Medical (PA)
J1554	<b>Asceniv</b>	injection, immune globulin (asceniv), 500 mg	Medical (PA)
J1555	<b>Cuvitru</b>	injection, immune globulin (cuvitru), 100 mg	Medical (PA)
J1556	<b>Bivigam</b>	injection, immune globulin (bivigam), 500 mg	Medical (PA)
J1557	<b>Gammaplex</b>	injection, immune globulin, (gammaplex), intravenous, nonlyophilized (e.g. liquid), 500 mg	Medical (PA)
J1558	<b>Xembify</b>	Injection, immune globulin (xembify), 100 mg	Medical (PA)
J1559	<b>Hizentra</b>	injection, immune globulin (hizentra)	Medical (PA)
J1560	<b>Gamastan</b>	injection, gamma globulin, 10cc	Medical (PA)
J1561	<b>Gamunex, Gammunex-C, Gammaked</b>	injection, immune globulin, (gamunex/gamunex-c/gammaked), nonlyophilized (e.g., liquid), 500 mg	Medical (PA)
J1562	<b>Vivaglobin</b>	injection, immune globulin (vivaglobin)	Medical (PA)
J1566	<b>Gammagard S/D / Carimune Nf</b>	injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Medical (PA)
J1568	<b>Octagam</b>	injection, octagam, 500mg	Medical (PA)



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1569	<b>Gammagard Liquid</b>	injection, immune globulin, (gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg	Medical (PA)
J1570	<b>Cytovene</b>	injection, ganciclovir sodium, 500 mg	Medical
J1571		injection, hepagam b im, 0.5ml	Medical
J1572	<b>Flebogamma</b>	injection, immune globulin, (flebogamma/flebogamma dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Medical (PA)
J1573	<b>Hepagam B</b>	injection, hepagam b intravenous, 0.5ml	Medical
J1574		Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg	Medical (NF)
J1575	<b>HyQvia</b>	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Medical (PA)
J1576	<b>Panzyga</b>	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Medical (PA)
J1580		injection, garamycin, gentamicin, up to 80 mg	Medical
J1595	<b>Copaxone</b>	injection, glatiramer acetate, 20 mg	Pharmacy
J1596		Injection, glycopyrrolate, 0.1 mg	Medical
J1599		Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Medical (PA)
J1600	<b>Myochrysine</b>	injection, gold sodium thiomaleate, 50mg	Medical
J1602	<b>Simponi Aria</b>	injection, golimumab, 1 mg , for intravenous use	Either (PA)
J1610		injection, glucagon hcl, per 1 mg	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1611		Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Medical
J1626	<b>Kytril</b>	injection, granisetron hcl, 100 mcg	Medical
J1627	<b>Kytril</b>	injection, granisetron, extended-release, 0.1 mg (kytril)	Medical
J1628	<b>Tremfya</b>	injection, guselkumab, 1 mg	Pharmacy (PA)
J1630	<b>Haldol</b>	injection, haloperidol, up to 5 mg	Either (PA < 12 years of age)
J1631	<b>Haldol</b>	injection, haloperidol decanoate, 50 mg	Either (PA < 12 years of age)
J1632	<b>Zulresso</b>	Injection, brexanolone, 1 mg	Medical (PA)
J1640	<b>Panhematin</b>	injection, hemin, 1 mg	Medical
J1642		injection, heparin sodium, (heparin lock flush), per 10 units	Medical
J1643		Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units	Medical (NF)
J1644		injection, heparin sodium, per 1000 units	Medical
J1645	<b>Fragmin</b>	injection, dalteparin sodium, per 2500 iu	Either
J1650	<b>Lovenox</b>	injection, enoxaparin sodium, 10 mg	Either
J1652	<b>Arixtra</b>	injection, fondaparinux sodium, 0.5 mg	Either
J1670	<b>Hypertet</b>	injection, tetanus immune globulin, human, up to 250 units	Medical
J1675	<b>Supprelin</b>	injection, histrelin acetate, 10 mcgograms	Medical (PA)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1720	<b>Solu- Cortef</b>	injection, hydrocortisone sodium succinate, up to 100 mg	Either
J1726	<b>Makena</b>	injection, hydroxyprogesterone caproate, (makena), 10 mg	Pharmacy (PA)
J1729	<b>Hydroxyprogesterone Caproate</b>	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Medical
J1738	<b>Anjeso</b>	Injection, meloxicam, 1 mg	Medical (NF)
J1740	<b>Boniva</b>	injection, ibandronate sodium, 1 mg	Pharmacy
J1741		injection, ibuprofen, 100 mg	Medical
J1742	<b>Corvert</b>	injection, ibutilide fumarate, 1 mg	Medical
J1743	<b>Elaprased</b>	injection, idursulfase	Medical (PA)
J1744	<b>Firazyr</b>	injection, icatibant, 1 mg	Pharmacy (PA)
J1745	<b>Remicade</b>	injection, infliximab, excludes biosimilar, 10 mg	Either (PA)
J1746	<b>Trogarzo</b>	injection, ibalizumab-uiyk, 10 mg	Medical (PA)
J1747	<b>Spevigo</b>	Injection, spesolimab-sbzo, 1 mg	Medical (PA)
J1750	<b>Dexferrum, Infed</b>	injection, iron dextran, 50 mg	Medical
J1756	<b>Venofer</b>	injection, iron sucrose, 1 mg	Medical
J1786	<b>Cerezyme</b>	injection, imiglucerase, 10 units	Medical (PA)



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1790	<b>Inapsine</b>	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	<b>Fiasp</b>	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	Either (NF)
J1812	<b>Fiasp</b>	Insulin (fiasp), per 5 units	Either (NF)
J1813	<b>Lyumjev</b>	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	Either
J1814	<b>Lyumjev</b>	Insulin (lyumjev), per 5 units	Either
J1815		injection, insulin, per 5 units	Medical
J1817		insulin for administration through dme (i.e., insulin pump) per 50 units	Medical
J1823	<b>Uplizna</b>	Injection, inebilizumab-cdon, 1 mg	Medical (PA)
J1826	<b>Avonex</b>	INJECTION, INTERFERON BETA-1A, 30 MCG	Pharmacy
J1830	<b>Betaseron/ Extavia</b>	injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Pharmacy (PA)
J1833	<b>Cresemba</b>	injection, isavuconazonium 1 mg	Medical
J1836		Injection, metronidazole, 10 mg	Medical
J1840		injection, kanamycin sulfate, up to 500 mg	Medical
J1850		injection, kanamycin sulfate, 75 mg	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
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	<b>Somatuline Depot</b>	injection, lanreotide	Medical (PA)
J1931	<b>Aldurazyme</b>	injection, laronidase	Medical (PA)
J1932	<b>Lanreotide</b>	Injection, lanreotide, (ciplá), 1 mg	Medical (PA)
J1939		Injection, bumetanide, 0.5 mg	Medical
J1940		injection, furosemide, up to 20 mg	Medical
J1941	<b>Furoscix</b>	Injection, furosemide (furoscix), 20 mg	Pharmacy (PA)
J1943	<b>Aristada Initio</b>	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Either (PA < 12 years of age)
J1944	<b>Aristada</b>	Injection, aripiprazole lauroxil, (aristada), 1 mg	Either (PA < 12 years of age)
J1945	<b>Refludan</b>	injection, lepirudin, 50 mg	Medical
J1950	<b>Lupron depot</b>	injection, leuprolide acetate (for depot suspension), per 3.75 mg	Medical (PA)
J1951	<b>Fensolvi</b>	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Medical (PA)
J1952	<b>Camcevi</b>	Leuprolide injectable, camcevi, 1 mg	Medical (PA)
J1953	<b>Keppra</b>	injection, levetiracetam, 10 mg	Medical
J1954	<b>Lutrate</b>	Injection, leuprolide acetate for depot suspension (ciplá), 7.5 mg	Medical (PA)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J1955	<b>Carnitor</b>	injection, levocarnitine, per 1 g	Medical
J1956	<b>Levaquin</b>	injection, levofloxacin, 250 mg	Medical
J1961	<b>Sunlenca</b>	Injection, lenacapavir, 1 mg	Either (PA)
J1980	<b>Levsin</b>	injection, hyoscyamine sulfate, 0.25mg	Medical
J2001	<b>Xylocaine</b>	injection, lidocaine hcl for intravenous infusion, 10 mg	Medical
J2010	<b>Lincocin</b>	injection, lincomycin hcl, up to 300 mg	Medical
J2020	<b>Zyvox</b>	injection, linezolid, 200 mg	Medical
J2021		Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg	Medical (NF)
J2060	<b>Ativan</b>	injection, lorazepam, 2 mg	Medical
J2062	<b>Adasuve</b>	loxapine, inhalation powder, 10 mg	Medical
J2150		injection, mannitol, 25% in 50 ml	Medical
J2170	<b>Increlex</b>	injection, mescasermin	Pharmacy (PA)
J2175	<b>Demerol</b>	injection, meperidine hcl, per 100 mg	Medical
J2182	<b>Nucala</b>	injection, mepolizumab, 1 mg	Medical (PA)
J2184		Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg	Medical (NF)
J2185		injection, meropenem, 100 mg	Medical
J2186	<b>Vabomere</b>	injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Medical
J2210	<b>Methergine</b>	injection, methylergonovine maleate, up to 0.2 mg	Medical
J2212	<b>Relistor</b>	injection, methylnaltrexone, 0.1 mg	Pharmacy (PA)





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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J2247		Injection, micafungin sodium (par pharm) not therapeutically equivalent to j2248, 1 mg	Medical
J2248	<b>Mycamine</b>	Injection, micafungin sodium, 1 mg	Medical
J2249	<b>Byfavo</b>	Injection, remimazolam, 1 mg	Medical
J2250		injection, midazolam hcl, per 1 mg	Medical
J2251		Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to j2250, per 1 mg	Medical (NF)
J2260		injection, milrinone lactate, 5 mg	Medical
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	<b>Duramorph</b>	injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	Medical
J2278	<b>Prialt</b>	injection, ziconotide, 1 mcg	Medical
J2280	<b>Avelox</b>	injection, moxifloxacin, 100 mg	Medical
J2281		Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg	Medical
J2300		injection, nalbuphine hcl, per 10 mg	Medical
J2305		Injection, nitroglycerin, 5 mg	Medical
J2310		injection, naloxone hcl, per 1 mg	Either
J2311	<b>Zimhi</b>	Injection, naloxone hydrochloride (zimhi), 1 mg	Medical (NF)
J2315	<b>Vivitrol</b>	injection, naltrexone, depot form, 1 mg	Either
J2323	<b>Tysabri</b>	injection, natalizumab, 1 mg	Medical (PA)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J2325	<b>Natrecor</b>	injection, nestiritide, 0.1mg	Medical
J2326	<b>Spinraza</b>	injection, nusinersin, 0.1 mg	Medical (PA)
J2327	<b>Skyrizi</b>	Injection, risankizumab-rzaa, intravenous, 1 mg	Medical (PA)
J2329	<b>Briumvi</b>	Injection, ublituximab-xiiy, 1mg	Medical (PA)
J2350	<b>Ocrevus</b>	injection, ocrelizumab, 1 mg	Either (PA)
J2353	<b>Sandostatin LAR</b>	injection, octreotide, depot form for intramuscular injection, 1 mg	Medical (PA)
J2354	<b>Sandostatin</b>	injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Medical
J2355	<b>Neumega</b>	injection, oprelvekin, 5 mg	Medical
J2356	<b>Tezspire</b>	Injection, tezepelumab-ekko, 1 mg	Medical (PA)
J2357	<b>Xolair</b>	injection, omalizumab, 5 mg	Medical (PA)
J2358	<b>Zyprexa Relprevv</b>	injection, olanzapine, long-acting, 1 mg	Either (PA < 12 years of age)
J2359	<b>Zyprexa</b>	Injection, olanzapine, 0.5 mg	Either (PA < 12 years of age)
J2360		injection, orphenadrine citrate, up to 60 mg	Medical
J2371		Injection, phenylephrine hydrochloride, 20 micrograms	Medical
J2372	<b>Biorphen</b>	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	Medical (NF)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J2401	<b>Nesacaine</b>	Injection, chloroprocaine hydrochloride, per 1 mg	Medical
J2402	<b>Clorotekal</b>	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg	Medical
J2403	<b>Iheezo</b>	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	Medical (PA)
J2404		Injection, nicardipine, 0.1 mg	Medical
J2405	<b>Zofran</b>	injection, ondansetron hcl, per 1 mg	Medical
J2406	<b>Kimyrsa</b>	Injection, oritavancin (kimyrsa), 10 mg	Medical
J2407	<b>Orbactiv</b>	Injection, oritavancin (orbactiv), 10 mg	Medical
J2410	<b>Opana</b>	injection, oxymorphone hcl 1 mg	Medical
J2425	<b>Kepivance</b>	injection, palifermin, 50 mcg	Medical
J2426	<b>Invega Sustenna, Invega Trinza</b>	injection, paliperidone palmitate	Either (PA < 12 years of age)
J2427	<b>Invega Hafyera, Invega Trinza</b>	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	Either (PA < 12 years of age)
J2430	<b>Aredia</b>	injection, pamidronate disodium, per 30 mg	Medical
J2469	<b>Aloxi</b>	injection, palonosetron hcl, 25 mcg	Medical
J2501	<b>Zemplar</b>	injection, paricalcitol, 1 mcg	Medical
J2502	<b>Signifor LAR</b>	injection, pasireotide long acting 1 mg	Medical (PA)
J2503	<b>Macugen</b>	injection, pegaptanib sodium, 0.3 mg	Medical
J2504	<b>Adagen</b>	injection, pegademase bovine, 25 iu	Medical (PA)
J2506	<b>Neulasta, Neulasta Onpro</b>	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Either



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J2507	<b>Krystexxa</b>	injection, pegloticase, 1 mg	Either (PA)
J2508	<b>Elfabrio</b>	Injection, pegunigalsidase alfa-iwxj, 1 mg	Medical (PA)
J2510		injection, penicillin g procaine, aqueous, up to 600,000 units	Medical
J2515	<b>Nembutal</b>	injection, pentobarbital sodium, per 50 mg	Medical
J2540	<b>Pfizerpen-G</b>	injection, penicillin g potassium, up to 600,000 units	Medical
J2543	<b>Zosyn</b>	injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	Medical
J2545	<b>Nebupent</b>	pentamidine isethionate, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per 300 mg	Medical
J2547	<b>Rapivab</b>	injection, peramivir 1 mg	Medical
J2550	<b>Phenergan</b>	injection, promethazine hcl, up to 50 mg	Medical
J2560		injection, phenobarbital sodium, up to 120 mg	Medical
J2561	<b>Sezaby</b>	Injection, phenobarbital sodium (sezaby), 1 mg	Medical (PA > 1 year of age)
J2562	<b>Mozobil</b>	injection, plerixafor, 1 mg	Medical (PA)
J2590	<b>Pitocin</b>	injection, oxytocin, up to 10 units	Medical
J2597	<b>Ddavn</b>	injection, desmopressin acetate, per 1 mcg	Medical
J2598	<b>Vasopressin</b>	Injection, vasopressin, 1 unit	Medical



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J2599		Injection, vasopressin (american reagent) not therapeutically equivalent to j2598, 1 unit	Medical (NF)
J2675		injection, progesterone, per 50 mg	Medical
J2679		Injection, fluphenazine hcl, 1.25 mg	Either (PA < 12 years of age)
J2680		injection, fluphenazine decanoate, up to 25 mg	Either (PA < 12 years of age)
J2690		injection, procainamide hcl, up to 1 g	Medical
J2700		injection, oxacillin sodium, 250 mg	Medical
J2704	<b>Diprivan</b>	injection , propofol, 10mg	Medical
J2720		injection, protamine sulfate, per 10 mg	Medical
J2724	<b>Ceprostein</b>	injection, protein c concentrate, 10 units	Medical
J2730		injection, pralidoxime chloride, up to 1 g	Medical
J2760		injection, phentolamine mesylate, up to 5 mg	Medical
J2765	<b>Reglan</b>	injection, metoclopramide hcl, up to 10 mg	Medical
J2770	<b>Synercid</b>	injection, quinupristin/ dalfopristin, 500mg	Medical
J2777	<b>Vabysmo</b>	Injection, faricimab-svoa, 0.1 mg	Medical
J2778	<b>Lucentis</b>	injection, ranibizumab, 0.1 mg	Medical
J2779	<b>Susvimo</b>	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Medical
J2780	<b>Zantac</b>	injection, ranitidine hcl, 25 mg	Medical
J2781	<b>Syfovre</b>	Injection, pegcetacoplan, intravitreal, 1 mg	Medical (PA)
J2783	<b>Elitek</b>	injection, rasburicase, 0.5 mg	Medical
J2785	<b>Lexiscan</b>	injection, regadenoson, 0.1 mg	Medical
J2786	<b>Cinqair</b>	injection, reslizumab, 1 mg	Medical (PA)



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J2787	<b>Photrexa Viscous</b>	riboflavin 5' phosphate, ophthalmic solution, up to 3ml	Medical
J2788	<b>Micrhogam, Bayrho</b>	injection, rho d immune globulin, human, minidose, 50 mcg (250 i.u.)	Medical
J2790	<b>Rhogam ultra</b>	injection, rho d immune globulin, human, full dose, 300 mcg (1500 i.u.)	Medical
J2791	<b>Rhophylac</b>	injection, rho( d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Medical
J2792	<b>Winrho sdf</b>	injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Medical
J2793	<b>Arcalyst</b>	injection, riloncept, 1 mg	Pharmacy (PA)
J2794	<b>Risperdal Consta</b>	injection, risperidone, long acting, 0.5 mg	Either (PA < 12 years of age)
J2795	<b>Naropin</b>	injection, ropivacaine hcl, 1 mg	Medical
J2796	<b>Nplate</b>	injection, romiplostim, 10 mcg	Medical (PA)
J2797	<b>Varubi</b>	injection, rolapitant, 0.5 mg	Medical
J2798	<b>Perseris</b>	Injection, risperidone, (perseris), 0.5 mg	Either (PA < 12 years of age)
J2799	<b>Uzedy</b>	Injection, risperidone (uzedy), 1 mg	Either (PA < 12 years of age)
J2800	<b>Robaxin</b>	injection, methocarbamol, up to 10 ml	Medical
J2805	<b>Sincalide</b>	injection, sincalide, 5 mcg	Medical



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J2806		Injection, sincalide (maia) not therapeutically equivalent to j2805, 5 micrograms	Medical (NF)
J2810		injection, theophylline, per 40 mg	Medical
J2820	<b>Leukine</b>	injection, sargramostim (gm-csf), 50 mcg	Medical
J2840	<b>Kanuma</b>	injection, sebelipase alfa, 1 mg	Medical (PA)
J2850	<b>Chirhostim</b>	injection, secretin, synthetic, human, 1 mcg	Medical
J2860	<b>Sylvant</b>	injection, siltuximab 10 mg	Medical (PA)
J2916	<b>Ferrlecit</b>	injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Medical
J2920	<b>Solu- Medrol</b>	injection, methylprednisolone sodium succinate, up to 40 mg	Either
J2930	<b>Solu- Medrol</b>	injection, methylprednisolone sodium succinate, up to 125 mg	Either
J2940	<b>Somatrem</b>	injection, somatrem, 1 mg	Pharmacy (PA)
J2941	<b>Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive</b>	injection, somatropin, 1 mg	Pharmacy (PA)
J2993	<b>Retavase</b>	injection, reteplase recombinant, 18.1mg	Medical
J2997	<b>Activase</b>	injection, alteplase recombinant, 1 mg	Medical
J2998	<b>Ryplazim</b>	Injection, plasminogen, human-tvmh, 1 mg	Medical (PA)
J3010	<b>Sublimaze</b>	injection, fentanyl citrate, 0.1 mg	Medical



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J3030	<b>Imitrex</b>	injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Pharmacy
J3031	<b>Ajovy</b>	INJECTION FREMANEZUMAB-VFRM 1 MG	Pharmacy (PA)
J3032	<b>Vyepti</b>	Injection, eptinezumab-jjmr, 1 mg	Medical (PA)
J3060	<b>ElELYso</b>	injection, taliglucerate alfa, 10 units	Medical (PA)
J3070	<b>Talwin</b>	injection, pentazocine, 30 mg	Medical
J3090	<b>Sivextro</b>	injection tedizolid phosphate 1 mg	Medical
J3095	<b>Vibrativ</b>	injection, telavancin, 10 mg	Medical
J3101	<b>Tnkase</b>	injection, tenecteplase, 1 mg	Medical
J3105		injection, terbutaline sulfate, up to 1 mg	Medical
J3110	<b>Forteo</b>	injection, teriparatide, 10 mcg	Pharmacy (PA)
J3111	<b>Evenity</b>	Injection, romosozumab-aqqg, 1 mg	Either (PA)
J3121	<b>Delatestryl</b>	injection, testosterone enanthate, 1 mg	Pharmacy (PA)
J3145	<b>Aveed</b>	Testosterone undecanoate 1mg	Medical (PA)
J3230		injection, chlorpromazine hcl, up to 50 mg	Either (PA < 12 years of age)
J3240	<b>Thyrogen</b>	injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Medical
J3241	<b>Tepezza</b>	Injection, teprotumumab-trbw, 10 mg	Medical (PA)
J3243		injection, tigecycline, 1 mg	Medical
J3244		Injection, tigecycline (accord) not therapeutically equivalent to j3243, 1 mg	Medical (NF)





## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J3245	<b>Ilumya</b>	injection, tildrakizumab, 1 mg	Medical (PA)
J3246	<b>Aggrastat</b>	injection, tirofiban hcl, 0.25mg	Medical
J3250	<b>Tigan</b>	injection, trimethobenzamide hcl, up to 200 mg	Medical
J3260		injection, tobramycin sulfate, up to 80 mg	Medical
J3262	<b>Actemra</b>	injection, tocilizumab, 1 mg	Either (PA)
J3285	<b>Remodulin</b>	injection, treprostinil	Pharmacy (PA)
J3299	<b>Xipere</b>	Injection, triamcinolone acetonide (xipere), 1 mg	Medical
J3300		injection, triamcinolone acetonide, preservative free, 1 mg	Medical
J3301	<b>Kenalog</b>	injection, triamcinolone acetonide, not otherwise specified, 10 mg	Medical
J3302	<b>Clinacort</b>	injection, triamcinolone diacetate, per 5 mg	Medical
J3303	<b>Aristospan</b>	injection, triamcinolone hexacetonide, per 5 mg	Medical
J3304	<b>Zilretta</b>	injection, triamcinolone acetonide, preservative free extended release, microsphere formulation, 1 mg	Medical (PA)
J3315	<b>Trelstar</b>	injection, triptorelin pamoate, 3.75 mg	Medical (PA)
J3316	<b>Triptodur</b>	injection, triptorelin, extended release, 3.75	Medical (PA)
J3355	<b>Bravelle</b>	injection, urofollitropin, 75 iu	Pharmacy
J3357	<b>Stelara SC</b>	ustekinumab, for subcutaneous injection	Pharmacy (PA)
J3358	<b>Stelara IV</b>	ustekinumab, for intravenous injection, 1 mg	Either (PA)



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J3360		injection, diazepam, up to 5 mg	Medical
J3365	<b>Abbokinase</b>	injection, urokinase, 250,000 iu	Medical
J3370		injection, vancomycin hcl, 500 mg	Medical
J3371		Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg	Medical (NF)
J3372		Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg	Medical (NF)
J3380	<b>Entyvio</b>	injection vedolizumab 1 mg	Medical (PA)
J3385	<b>Vpriv</b>	injection, velaglucerase alfa, 100 units	Medical (PA)
J3396	<b>Visudyne</b>	injection, verteporfin, 0.1 mg	Medical
J3397	<b>Mepsevii</b>	inj, vestronidase alfa-vjvk, 1 mg	Medical (PA)
J3398	<b>Luxturna</b>	inj voretigene neparvovec-rzyl 1 billion vector genomes	Medical (PA)
J3399	<b>Zolgensma</b>	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	Medical (PA)
J3401	<b>Vyjuvek</b>	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml	Medical (PA)
J3410		injection, hydroxyzine hcl, up to 25 mg	Medical
J3411		injection, thiamine hcl, 100 mg	Medical
J3415		injection, pyridoxine hcl, 100 mg	Medical
J3420		injection, vitamin b-12 cyanocobalamin, up to 1,000 mcg	Medical
J3425		Injection, hydroxocobalamin, 10 mcg	Medical
J3430		injection, phytonadione (vitamin k), per 1 mg	Medical
J3465	<b>Vfend</b>	injection, voriconazole, 10mg	Medical
J3470	<b>Amphadase</b>	injection, hyaluronidase, up to 150 units	Medical



## 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	<b>Geodon</b>	injection, ziprasidone mesylate, 10 mg	Either (PA < 12 years of age)
J3489	<b>Reclast/Zometa</b>	injection, zoledronic acid, 1 mg	Either
J3490		unclassified drugs	Medical
J3535		drug administered through a metered dose inhaler	Medical
J3585	<b>Retrovir</b>	injection, zidovudine, 10 mg	Medical
J3590		unclassified biologics	Medical
J3591		unclassified drug or biological (for esrd on dialysis)	Medical
J7030	<b>sodium chloride</b>	infusion, normal saline solution, 1,000 cc	Medical
J7040	<b>sodium chloride</b>	infusion, normal saline solution, sterile (500 ml=1 unit)	Medical
J7042	<b>Dextrose- Nacl</b>	5% dextrose/normal saline (500 ml = 1 unit)	Medical



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J7050	<b>sodium chloride</b>	infusion, normal saline solution, 250 cc	Medical
J7060	<b>dextrose</b>	5% dextrose/water (500 ml = 1 unit)	Medical
J7070	<b>dextrose</b>	infusion, d-5-w, 1,000 cc	Medical
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
J7168	<b>Kcentra</b>	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Medical
J7169	<b>Andexxa</b>	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Medical
J7170	<b>Hemlibra</b>	inj emicizumab-kxwh, 0.5mg	Medical (PA)
J7175	<b>Coagadex</b>	injection, factor x 1 i.u. (human)	Medical
J7177	<b>Fibryga</b>	injection, human fibrinogen concentrate (fibryga), 1 mg	Medical
J7178	<b>RiaSTAP</b>	injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Medical
J7179	<b>Vonvendi</b>	injection von willebrand factor 1 i.u. vwf:rc0	Medical
J7180	<b>Corifact</b>	injection, factor viii (antihemophilic factor, human), 1 iu	Medical
J7181	<b>Tretten</b>	injection, factor viii a-subunit, (recombinant), per iu	Medical
J7182	<b>NovoEight</b>	injection, factor viii (antihemophilic factor, recombinant), (novoeight), per iu	Medical
J7183	<b>WILATE</b>	injection, von willebrand factor complex (human), wilate, 1 iu vwf:rc0	Medical



## Individual & Family Plan Medication List

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



## Individual & Family Plan Medication List

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



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J7294	<b>Annovera</b>	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	Pharmacy
J7295	<b>Nuvaring</b>	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Pharmacy
J7296	<b>Kyleena</b>	contraceptive system, intrauterine, levonorgestrel releasing, 19.5 mg	Medical
J7297	<b>Liletta</b>	Ing-releasing iuc sys 52mg 3 yr dur	Medical
J7298	<b>Mirena</b>	Ing-releasing iuc sys 52mg 5 yr dur	Medical
J7300	<b>Paragard</b>	paragard t380a (intrauterine copper contraceptive)	Medical
J7301	<b>Skyla</b>	levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Medical
J7304	<b>Contraceptive patch</b>	contraceptive supply, hormone containing patch, each	Pharmacy
J7307	<b>Nexplanon</b>	Etonogestrel (contraceptive) implant system, including implant and supplies	Medical
J7308	<b>Levulan Kerastick</b>	aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Medical
J7311	<b>Retisert</b>	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Medical
J7312	<b>Ozurdex</b>	injection, dexamethasone, intravitreal implant, 0.1 mg	Medical
J7313	<b>Iluvien</b>	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Medical



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J7314	<b>Yutiq</b>	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Medical
J7315	<b>Mitosol</b>	mitomycin, ophthalmic, 0.2 mg	Medical
J7316	<b>Jetrea</b>	injection, ocriplasmin, 0.125 mg	Medical (PA)
J7318	<b>Durolane</b>	hyaluronan or derivative, durolane, for intra-articular injection, per dose	Medical (PA)
J7320	<b>Genvisc 850</b>	hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Medical (PA)
J7321	<b>Supartz/ Hyalgan/Visco-3</b>	Hyaluronan or derivative, hyalgan, supartz OR Visco-3, for intra-articular injection, per dose	Medical (PA)
J7322	<b>Hymovis</b>	hyaluronan or derivative for intra-articular injection, 1 mg	Medical (PA)
J7323	<b>Euflexxa</b>	hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Medical (PA)
J7324	<b>Orthovisc</b>	hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Medical (PA)
J7325	<b>Synvisc/ Synvisc-One</b>	hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Medical (PA)
J7326	<b>Gel-One</b>	hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Medical (PA)
J7327	<b>Monovisc</b>	hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Medical (PA)
J7328	<b>Gel-Syn</b>	hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Medical (PA)
J7329	<b>Trivisc</b>	hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Medical (PA)
J7330	<b>Carticel</b>	implant, cultured chondrocytes, 1 ea	Medical





## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J7331	<b>Synjoynt</b>	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Medical (PA)
J7332	<b>Triluron</b>	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Medical (PA)
J7336	<b>Qutenza</b>	capsaicin 8% patch, per sq cm	Medical (PA)
J7340	<b>Duopa</b>	carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Either (PA)
J7342	<b>Otiprio</b>	installation, ciprofloxacin otic suspension, 6mg	Medical
J7345	<b>Ameluz</b>	aminolevulinic acid hcl for topical administration, 10%,	Medical
J7351	<b>Durysta</b>	Injection, bimatoprost, intracameral implant, 1 microgram	Medical (PA)
J7352	<b>Scenesse</b>	Afamelanotide implant, 1 mg	Medical (PA)
J7353	<b>Nexobrid</b>	Anacaulase-bcdb, 8.8% gel, 1 gram	Medical
J7402	<b>Sinuva</b>	Mometasone furoate sinus implant (sinuva), 10 micrograms	Medical
J7500	<b>Imuran</b>	azathioprine, oral, 50 mg	Pharmacy
J7501		azathioprine, parenteral, 100mg	Medical
J7502	<b>Sandimmune</b>	cyclosporine, oral, 100 mg	Pharmacy
J7503	<b>Envarsus XR</b>	tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Pharmacy
J7504	<b>Atgam</b>	injection, lymphocyte immune globulin, 250mg	Medical
J7505	<b>Orthoclone</b>	injection, monoclonal antibodies, 5 mg	Medical
J7507	<b>Prograf</b>	tacrolimus, immediate release, oral, 1 mg	Pharmacy



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J7508	<b>Astagraf XL</b>	tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Pharmacy
J7509	<b>Medrol</b>	methylprednisolone, oral, per 4 mg	Pharmacy
J7510	<b>Orapred</b>	prednisolone, oral, per 5 mg	Pharmacy
J7511	<b>Thymoglobulin</b>	lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Medical
J7512	<b>Prednisone</b>	prednisone, immediate release or delayed release, oral, 1 mg	Pharmacy
J7513	<b>Zenapax</b>	daclizumab, parenteral, 25 mg	Medical
J7515	<b>Gengraf, Neoral</b>	cyclosporine, oral, 25 mg	Pharmacy
J7516	<b>Sandimmune</b>	parenteral, cyclosporine, 250 mg	Medical
J7517	<b>Cellcept</b>	mycophenolate mofetil, oral, 250 mg	Pharmacy
J7518	<b>Myfortic</b>	mycophenolic acid, oral, 180 mg	Pharmacy
J7519		Injection, mycophenolate mofetil, 10 mg	Medical
J7520	<b>Rapamune</b>	oral, sirolimus, 1 mg	Pharmacy
J7525	<b>Prograf</b>	injection, tacrolimus, 5mg	Medical
J7527	<b>Zortress</b>	everolimus, oral, 0.25 mg	Pharmacy
J7605	<b>Arformoterol</b>	arformoterol, inhalation solution, fda approved final product, noncompounded, administered through dme, unit dose form, 15 mcg	Pharmacy
J7607	<b>Perforomist</b>	levalbuterol, inhalation solution, compounded product, 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
J7608	<b>Acetylcysteine</b>	acetylcysteine, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per g	Medical
J7611		albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 1 mg	Pharmacy
J7612	<b>Xopenex</b>	levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 0.5 mg	Pharmacy
J7613	<b>Accuneb</b>	albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 1 mg	Pharmacy
J7614	<b>Xopenex</b>	levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 0.5 mg	Pharmacy
J7620		albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, noncompounded, administered through dme	Pharmacy
J7626	<b>Pulmicort</b>	budesonide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, up to 0.5 mg	Pharmacy
J7631		cromolyn sodium noncomp unit, 10 mg	Pharmacy



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J7639	<b>Pulmozyme</b>	dornase alfa, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg	Pharmacy (PA)
J7643		glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per mg	Pharmacy
J7644		ipratropium bromide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg	Pharmacy
J7665	<b>Aridol</b>	mannitol, administered thru an inhaler, 5 mg	Medical
J7669		meterproterenol sulfate non- comp unit, 10 mg	Medical
J7674	<b>Provocholine</b>	methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Medical
J7677	<b>Yupelri</b>	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Either
J7682	<b>Tobi</b>	tobramycin, inhalation solution, fda-approved final product, noncompounded, unit dose form, administered through dme, per 300 mg	Pharmacy
J7686	<b>Tyvaso</b>	treprosinil, non-comp unit	Pharmacy (PA)
J7699		noc drugs, inhalation solution administered through dme	Medical
J7799		noc drugs, other than inhalation drugs, administered through dme	Medical



## Individual & Family Plan Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J7999		compounded drug noc	Medical
J8498		anti-emetic drug, rectal suppository, not otherwise specified	Medical
J8499		prescription drug, oral, nonchemotherapeutic, nos	Pharmacy (PA)
J8501	<b>Emend</b>	aprepitant, oral, 5 mg	Pharmacy
J8510	<b>Myleran</b>	busulfan, oral, 2 mg	Pharmacy (PA)
J8515	<b>Dostinex</b>	cabergoline, oral, 0.25 mg	Pharmacy
J8520	<b>Xeloda</b>	capecitabine, oral, 150 mg	Pharmacy (PA)
J8521	<b>Xeloda</b>	capecitabine, oral, 500 mg	Pharmacy (PA)
J8530	<b>Cytosan</b>	oral, cyclophosphamide 25 mg	Pharmacy (PA)
J8540		dexamethasone, oral, 0.25 mg	Pharmacy
J8560	<b>Etoposide</b>	etoposide, oral, 50 mg	Pharmacy (PA)
J8562	<b>Oforta</b>	fludarabine phosphate, oral, 10 mg	Pharmacy (PA)
J8565	<b>Iressa</b>	gefitinib, oral, 250 mg	Pharmacy (PA)
J8597		antiemetic drug, oral, not otherwise specified	Pharmacy (PA)
J8600	<b>Alkeran</b>	melphalan, oral, 2 mg	Pharmacy
J8610		methotrexate, oral, 2.5 mg	Pharmacy
J8650	<b>Cesamet</b>	nabilone, oral, 1 mg	Pharmacy
J8655	<b>Akynzeo</b>	netupitant 300 mg and palonosetron 0.5 mg, oral	Pharmacy
J8670	<b>Varubi</b>	rolapitant, oral, 1 mg	Pharmacy
J8700	<b>Temodar</b>	temozolomide, oral, 5 mg	Pharmacy (PA)
J8705	<b>Hycamtin</b>	topotecan, oral, 0.25 mg	Pharmacy (PA)
J8999		prescription drug, oral, chemotherapeutic, nos	Pharmacy (PA)
J9000	<b>Adriamycin</b>	injection, doxorubicin hcl, 10 mg	Medical
J9015	<b>Proleukin</b>	injection, aldesleukin, 1 ea	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9017	<b>Trisenox</b>	injection, arsenic trioxide, 1 mg	Medical
J9019	<b>Erwinaze</b>	injection, asparaginase (erwinaze), 1,000 iu	Medical
J9020	<b>Elspar</b>	injection, asparaginase, 10,000 units	Medical
J9021	<b>Rylaze</b>	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Medical
J9022	<b>Tecentriq</b>	injection, atezolizumab, 10 mg	Medical
J9023	<b>Bavencio</b>	injection, avelumab, 10 mg	Medical
J9025	<b>Vidaza</b>	injection, azacitidine, 1 mg	Medical
J9027	<b>Clolar</b>	injection, clofarabine, 1 mg	Medical
J9029	<b>Adstiladrin</b>	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Medical (PA)
J9030	<b>TheraCys, TiceBCG</b>	BCG live intravesical instillation, 1 mg	Medical
J9032	<b>Beleodaq</b>	injection belinostat 10 mg	Medical
J9033	<b>Treanda</b>	Injection, bendamustine hcl (treanda), 1 mg	Medical
J9034	<b>Bendeka</b>	Injection, bendamustine hcl (bendeka), 1 mg	Medical
J9035	<b>Avastin</b>	injection, bevacizumab, 10 mg	Medical
J9036	<b>Belrapzo</b>	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Medical
J9037	<b>Blenrep</b>	injection, belantamab mafodotin-blmf, 0.5 mg	Medical
J9039	<b>Blinicyto</b>	injection, blinatumomab 1 microgram	Medical (PA)
J9040		injection, bleomycin sulfate, 15 units	Medical
J9041	<b>Velcade</b>	injection, bortezomib, 0.1 mg	Medical
J9042	<b>Adcetris</b>	injection, brentuximab vedotin, 1 mg	Medical
J9043	<b>Jevtana</b>	injection, cabazitaxel, 1 mg	Medical
J9045		injection, carboplatin, 50 mg	Medical
J9046		Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9047	<b>Kyprolis</b>	injection, carfilzomib, 1mg	Medical
J9048		Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)
J9049		Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)
J9050	<b>BICNU</b>	injection, carmustine, 100mg	Medical
J9051		Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	Medical (NF)
J9052		Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	Medical (NF)
J9055	<b>Erbixux</b>	injection, cetuximab, 10 mg	Medical
J9056	<b>Vivimusta</b>	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Medical (NF)
J9057	<b>Aliqopa</b>	injection copanlisib, 1 mg	Medical
J9058		Injection, bendamustine hydrochloride (apotex), 1 mg	Medical (NF)
J9059		Injection, bendamustine hydrochloride (baxter), 1 mg	Medical (NF)
J9060		cisplatin, powder or solution, per 10 mg	Medical
J9061	<b>Rybrewant</b>	Injection, amivantamab-vmjw, 2 mg	Medical
J9063	<b>Elahere</b>	Injection, mirvetuximab soravtansine-gynx, 1 mg	Medical
J9064		Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	Medical (NF)
J9065	<b>Leustatin</b>	injection, cladribine, per 1 mg	Medical
J9070		injection, cyclophosphamide, 100 mg	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9071	<b>cyclophosphide (auromedics)</b>	Injection, cyclophosphamide, (auromedics), 5 mg	Medical (NF)
J9072		Injection, cyclophosphamide, (dr. reddy's), 5 mg	Medical (NF)
J9098	<b>Depocyt</b>	injection, cytarabine liposome, 10 mg	Medical
J9100		injection, cytarabine, 100 mg	Medical
J9118	<b>Asparlas</b>	Injection, calaspargase pegol-mknl, 10 units	Medical
J9119	<b>Libtayo</b>	Injection, cemiplimab-rwlc, 1 mg	Medical
J9120	<b>Cosmegen</b>	injection, dactinomycin, 0.5 mg	Medical
J9130		injection, dacarbazine, 100 mg	Medical
J9144	<b>Darzalex Faspro</b>	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Medical
J9145	<b>Darzalex</b>	injection, daratumumab 10mg	Medical
J9150	<b>Cerubidine</b>	injection, daunorubicin, 10 mg	Medical
J9151		injection, daunorubicin citrate, liposomal formulation, 10 mg	Medical
J9153	<b>Vyxeos</b>	injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Medical
J9155	<b>Firmagon</b>	injection, degarelix, 1 mg	Medical
J9160	<b>Ontak</b>	injection, denileukin diftitox, 300 mcg	Medical
J9171	<b>Taxotere</b>	injection, docetaxel, 1 mg	Medical
J9172		Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg	Medical (NF)
J9173	<b>Imfinzi</b>	injection, durvalumab, 10 mg	Medical
J9176	<b>Empliciti</b>	injection, elotuzumab 1mg	Medical
J9177	<b>Padcev</b>	Injection, enfortumab vedotin-ejfv, 0.25 mg	Medical
J9178		injection, epirubicin hcl, 2 mg	Medical





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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9179	<b>Halaven</b>	injection, erbulin mesylate, 0.1 mg	Medical
J9181		injection, etoposide, 10 mg	Medical
J9185		injection, fludarabine phosphate, 50 mg	Medical
J9190	<b>Adrucil</b>	injection, fluorouracil, 500 mg	Medical
J9196		Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg	Medical (NF)
J9198		Injection, gemcitabine hydrochloride, (infugem), 100 mg	Medical (NF)
J9200		injection, floxuridine, 500 mg	Medical
J9201	<b>Gemzar</b>	injection, gemcitabine hcl, 200 mg	Medical
J9202	<b>Zoladex</b>	goserelin acetate implant, per 3.6 mg	Medical (PA)
J9203	<b>Mylotarg</b>	injection, gemtuzumab ozogamicin, 0.1 mg (mylotarg)	Medical
J9204	<b>Poteligeo</b>	Injection, mogamulizumab-kpkc, 1 mg	Medical
J9205	<b>Onivyde</b>	injection, irinotecan liposome, 1mg	Medical
J9206	<b>Camptosar</b>	injection, irinotecan, 20 mg	Medical
J9207	<b>Ixempra</b>	injection, ixabepilone, 1 mg	Medical
J9208	<b>Ifex</b>	injection, ifosfamide, 1 g	Medical
J9209		injection, mesna, 200 mg	Medical
J9210	<b>Gamifant</b>	Injection, emapalumab-lzsg, 1 mg	Medical (PA)
J9211	<b>Idamycin</b>	injection, idarubicin hcl, 5 mg	Medical
J9212	<b>Pegasys, Pegasys ProClick</b>	injection, interferon-alfacon-1, recombinant, 1 microgram	Medical
J9213	<b>Roferon A, Interferon alfa-2a inj</b>	injection, interferon, alfa-2a, recombinant, 3 million units	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9214	<b>Intron A</b>	injection, interferon, alfa-2b, recombinant, 1 million units	Medical
J9215	<b>Alferon- N interferon</b>	injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Medical
J9216	<b>Actimmune</b>	injection, interferon, gamma 1-b, 3 million units	Pharmacy (PA)
J9217	<b>Eligard/Lupron depot</b>	leuprolide acetate (for depot suspension), 7.5 mg	Medical (PA)
J9218	<b>Lupron non-depot</b>	injection, non depot form for sc or iv use, leuprolide acetate, per 1 mg	Pharmacy (PA)
J9219	<b>Viadur</b>	leuprolide acetate implant, 65 mg	Medical
J9223	<b>Zepzelca</b>	Injection, lurbinectedin, 0.1 mg	Medical
J9225	<b>Vantas</b>	histrelin implant (vantas), 50 mg	Medical (PA)
J9226	<b>Supprelin LA</b>	histrelin implant (supprelin la), 50 mg	Medical (PA)
J9227	<b>Sarclisa</b>	Injection, isatuximab-irfc, 10 mg	Medical
J9228	<b>Yervoy</b>	injection, ipilimumab, 1 mg	Medical
J9229	<b>Besponsa</b>	injection, inotuzumab ozogamicin, 0.1 mg	Medical
J9230	<b>Mustargen</b>	injection, mechlorethamine hcl, 10 mg	Medical
J9245	<b>Alkeran</b>	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Medical
J9246	<b>Evomela</b>	Injection, melphalan (evomela), 1 mg	Medical
J9247	<b>Pepaxto</b>	injection, melphalan flufenamide, 1 mg	Medical
J9250		methotrexate sodium, 5 mg	Medical
J9255		Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg	Medical (NF)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9258		Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg	Medical (NF)
J9259		Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg	Medical (NF)
J9260		methotrexate sodium, 50 mg	Medical
J9261	<b>Arranon</b>	injection, nelarbine, 50 mg	Medical
J9262	<b>Synribo</b>	injection, omacetaxine mepesuccinate, 0.01 mg	Medical
J9263	<b>Eloxatin</b>	injection, oxaliplatin, 0.5 mg	Medical
J9264	<b>Abraxane</b>	injection, paclitaxel protein-bound particles, 1 mg	Medical
J9266	<b>Oncaspar</b>	injection, pegaspargase, per single dose vial	Medical
J9267	<b>Nov-Onxol</b>	injection, paclitaxel, 1 mg	Medical
J9268	<b>Nipent</b>	injection, pentostatin, 10 mg	Medical
J9269	<b>Elzonris</b>	Injection, tagraxofusp-erzs, 10 micrograms	Medical
J9270		injection, plicamycin, 2.5 mg	Medical
J9271	<b>Keytruda</b>	injection, pembrolizumab, 1 mg	Medical
J9272	<b>Jemperli</b>	Injection, dostarlimab-gxly, 10 mg	Medical
J9273	<b>Tivdak</b>	Injection, tisotumab vedotin-tftv, 1 mg	Medical
J9274	<b>Kimmtrak</b>	Injection, tebentafusp-tebn, 1 microgram	Medical (PA)
J9280		injection, mitomycin, 5 mg	Medical
J9281	<b>Jelmyto</b>	Mitomycin pyelocalyceal instillation, 1 mg	Medical
J9285	<b>Lartruvo</b>	injection, olaratumumab, 10 mg (lartruvo)	Medical
J9286	<b>Columvi</b>	Injection, glofitamab-gxbm, 2.5 mg	Medical (PA)
J9293		injection, mitoxantrone hcl, per 5 mg	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9294		Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Medical (NF)
J9295	<b>Portrazza</b>	injection, necitumumab, 1 mg	Medical
J9296		Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	Medical (NF)
J9297		Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Medical (NF)
J9298	<b>Opdualag</b>	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Medical
J9299	<b>Opdivo</b>	injection nivolumab, 1 mg	Medical
J9301	<b>Gazyva</b>	injection, obinutuzumab, 10 mg	Medical
J9302	<b>Arzerra</b>	injection, ofatumumab, 10 mg	Medical
J9303	<b>Vectibix</b>	injection, panitumumab, 10 mg	Medical
J9304	<b>Pemfexy</b>	Injection, pemetrexed (PEMFEXY), 10 mg	Medical (NF)
J9305	<b>Alimta</b>	Injection, pemetrexed, not otherwise specified, 10 mg	Medical
J9306	<b>Perjeta</b>	injection, pertuzumab, 1 mg	Medical
J9307	<b>Folotyn</b>	injection, pralatrexate, 1 mg	Medical
J9308	<b>Cyramza</b>	injection ramucirumab 5 mg	Medical
J9309	<b>Polivy</b>	Injection, polatuzumab vedotin-piiq, 1 mg	Medical
J9311	<b>Rituxan Hycela</b>	injection, rituximab and hyaluronidase, 10 mg	Either (PA)
J9312	<b>Rituxan</b>	injection, rituximab, 10 mg	Either (PA)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9313	<b>Lumoxiti</b>	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Medical
J9314		Injection, romidepsin, non-lyophilized (e.g. liquid), 0.1 mg	Medical
J9314		Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	Medical (NF)
J9316	<b>Phesgo</b>	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Medical
J9317	<b>Trodelvy</b>	Injection, sacituzumab govitecan-hziy, 2.5 mg	Medical
J9318		Injection, romidepsin, non-lyophilized, 0.1 mg	Medical
J9319	<b>Istodax</b>	Injection, romidepsin, lyophilized, 0.1 mg	Medical
J9320	<b>Zansosar</b>	injection, streptozocin, 1 g	Medical
J9321	<b>Epkinly</b>	Injection, epcoritamab-bysp, 0.16 mg	Medical (PA)
J9322		Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Medical (NF)
J9323		Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Medical (NF)
J9324	<b>Pemrydi RTU</b>	Injection, pemetrexed (pemrydi rtu), 10 mg	Medical (NF)
J9325	<b>Imlygic</b>	injection, talimogene laherparepvec, per 1 million plaque forming units	Medical
J9328	<b>Temodar IV</b>	injection, temozolomide, 1 mg	Medical
J9330	<b>Torisel</b>	injection, temsirolimus, 1 mg	Medical
J9331	<b>Fyarro</b>	Injection, sirolimus protein-bound particles, 1 mg	Medical
J9332	<b>Vyvgart</b>	Injection, efgartigimod alfa-fcab, 2mg	Medical (PA)
J9333	<b>Rystiggo</b>	Injection, rozanolixumab-noli, 1 mg	Medical (PA)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9334	<b>Vyvgart Hytrulo</b>	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Medical (PA)
J9340		injection, thiotepa, 15 mg	Medical
J9345	<b>Zynyz</b>	Injection, retifanlimab-dlwr, 1 mg	Medical
J9347	<b>Imjudo</b>	Injection, tremelimumab-actl, 1 mg	Medical
J9348	<b>Danyelza</b>	Injection, naxitamab-gqgk, 1 mg	Medical
J9349	<b>Monjuvi</b>	injection, tafasitamab-cxix, 2 mg	Medical (PA)
J9350	<b>Lunsumio</b>	Injection, mosunetuzumab-axgb, 1 mg	Medical (PA)
J9351	<b>Hycamptin</b>	injection, topotecan, 0.1 mg	Medical
J9352	<b>Yondelis</b>	injection, trabectedin 0.1mg	Medical
J9353	<b>Margenza</b>	Injection, margetuximab-cmkb, 5 mg	Medical
J9354	<b>Kadcyla</b>	injection, ado-trastuzumab emtansine, 1 mg	Medical
J9355	<b>Herceptin</b>	injection, trastuzumab, 10 mg	Medical
J9356	<b>Herceptin Hylecta</b>	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Medical
J9357	<b>Valstar</b>	injection, valrubicin, intravesical, 200 mg	Medical
J9358	<b>Enhertu</b>	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Medical
J9359	<b>Zynlonta</b>	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Medical (PA)
J9360		injection, vinblastine sulfate, 1 mg	Medical
J9370		vincristine sulfate, 1 mg	Medical
J9371	<b>Marquibo</b>	injection, vincristine sulfate liposome, 1 mg	Medical
J9380	<b>Tecvayli</b>	Injection, teclistamab-cqyv, 0.5 mg	Medical (PA)
J9381	<b>Tzield</b>	Injection, teplizumab-mzwv, 5 mcg	Medical (PA)
J9390	<b>Navelbine</b>	injection, vinorelbine tartrate, 10 mg	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
J9393		Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Medical (NF)
J9394		Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Medical (NF)
J9395	<b>Faslodex</b>	injection, fulvestrant, 25 mg	Medical
J9400	<b>Zaltrap</b>	injection, ziv-aflibercept, 1 mg	Medical
J9999		not otherwise classified, antineoplastic drugs	Medical
M0201	<b>Covid-19 vaccine home admin</b>	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	Medical
M0220	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	Medical



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
M0221	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical
M0222	<b>Bebtelovimab injection</b>	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	Medical
M0223	<b>Bebtelovimab injection home</b>	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical
M0239	<b>Bamlanivimab-xxxx infusion</b>	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Medical





Individual & Family Plan  
Medication List

Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
M0240	<b>Casirivimab and imdevimab infusion</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	Medical
M0241	<b>Casirivimab and imdevimab infusion - home</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	Medical
M0243	<b>Casirivimab and imdevimab infusion</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	Medical
M0244	<b>Casirivimab and imdevimab infusion - home</b>	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical
M0245	<b>Bamlan and etesev infusion</b>	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Medical



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Code	Brand Name	Description	Benefit
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M0246	<b>Bamlan and etesev infus home</b>	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency	Medical
M0247	<b>Sotrovimab infusion</b>	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Medical
M0248	<b>Sotrovimab inf, home admin</b>	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Medical
N/A	<b>Lantidra</b>	donislecel-jujn	Medical (PA)
Q0138	<b>Feraheme</b>	injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Medical
Q0139	<b>Feraheme</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Medical
Q0161	<b>Chlorpromazine</b>	chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Either (PA < 12 years of age)



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			(PA) = Prior Authorization Required (NF) = Non-Formulary
Q0220	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg	Medical
Q0221	<b>Evusheld</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	Medical
Q0222	<b>Bebtelovimab 175 mg</b>	Injection, bebtelovimab, 175 mg	Medical
Q0239	<b>Bamlanivimab-xxxx</b>	Injection, bamlanivimab-xxxx, 700 mg	Medical
Q0240	<b>Casirivimab and imdevimab</b>	Injection, casirivimab and imdevimab, 600 mg	Medical
Q0243	<b>Casirivimab and imdevimab</b>	Injection, casirivimab and imdevimab, 2400 mg	Medical



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



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
Q2043	<b>Provenge</b>	sipuleucel-t auto cd54+	Medical (PA)
Q2049	<b>Lipodox</b>	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	Medical
Q2050	<b>Doxil</b>	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Medical
Q2053	<b>Tecartus</b>	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)
Q2055	<b>Abecma</b>	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical (PA)
Q3027	<b>Avonex</b>	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	Pharmacy
Q3028	<b>Rebif</b>	injection, interferon beta-1a, 1 mcg for subcutaneous use	Pharmacy (PA)



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			(PA) = Prior Authorization Required (NF) = Non-Formulary
Q4074	<b>Ventavis</b>	iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	Pharmacy (PA)
Q5101	<b>Zarxio</b>	injection, filgrastim-sndz, biosimilar, (zarxio) 1 microgram	Either (PA)
Q5103	<b>Inflectra</b>	injection , infliximab-dyyb , biosimilar, 10 mg	Either (PA)
Q5104	<b>Renflexis</b>	injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Either (PA)
Q5105	<b>Retacrit</b>	injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Either
Q5106	<b>Retacrit</b>	injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	Either
Q5107	<b>Mvasi</b>	injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Medical
Q5108	<b>Fulphila</b>	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Either (PA)
Q5109	<b>Ixifi</b>	injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Either (PA)



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Code	Brand Name	Description	Benefit
			(PA) = Prior Authorization Required (NF) = Non-Formulary
Q5110	<b>Nivestym</b>	injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Either
Q5111	<b>Udenyca</b>	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Either
Q5112	<b>Ontruzant</b>	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Medical (PA)
Q5113	<b>Herzuma</b>	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Medical (PA)
Q5114	<b>Ogivri</b>	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Medical (PA)
Q5115	<b>Truxima</b>	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Either (PA)
Q5116	<b>Trazimera</b>	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Medical
Q5117	<b>Kanjinti</b>	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Medical (PA)
Q5118	<b>Zirabev</b>	InjInjection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mgection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Medical (PA)
Q5119	<b>Ruxience</b>	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Either (PA)



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Code	Brand Name	Description	Benefit
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Q5120	<b>Ziextenzo</b>	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Either (PA)
Q5121	<b>Avsola</b>	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Either (PA)
Q5122	<b>Nyvepria</b>	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Either (PA)
Q5123	<b>Riabni</b>	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Either (PA)
Q5124	<b>Byooviz</b>	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Medical
Q5125	<b>Releuko</b>	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Either (PA)
Q5126	<b>Alymsys</b>	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Medical (PA)
Q5127	<b>Stimufend</b>	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Either (PA)
Q5128	<b>Cimerli</b>	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Medical
Q5129	<b>Vegzelma</b>	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Medical (PA)





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Q5130	<b>Fylnetra</b>	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Either (PA)
Q5131	<b>Idacio</b>	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Pharmacy (PA)
Q5132	<b>Abrilada</b>	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	Pharmacy Only
Q9991	<b>Sublocade</b>	injection, buprenorphine extended release < 100 mg	Either (PA)
Q9992	<b>Sublocade</b>	injection, buprenorphine extended release > 100 mg	Either (PA)
S0012	<b>Stadol</b>	butorphanol tartrate, nasal spray, 25 mg	Pharmacy
S0013	<b>Spravato</b>	Esketamine, nasal spray, 1 mg	Either (PA)
S0014	<b>Cognex</b>	tacrine hydrochloride, 10 mg	Pharmacy
S0088	<b>Gleevec</b>	imatinib, 100 mg	Pharmacy (PA)
S0090	<b>Viagra</b>	sildenafil citrate, 25 mg	Pharmacy
S0091	<b>Kytril</b>	granisetron hydrochloride, 1 mg (for circumstances falling under the medicare stature use q0166)	Pharmacy
S0104	<b>Retrovir</b>	zidovudine, oral, 100 mg	Pharmacy
S0106	<b>Wellbutrin SR</b>	bupropion hcl sustained release tab, 150 mg, per bottle of 60	Pharmacy
S0108	<b>Purinethol</b>	mercaptopurine, oral, 50 mg	Pharmacy



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S0109	<b>Dolophine</b>	methadone, oral, 5 mg	Pharmacy
S0117	<b>Retin A/Atralin/Renova</b>	tretinoin, topical, 5 grams	Pharmacy
S0119	<b>Zofran</b>	ondansetron, oral 4 mg	Pharmacy
S0122	<b>Menopur</b>	injection, menotropins, 75 iu	Pharmacy
S0136	<b>Clozaril</b>	clozapine, 25 mg	Pharmacy
S0137	<b>Videx</b>	didanosine (ddl), 25 mg	Pharmacy
S0138	<b>Propecia</b>	finasteride, 25 mg	Pharmacy
S0139	<b>Rogaine, Loniten</b>	minoxidil, 10 mg	Pharmacy
S0140	<b>Invirase</b>	saquinavir, 200 mg	Pharmacy
S0145	<b>Pegasys</b>	injection, pegylated interferon alfa 2a, 180 mcg per 0.5 ml	Pharmacy (PA)
S0148	<b>Peg-Intron</b>	injection, peginterferon alfa-2b	Pharmacy (PA)
S0156	<b>Aromasin</b>	exemestane, 25 mg	Pharmacy
S0157	<b>Regranex</b>	becaplermin gel, 0.02%, 0.5g	Pharmacy
S0160	<b>Dexedrine</b>	dextroamphetamine sulfate, 5 mg	Pharmacy
S0170	<b>Arimidex</b>	anastrozole, oral, 1 mg	Pharmacy
S0172	<b>Leukeran</b>	chlorambucil, oral, 2 mg	Pharmacy
S0174	<b>Anzemet</b>	dolasetron mesylate , oral 50 mg (for circumstances falling under medicare statute)	Pharmacy
S0175	<b>Drogenil</b>	flutamide, oral, 125 mg	Pharmacy
S0176	<b>Hydrea</b>	hydroxyurea, oral, 500 mg	Pharmacy
S0178	<b>Ceenu</b>	lomustine, oral, 10 mg	Pharmacy
S0179	<b>Megase</b>	megesterol acetate, oral 20 mg	Pharmacy
S0182	<b>Matulane</b>	procarbazine maleate, oral, 5 mg (for circumstances foalling undr the medicare stature use q0164-q0165)	Pharmacy
S0183	<b>Compazine</b>	prochlorperazine maleate, oral, 5mg	Pharmacy



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S0187	<b>Nolvadex</b>	tamoxifen citrate, oral, 10 mg	Pharmacy
S0189	<b>Testopel</b>	testosterone pellet, 75 mg	Medical (PA)
S0194		dialysis/stress vitamin supplement, oral, 100 mg capsules	Pharmacy
S0197		prenatal vitamins, 30 day supply (further documentation required)	Pharmacy
S1091	<b>Propel</b>	Stent, non-coronary, temporary, with delivery system (propel)	Medical
S4990	<b>Nicoderm CQ, Nicotrol</b>	nicotine patches, legend (further documentation required)	Pharmacy
S4995	<b>Nicorette</b>	smoking cessation gum	Pharmacy
S5000	Prescription drug , generic		Pharmacy
S5001	<b>Prescription drug , brand name</b>		Pharmacy
J0402	<b>Abilify Asimtufii</b>	Injection, aripiprazole (abilify asimtufii), 1 mg	Either (PA < 12 years of age)