



Individual and Family Plan Medication List

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

| | | | |
|-------------|------------------|--|--------------|
| 90378 (CPT) | Synagis | 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 | Lutathera | lutetium lu 177, dotatate, therapeutic, 1 millicurie | Medical (PA) |
| A9590 | Azedra | Iodine I-131, iobenguane, 1 millicurie | Medical (PA) |
| A9606 | Xofigo | radium ra-223 dichloride, therapeutic, per microcurie | Medical (PA) |
| A9607 | Pluvicto | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | Medical (PA) |
| A9800 | Locametz | Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie | Medical |
| B4105 | Relizorb | in-line cartridge digestive enzyme for enteral feeding each | Medical |
| C9046 | Goprelto | Cocaine hydrochloride nasal solution (goprelto), 1 mg | Medical |
| C9047 | Cablivi | Injection, caplacizumab-yhdp, 1 mg | Medical (PA) |
| C9088 | Zynrelef | Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg | Medical |
| C9089 | Xaracoll | Bupivacaine, collagen-matrix implant, 1 mg | Medical |
| C9101 | Olinvyk | Injection, oliceridine, 0.1 mg | Medical |
| C9143 | Numbrino | Cocaine hydrochloride nasal solution (numbrino), 1 mg | Medical |



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| C9144 | Posimir | Injection, bupivacaine (posimir), 1 mg | Medical |
| C9145 | Aponvie | Injection, aprepitant, (aponvie), 1 mg | Medical |
| C9146 | Elahere | Injection, mirvetuximab soravtansine-gynx, 1 mg | Medical |
| C9147 | Imjudo | Injection, tremelimumab-actl, 1 mg | Medical |
| C9148 | Tecvayli | Injection, teclistamab-cqyv, 0.5 mg | Medical (PA) |
| C9149 | Tzield | Injection, teplizumab-mzwv, 5 mcg | Medical (PA) |
| C9248 | Cleviprex | injection, clevidipine butyrate | Medical |
| C9250 | Artiss | artiss fibrin sealant | Medical |
| C9290 | Exparel | injection, bupivacaine liposome, 1 mg | Medical |
| C9293 | Voraxaze | injection, glucarpidase, 10 units | Medical |
| C9399 | | Unclassified | Medical |
| C9462 | Baxdela | injection, delafloxacin, 1 mg | Medical |
| C9482 | Sotalol | injection, sotalol hydrochloride, 1 mg | Medical |
| C9488 | Vaprisol | injection, conivaptan hydrochloride, 1 mg | Medical |
| D4381 | Arestin | minocycline microspheres, 1 mg | Medical |
| G2082 | Spravato | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation | Either (PA) |



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| G2083 | Spravato | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation | Either (PA) |
| J0121 | Nuzyra | Injection, omadacycline, 1 mg | Medical (PA) |
| J0122 | Xerava | Injection, eravacycline, 1 mg | Medical |
| J0129 | Orencia | injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Either (PA) |
| J0130 | Reopro | injection abciximab, 10 mg | Medical |
| J0131 | | Injection, acetaminophen, not otherwise specified, 10 mg | Medical |
| J0132 | Acetadote | injection, acetylcysteine, 100 mg | Medical |
| J0133 | | injection, acyclovir, 5 mg | Medical |
| J0134 | | Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to j0131, 10 mg | Medical (NF) |
| J0135 | Humira | injection, adalimumab, 20 mg | Pharmacy (PA) |
| J0136 | | Injection, acetaminophen (b braun) not therapeutically equivalent to j0131, 10 mg | Medical (NF) |
| J0153 | Adenoscan | injection, adenosine , 1 mg | Medical |



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| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J0171 | | injection, adrenalin, epinephrine, 0.1 mg | Medical |
| J0172 | Aduhelm | Injection, aducanumab-avwa, 2 mg | Medical (PA) |
| J0173 | | Injection, epinephrine (belcher) not therapeutically equivalent to j0171, 0.1 mg | Medical (NF) |
| J0178 | Eylea | injection, aflibercept, 1 mg | Medical |
| J0179 | Beovu | Injection, brolocizumab-dbl, 1 mg | Either |
| J0180 | Fabrazyme | injection, agalsidase beta, 1 mg | Medical (PA) |
| J0185 | Cinvanti | injection, aprepitant, 1 mg | Medical |
| J0202 | Lemtrada | injection alemtuzumab 1 mg | Medical (PA) |
| J0205 | Ceredase | injection, alglucerase, 1 mg | Medical |
| J0207 | Ethyol | injection, amifostine, 500 mg | Medical |
| J0208 | Pedmark | Injection, sodium thiosulfate, 100 mg | Medical (PA) |
| J0210 | | injection, methyldopate hcl, up to 250 mg | Medical |
| J0215 | Amevive | alefacept | Medical |
| J0218 | Xenpozyme | Injection, olipudase alfa-rpcp, 1 mg | Medical (PA) |
| J0219 | Nexviazyme | Injection, avalglucosidase alfa-ngpt, 4 mg | Medical (PA) |
| J0220 | Myozyme | injection, alglucosidase alfa, 10 mg, not otherwise specified | Medical (PA) |
| J0221 | Lumizyme | injection, alglucosidase alfa, (lumizyme), 10 mg | Medical (PA) |
| J0222 | Onpatro | Injection, Patisiran, 0.1 mg | Medical (PA) |
| J0223 | Givlaari | Injection, givosiran, 0.5 mg | Medical (PA) |
| J0224 | Oxlumo | Injection, lumasiran, 0.5 mg | Medical (PA) |
| J0225 | Amvuttra | Injection, vutrisiran, 1 mg | Medical (PA) |
| J0248 | Veklury | Injection, remdesivir, 1 mg | Medical |



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| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J0256 | Aralast NP, Prolastin, Prolastin C, Zemaira | injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg | Medical (PA) |
| J0257 | Glassia | injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg | Medical (PA) |
| J0270 | Caverject, Edex | prostaglandin e1,ic | Pharmacy |
| J0275 | Muse | alprostadil urethral suppository | Pharmacy |
| J0278 | | injection, amikacin sulfate, 100 mg | Medical |
| J0280 | | injection, aminophyllin, up to 250 mg | Medical |
| J0282 | | Injection, amiodarone hydrochloride, 30 mg | Medical |
| J0283 | Nexterone | Injection, amiodarone hydrochloride (nexterone), 30 mg | Medical |
| J0285 | | injection, amphotericin b, 50mg | Medical |
| J0287 | Abelcet | injection, amphotericin b lipid complex, 10 mg | Medical |
| J0288 | Amphotec | injection, ampho b cholesteryl sulfate, 10mg | Medical |
| J0289 | Ambisome | injection, amphotericin b liposome, 10mg | Medical |
| J0290 | | injection, ampicillin sodium, 500 mg | Medical |
| J0291 | Zemdri | Injection, plazomicin, 5 mg | Medical |
| J0295 | | injection, ampicillin sodium/sulbactam sodium, per 1.5 g | Medical |
| J0348 | Eraxis | injection, anidulafungin, 1 mg | Medical |
| J0360 | | injection, hydralazine hcl, up to 20 mg | Medical |
| J0364 | Apokyn | injection, apomorphine hydrochloride 1 mg | Pharmacy (PA) |
| J0365 | Trasylol | injection, aprtonin, 10,000kiu | Medical |
| J0400 | | injection, aripiprazole, im 0.25mg | Medical |



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| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J0401 | Abilify Maintena | injection, aripiprazole, extended release, 1 mg | Either |
| J0456 | Zithromax | injection, azithromycin, 500 mg | Medical |
| J0461 | | injection, atropine sulfate, 0.01 mg | Medical |
| J0470 | Bal in Oil | injection, dimecaprol 100mg | Medical |
| J0475 | Lioresal | injection, baclofen, 10 mg | Medical |
| J0476 | Gablofen, Lioresal | injection, baclofen, 50 mcg for intrathecal trial | Medical |
| J0485 | Nulojix | injection, belatacept, 1 mg | Medical (PA) |
| J0490 | Benlysta | injection, belimumab, 10 mg | Either (PA) |
| J0491 | Saphnelo | Injection, anifrolumab-fnia, 1 mg | Medical (PA) |
| J0500 | Bentyl | injection, dicyclomine hcl, up to 20 mg | Medical |
| J0515 | Cogentin | injection, benztropine mesylate, per 1 mg | Medical |
| J0517 | Fasenra | Injection, benralizumab, 1 mg | Medical (PA) |
| J0558 | Bicillin C-R | injection, penicillin g benzathine and penicillin g procaine, 100,000 units | Medical |
| J0561 | Bicillin L-A | injection, penicillin g benzathine, 100,000 units | Medical |
| J0565 | Zinplava | injection, bezlotoxumab, 10 mg | Medical (PA) |
| J0567 | Brineura | injection, cerliponase alfa, 1 mg | Medical (PA) |
| J0570 | Probuphine | buprenorphine implant 74.2mg | Medical (PA) |
| J0571 | Subutex | buprenorphine, oral , 1 mg | Pharmacy |
| J0572 | Suboxone | buprenorphine/naloxone, oral, less than or equal to 3 mg | Pharmacy |



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| J0573 | Suboxone | buprenorphine/naloxone, oral, greater than 3 mg but less than or equal to 6 mg | Pharmacy |
| J0574 | Suboxone | buprenorphine/naloxone, oral, greater than 6 mg , but less than or equal to 10 mg | Pharmacy |
| J0575 | Suboxone | buprenorphine/naloxone, oral, greater than 10 mg | Pharmacy |
| J0583 | Angiomax | injection, bivalirudin, 1 mg | Medical |
| J0584 | Crysvita | inj burosumab-twza, 1mg | Medical (PA) |
| J0585 | Botox | injection, onabotulinumtoxina, 1 unit | Medical (PA) |
| J0586 | Dysport | injection, abobotulinumtoxina | Medical (PA) |
| J0587 | Myobloc | injection, rimabotulinumtoxinb, 100 units | Medical (PA) |
| J0588 | Xeomin | injection, incobotulinumtoxina, 1 unit | Medical (PA) |
| J0592 | | injection, buprenorphine hcl, 0.1 mg | Medical (PA) |
| J0593 | Takhzyro | Injection, lanadelumab-flyo, 1 mg | Pharmacy (PA) |
| J0594 | | injection, busulfan, 1 mg | Medical |
| J0595 | | injection, butorphanol tartrate, 1 mg | Medical |
| J0596 | Ruconest | injection, c1 esterase inhib ruconest 10 u | Pharmacy (PA) |
| J0597 | Beriner | injection, c-1 esterase inhibitor (human), berinert, 10 units | Pharmacy (PA) |
| J0598 | Cinryze | injection, c-1 esterase, 10 units | Pharmacy (PA) |
| J0599 | Haegarda | injection, c-1 esterase inhibitor (human), (haegarda), 10 units | Pharmacy (PA) |
| J0600 | | injection, edetate calcium disodium, 1000mg | Medical |
| J0604 | Sensipar | cinacalcet, oral, 1mg (for esrd on dialysis) | Pharmacy |
| J0606 | Parsabiv | injection, etelcalcetide, 0.1 mg | Medical |



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| J0612 | | Injection, calcium gluconate (fresenius kabi), per 10 mg | Medical |
| J0613 | | Injection, calcium gluconate (wg critical care), per 10 mg | Medical (NF) |
| J0630 | Micalcin | injection, calcitonin salmon, up to 400 units | Pharmacy |
| J0637 | Canidas | injection, caspofungin acetate, 5 mg | Medical |
| J0638 | Ilaris | injection, canakinumab | Medical (PA) |
| J0640 | | injection, leucovorin calcium, per 50 mg | Medical |
| J0641 | | Injection, levoleucovorin, not otherwise specified, 0.5 mg | Medical |
| J0642 | Khapzory | Injection, levoleucovorin (khapzory), 0.5 mg | Medical |
| J0670 | Polocaine | injection, mepivacaine hcl, per 10 ml | Medical |
| J0689 | | Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg | Medical (NF) |
| J0690 | | injection, cefazolin sodium, 500 mg | Medical |
| J0691 | Xenleta | Injection, lefamulin, 1 mg | Medical (PA) |
| J0692 | Maxipime | injection, cefepime hcl, 500 mg | Medical |
| J0694 | Mefoxin | injection, cefoxitin sodium, 1 g | Medical |
| J0695 | Zerbaxa | injection, ceftolozane 50 mg & taz 25 mg | Medical |
| J0696 | Rocephin | injection, ceftriaxone sodium, per 250 mg | Medical |
| J0697 | Zinacef | injection, sterile cefuroxime sodium, per 750 mg | Medical |
| J0698 | Claforan | injection, cefotaxime sodium, per g | Medical |
| J0699 | Fetroja | Injection, cefiderocol, 10 mg | Medical |



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| J0701 | | Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg | Medical (NF) |
| J0702 | Celestone Solutan | injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg | Medical |
| J0703 | | Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg | Medical (NF) |
| J0706 | | injection, caffeine citrate, 5 mg i | Medical |
| J0712 | Teflaro | injection, ceftaroline fosamil, 10 mg | Medical |
| J0713 | Fortaz | injection, ceftazidime, per 500 mg | Medical |
| J0714 | Avycaz | injection, ceftazidime and avibactam, 0.5 g/0.125 g | Medical |
| J0716 | Anascorp | injection, centruiroides immune f(ab)2, up to 120 mg | Medical |
| J0717 | Cimzia | injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | Either (PA) Syringes: pharmacy benefit ONLY Vials: medical benefit ONLY |
| J0720 | | injection, chloramphenicol sodium, 1gm | Medical |
| J0725 | Novarel | injection, gonadotropin, 1000units | Medical |
| J0735 | Duraclon | injection, clonidine hcl, 1 mg | Medical |
| J0739 | Apretude | Injection, cabotegravir, 1 mg | Medical |



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| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J0740 | Vistide | injection, cidofovir, 375 mg | Medical |
| J0741 | Cabenuva | Injection, cabotegravir and rilpivirine, 2mg/3mg | Either |
| J0742 | Recarbrio | Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg | Medical |
| J0743 | Primaxin | injection, cilastatin sodium; imipenem, per 250 mg | Medical |
| J0744 | Cipro | injection, ciprofloxacin for intravenous infusion, 200 mg | Medical |
| J0745 | | injection, codeine phosphate, per 30 mg | Medical |
| J0770 | Coly-Mycin | injection, colistimethate sodium, up to 150mg | Medical |
| J0775 | Xiaflex | injection, collagenase, clostridium histolyticum, 0.01 mg | Medical |
| J0780 | | injection, prochlorperazine, up to 10 mg | Medical |
| J0791 | Adakveo | Injection, crizanlizumab-tmca, 5 mg | Medical (PA) |
| J0795 | Acthrel | injection, corticorelin ovine triflutate, 1 mcg | Medical |
| J0800 | Acthar Gel | injection, corticotropin, up to 40 units | Pharmacy (PA) |
| J0834 | | injection, cosyntropin (cortrosyn), 0.25 mg | Medical |
| J0840 | Crofab | injection, crotalidae polyvalent immune fab (ovine), up to 1 gm | Medical |
| J0841 | Anavip | injection, crotalidae immune f(ab') ₂ (equine), 120 mg | Medical |
| J0850 | Cytogam | injection, cymomegalovirus imm, per vial | Medical |
| J0875 | Dalvance | injection dalbavancin 5mg | Medical |
| J0877 | | Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg | Medical (NF) |



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| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J0878 | Cubicin | injection, daptomycin, 1 mg | Medical |
| J0879 | Korsuva | Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis) | Medical (PA) |
| J0881 | Aranesp | injection, darbepoetin alfa, 1 mcg (non-esrd use) | Either |
| J0882 | Aranesp | injection, darbepoetin alfa, 1 mcg (for esrd on dialysis) | Either |
| J0883 | Argatroban | injection, argatroban 1mg non esrd use | Medical |
| J0884 | Argatroban | injection, argatroban 1mg esrd on dialysis | Medical |
| J0885 | Procrit/Epogen | injection, epoetin alfa, (for non-esrd use), 1000 units | Either |
| J0887 | Mircera | injection, epoetin beta, 1 mcg (for esrd on dialysis) | Medical |
| J0888 | Mircera | injection, epoetin beta, 1 mcg (for non-esrd use) | Medical |
| J0890 | Omontys | injection, peginesatide, 0.1 mg (for esrd on dialysis) | Medical |
| J0891 | | Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use) | Medical (NF) |
| J0892 | | Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis) | Medical (NF) |



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| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J0893 | | Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg | Medical (NF) |
| J0894 | Dacogen | injection, decitabine, 1 mg | Medical |
| J0895 | Desferal | injection, deferoxamine mesylate, 500 mg | Medical |
| J0896 | Reblozyl | Injection, luspatercept-aamt, 0.25 mg | Medical (PA) |
| J0897 | Prolia/Xgeva | injection, denosumab, 1mg | Either (PA) |
| 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 | Methylpred | injection, methylprednisolone acetate, 20 mg | Either |
| J1030 | Depo-Medrol | injection, methylprednisolone acetate, 40 mg | Either |
| J1040 | Depo-Medrol | injection, methylprednisolone acetate, 80 mg | Either |
| J1071 | Depo-Testosterone | injection, testosterone cypionate, 1 mg | Pharmacy (PA) |
| J1094 | | injection, dexamethasone acetate, 1 mg | Either |
| J1095 | Dexycu | injection, dexamethasone 9 percent, intraocular, 1 microgram | Medical |
| J1096 | Dextenza | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg | Medical |



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| J1097 | Omidria | Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml | Medical |
| J1100 | | injection, dexamethasone sodium phosphate, 1 mg | Medical |
| J1110 | D.H.E 45 | injection, dihydroergotamine mesylate, per 1 mg | Medical |
| J1120 | | injection, acetazolamide sodium, up to 500 mg | Medical |
| J1130 | Dyloject | injection, diclofenac sodium 0.5mg | Medical |
| J1160 | Lanoxin | injection, digoxin, up to 0.5 mg | Medical |
| J1162 | Digibind, Digfab | injection, digoxin immune fab (ovine), per vial | Medical |
| J1165 | | injection, phenytoin sodium, per 50 mg | Medical |
| J1170 | | injection, hydromorphone, up to 4 mg | Medical |
| J1190 | Zinecard, Totect | injection, dexrazoxane hcl, per 250 mg | Medical |
| J1200 | Benadryl | injection, diphenhydramine hcl, up to 50 mg | Medical |
| J1201 | Quzyttir | Injection, cetirizine hydrochloride, 0.5 mg | Medical |
| J1205 | Diuril | injection, chlorothiazide sodium, per 500 mg | Medical |
| J1212 | Rimso-50 | injection, dmso, dimethyl sulfoxide, 50%, 50 ml | Medical |
| J1230 | | injection, methadone hcl 10 mg | Medical |
| J1240 | | injection, dimenhydrinate, up to 50 mg | Medical |
| J1245 | | injection, dipyridamole, per 10 mg | Medical |
| J1250 | | injection, dobutamine hcl, per 250 mg | Medical |
| J1260 | Anzemet | injection, dolasetron mesylate, 10 mg | Medical |
| J1265 | | injection, dopamine hcl, 40 mg | Medical |
| J1267 | Doribax | injection, doripenem, 10 mg | Medical |
| J1270 | Hectrol | injection, doxercalciferol, 1 mcg | Medical |



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| J1290 | Kalbitor | injection, ecallantide | Pharmacy (PA) |
| J1300 | Soliris | injection, eculizumab, 10 mg | Medical (PA) |
| J1301 | Radicava | injection, edaravone 1 mg | Pharmacy (PA) |
| J1302 | Enjaymo | Injection, sutimlimab-jome, 10 mg | Medical (PA) |
| J1303 | Ultomiris | Injection, ravulizumab-cwvz, 10 mg | Medical (PA) |
| J1305 | Evkeeza | Injection, evinacumab-dgnb, 5mg | Medical (PA) |
| J1306 | Leqvio | Injection, inclisiran, 1 mg | Medical (PA) |
| J1322 | Vimizim | injection elosulfase alfa, 1 mg | Medical (PA) |
| J1324 | Fuzeon | injection enfurvirtide | Either |
| J1325 | Flolan | injection, epoprostenol | Pharmacy (PA) |
| J1327 | Integrilin | injection, eptifibatide, 5 mg | Medical |
| J1335 | Invanz | injection, ertapenem sodium, 500 mg | Medical |
| J1364 | | injection, erythromycin lactobionate, per 500 mg | Medical |
| J1380 | Delestrogen | injection, estradiol valerate, 10 mg | Either |
| J1410 | Premarin | injection, estrogen conjugate 25 mg | Either |
| J1411 | Hemgenix | Injection, etranacogene dezaparvovec-drlb, per therapeutic dose | Medical (PA) |
| J1426 | Amondys 45 | injection, casimersen, 10 mg | Medical (PA) |
| J1427 | Viltepso | Injection, viltolarsen, 10 mg | Medical (PA) |
| J1428 | Exondys 51 | injection, eteplirsen, 10 mg | Medical (PA) |
| J1429 | Vyondys 53 | Injection, golodirsen, 10 mg | Medical (PA) |
| J1430 | | injection, ethanolamine oleate, 100mg | Medical |
| J1437 | Monoferric | Injection, ferric derisomaltose, 10 mg | Medical |



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| J1438 | Enbrel | injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Pharmacy (PA) |
| J1439 | Injectafer | injection, ferric carboxymaltose, 1 mg | Medical |
| J1442 | Neupogen | injection, filgrastim (g-csf), 1 microgram | Either |
| J1443 | Triferic | Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron | Medical |
| J1444 | Triferic | Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron | Medical |
| J1445 | Triferic Avnu | Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron | Medical |
| J1447 | Granix | injection tbo-filgrastim 1 microg | Either (PA) |
| J1448 | Cosela | Injection, trilaciclib, 1 mg | Medical (PA) |
| J1449 | Rovedon | Injection, eflapegrastim-xnst, 0.1 mg | Either (PA) |
| J1450 | Diflucan | injection, fluconazole, 200 mg | Medical |
| J1451 | Antizol | injection, fomepizole, 15 mg | Medical |
| J1453 | Emend | injection, fosaprepitant, 1 mg | Medical |
| J1454 | Akynzeo | injection, fosnetupitant 235 mg and palonosetron 0.25 mg | Medical |



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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 | Naglazyme | injection, galsulfase | Medical (PA) |
| J1459 | Privigen | injection, immune globulin (privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg | Medical (PA) |
| J1460 | Gamastan | injection, gamma globulin, 1cc | Medical (PA) |
| J1551 | Cutaquig | Injection, immune globulin (cutaquig), 100 mg | Medical (PA) |
| J1554 | Asceniv | injection, immune globulin (asceniv), 500 mg | Medical (PA) |
| J1555 | Cuvitru | injection, immune globulin (cuvitru), 100 mg | Medical (PA) |
| J1556 | Bivigam | injection, immune globulin (bivigam), 500 mg | Medical (PA) |
| J1557 | Gammaplex | injection, immune globulin, (gammaplex), intravenous, nonlyophilized (e.g. liquid), 500 mg | Medical (PA) |
| J1558 | Xembify | Injection, immune globulin (xembify), 100 mg | Medical (PA) |
| J1559 | Hizentra | injection, immune globulin (hizentra) | Medical (PA) |
| J1560 | Gamastan | injection, gamma globulin, 10cc | Medical (PA) |
| J1561 | Gamunex, Gammunex-C, Gammaked | injection, immune globulin, (gamunex/gamunex-c/gammaked), nonlyophilized (e.g., liquid), 500 mg | Medical (PA) |
| J1562 | Vivaglobin | injection, immune globulin (vivaglobin) | Medical (PA) |
| J1566 | Gammagard S/D / Carimune Nf | injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg | Medical (PA) |
| J1568 | Octagam | injection, octagam, 500mg | Medical (PA) |



Individual and Family Plan
Medication List

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



Individual and Family Plan Medication List

| 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 (NF) |
| J1626 | Kytril | injection, granisetron hcl, 100 mcg | Medical |
| J1627 | Kytril | injection, granisetron, extended-release, 0.1 mg (kytril) | Medical |
| J1628 | Tremfya | injection, guselkumab, 1 mg | Pharmacy (PA) |
| J1630 | Haldol | injection, haloperidol, up to 5 mg | Either |
| J1631 | Haldol | injection, haloperidol decanoate, 50 mg | Either |
| J1632 | Zulresso | Injection, brexanolone, 1 mg | Medical (PA) |
| J1640 | Panhematin | injection, hemin, 1 mg | Medical |
| J1642 | | injection, heparin sodium, (heparin lock flush), per 10 units | Medical |
| J1643 | | Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units | Medical (NF) |
| J1644 | | injection, heparin sodium, per 1000 units | Medical |
| J1645 | Fragmin | injection, dalteparin sodium, per 2500 iu | Either |
| J1650 | Lovenox | injection, enoxaparin sodium, 10 mg | Either |
| J1652 | Arixtra | injection, fondaparinux sodium, 0.5 mg | Either |



Individual and Family Plan
Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J1670 | Hypertet | injection, tetanus immune globulin, human, up to 250 units | Medical |
| J1675 | Supprelin | injection, histrelin acetate, 10 mcgrogams | Medical (PA) |
| J1720 | Solu- Cortef | injection, hydrocortisone sodium succinate, up to 100 mg | Either |
| J1726 | Makena | injection, hydroxyprogesterone caproate, (makena), 10 mg | Pharmacy (PA) |
| J1729 | Hydroxyprogesterone Caproate | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg | Medical |
| J1738 | Anjeso | Injection, meloxicam, 1 mg | Medical |
| J1740 | Boniva | injection, ibandronate sodium, 1 mg | Pharmacy |
| J1741 | | injection, ibuprofen, 100 mg | Medical |
| J1742 | Corvert | injection, ibutilide fumarate, 1 mg | Medical |
| J1743 | Elaprase | injection, idursulfase | Medical (PA) |
| J1744 | Firazyr | injection, icatibant, 1 mg | Pharmacy (PA) |
| J1745 | Remicade | injection, infliximab, excludes biosimilar, 10 mg | Either (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|---------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J1746 | Trogarzo | injection, ibalizumab-uiyk, 10 mg | Medical (PA) |
| J1747 | Spevigo | Injection, spesolimab-sbzo, 1 mg | Medical (PA) |
| J1750 | Dexferrum, Infed | injection, iron dextran, 50 mg | Medical |
| J1756 | Venofer | injection, iron sucrose, 1 mg | Medical |
| J1786 | Cerezyme | injection, imiglucerase, 10 units | Medical (PA) |
| J1790 | Inapsine | injection, droperidol, up to 5 mg | Medical |
| J1800 | | injection, propranolol hcl, up to 1 mg | Medical |
| J1815 | | injection, insulin, per 5 units | Medical |
| J1817 | | insulin for administration through dme (i.e., insulin pump) per 50 units | Medical |
| J1823 | Uplizna | Injection, inebilizumab-cdon, 1 mg | Medical (PA) |
| J1826 | Avonex | INJECTION, INTERFERON BETA-1A, 30 MCG | Pharmacy |
| J1830 | Betaseron/ Extavia | injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Pharmacy (PA) |
| J1833 | Cresemba | injection, isavuconazonium 1 mg | Medical |
| J1840 | | injection, kanamycin sulfate, up to 500 mg | Medical |
| J1850 | | injection, kanamycin sulfate, 75 mg | Medical |
| J1885 | | injection, ketorolac tromethamine, per 15 mg | Medical |
| J1930 | Somatuline Depot | injection, lanreotide | Medical (PA) |
| J1931 | Aldurazyme | injection, laronidase | Medical (PA) |
| J1932 | Lanreotide | Injection, lanreotide, (cipl), 1 mg | Medical (PA) |



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| Code | Brand Name | Description | Benefit |
|-------|------------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J1940 | | injection, furosemide, up to 20 mg | Medical |
| J1943 | Aristada Initio | Injection, aripiprazole lauroxil, (aristada initio), 1 mg | Either |
| J1944 | Aristada | Injection, aripiprazole lauroxil, (aristada), 1 mg | Either |
| J1945 | Refludan | injection, lepirudin, 50 mg | Medical |
| J1950 | Lupron depot | injection, leuprolide acetate (for depot suspension), per 3.75 mg | Medical (PA) |
| J1951 | Fensolvi | Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg | Medical (PA) |
| J1952 | Camcevi | Leuprolide injectable, camcevi, 1 mg | Medical (PA) |
| J1953 | Keppra | injection, levetiracetam, 10 mg | Medical |
| J1954 | Lutrate | Injection, leuprolide acetate for depot suspension (cipla), 7.5 mg | Medical (PA) |
| J1955 | Carnitor | injection, levocarnitine, per 1 g | Medical |
| J1956 | Levaquin | injection, levofloxacin, 250 mg | Medical |
| J1980 | Levsin | injection, hyoscyamine sulfate, 0.25mg | Medical |
| J2001 | Xylocaine | injection, lidocaine hcl for intravenous infusion, 10 mg | Medical |
| J2010 | Lincocin | injection, lincomycin hcl, up to 300 mg | Medical |
| J2020 | Zyvox | injection, linezolid, 200 mg | Medical |
| J2021 | | Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg | Medical (NF) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J2060 | Ativan | injection, lorazepam, 2 mg | Medical |
| J2062 | Adasuve | loxapine, inhalation powder, 10 mg | Medical |
| J2150 | | injection, mannitol, 25% in 50 ml | Medical |
| J2170 | Increlex | injection, mescasermin | Pharmacy (PA) |
| J2175 | Demerol | injection, meperidine hcl, per 100 mg | Medical |
| J2182 | Nucala | injection, mepolizumab, 1 mg | Medical (PA) |
| J2184 | | Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg | Medical (NF) |
| J2185 | | injection, meropenem, 100 mg | Medical |
| J2186 | Vabomere | injection, meropenem and vaborbactam, 10mg/10mg, (20mg) | Medical |
| J2210 | Methergine | injection, methylergonovine maleate, up to 0.2 mg | Medical |
| J2212 | Relistor | injection, methylNaltrexone, 0.1 mg | Pharmacy (PA) |
| J2247 | | Injection, micafungin sodium (par pharm) not therapeutically equivalent to j2248, 1 mg | Medical (NF) |
| J2248 | Mycamine | Injection, micafungin sodium, 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 |



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| Code | Brand Name | Description | Benefit |
|-------|------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J2272 | | Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg | Medical (NF) |
| J2274 | Duramorph | injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg | Medical |
| J2278 | Prialt | injection, ziconotide, 1 mcg | Medical |
| J2280 | Avelox | injection, moxifloxacin, 100 mg | Medical |
| J2281 | | Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg | Medical (NF) |
| J2300 | | injection, nalbuphine hcl, per 10 mg | Medical |
| J2310 | | injection, naloxone hcl, per 1 mg | Either |
| J2311 | Zimhi | Injection, naloxone hydrochloride (zimhi), 1 mg | Medical |
| J2315 | Vivitrol | injection, naltrexone, depot form, 1 mg | Either |
| J2323 | Tysabri | injection, natalizumab, 1 mg | Medical (PA) |
| J2325 | Natrecor | injection, nestiritide, 0.1mg | Medical |
| J2326 | Spinraza | injection, nusinersin, 0.1 mg | Medical (PA) |
| J2327 | Skyrizi | Injection, risankizumab-rzaa, intravenous, 1 mg | Medical (PA) |
| J2350 | Ocrevus | injection, ocrelizumab, 1 mg | Either (PA) |
| J2353 | Sandostatin LAR | injection, octreotide, depot form for intramuscular injection, 1 mg | Medical (PA) |
| J2354 | Sandostatin | injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg | Medical |
| J2355 | Neumega | injection, oprelvekin, 5 mg | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|---------------------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J2356 | Tezspire | Injection, tezepelumab-ekko, 1 mg | Medical (PA) |
| J2357 | Xolair | injection, omalizumab, 5 mg | Medical (PA) |
| J2358 | Zyprexa Relprevv | injection, olanzapine, long-acting, 1 mg | Either |
| J2360 | | injection, orphenadrine citrate, up to 60 mg | Medical |
| J2370 | | injection, phenylephrine hcl, up to 1 ml | Medical |
| J2401 | Nesacaine | Injection, chlorprocaine hydrochloride, per 1 mg | Medical |
| J2402 | Clorotekal | Injection, chlorprocaine hydrochloride (clorotekal), per 1 mg | Medical |
| J2403 | Iheezo | Chlorprocaine hcl ophthalmic, 3% gel, 1 mg | Medical (PA) |
| J2405 | Zofran | injection, ondansetron hcl, per 1 mg | Medical |
| J2406 | Kimyrsa | Injection, oritavancin (kimyrsa), 10 mg | Medical |
| J2407 | Orbactiv | Injection, oritavancin (orbactiv), 10 mg | Medical |
| J2410 | Opana | injection, oxymorphone hcl 1 mg | Medical |
| J2425 | Kepivance | injection, palifermin, 50 mcg | Medical |
| J2426 | Invega Sustenna, Invega Trinza | injection, paliperidone palmitate | Either |
| J2430 | Aredia | injection, pamidronate disodium, per 30 mg | Medical |
| J2469 | Aloxi | injection, palonosetron hcl, 25 mcg | Medical |
| J2501 | Zemplar | injection, paricalcitol, 1 mcg | Medical |



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| Code | Brand Name | Description | Benefit |
|-------|---------------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J2502 | Signifor LAR | injection, pasireotide long acting 1 mg | Medical (PA) |
| J2503 | Macugen | injection, pegaptanib sodium, 0.3 mg | Medical |
| J2504 | Adagen | injection, pegademase bovine, 25 iu | Medical (PA) |
| J2506 | Neulasta, Neulasta Onpro | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg | Either |
| J2507 | Krystexxa | injection, pegloticase, 1 mg | Either (PA) |
| J2510 | | injection, penicillin g procaine, aqueous, up to 600,000 units | Medical |
| J2515 | Nembutal | injection, pentobarbital sodium, per 50 mg | Medical |
| J2540 | Pfizerpen-G | injection, penicillin g potassium, up to 600,000 units | Medical |
| J2543 | Zosyn | injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g) | Medical |
| J2545 | Nebupent | pentamidine isethionate, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per 300 mg | Medical |
| J2547 | Rapivab | injection, peramivir 1 mg | Medical |
| J2550 | Phenergan | injection, promethazine hcl, up to 50 mg | Medical |
| J2560 | | injection, phenobarbital sodium, up to 120 mg | Medical |
| J2562 | Mozobil | injection, plerixafor, 1 mg | Medical (PA) |
| J2590 | Pitocin | injection, oxytocin, up to 10 units | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|--------------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J2597 | Ddavn | injection, desmopressin acetate, per 1 mcg | Medical |
| J2675 | | injection, progesterone, per 50 mg | Medical |
| J2680 | | injection, fluphenazine decanoate, up to 25 mg | Medical |
| J2690 | | injection, procainamide hcl, up to 1 g | Medical |
| J2700 | | injection, oxacillin sodium, 250 mg | Medical |
| J2704 | Diprivan | injection , propofol, 10mg | Medical |
| J2720 | | injection, protamine sulfate, per 10 mg | Medical |
| J2724 | Ceprostein | injection, protein c concentrate, 10 units | Medical |
| J2730 | | injection, pralidoxime chloride, up to 1 g | Medical |
| J2760 | | injection, phentolamine mesylate, up to 5 mg | Medical |
| J2765 | Reglan | injection, metoclopramide hcl, up to 10 mg | Medical |
| J2770 | Synercid | injection, quinupristin/ dalfopristin, 500mg | Medical |
| J2777 | Vabysmo | Injection, faricimab-svoa, 0.1 mg | Medical |
| J2778 | Lucentis | injection, ranibizumab, 0.1 mg | Medical |
| J2779 | Susvimo | Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg | Medical |
| J2780 | Zantac | injection, ranitidine hcl, 25 mg | Medical |
| J2783 | Elitek | injection, rasburicase, 0.5 mg | Medical |
| J2785 | Lexiscan | injection, regadenoson, 0.1 mg | Medical |
| J2786 | Cinqair | injection, reslizumab, 1 mg | Medical (PA) |
| J2787 | Photrexa Viscous | riboflavin 5' phosphate, ophthalmic solution, up to 3ml | Medical |
| J2788 | Micrhogam, Bayrho | injection, rho d immune globulin, human, minidose, 50 mcg (250 i.u.) | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J2790 | Rhogam ultra | injection, rho d immune globulin, human, full dose, 300 mcg (1500 i.u.) | Medical |
| J2791 | Rhophylac | injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu | Medical |
| J2792 | Winrho sdf | injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu | Medical |
| J2793 | Arcalyst | injection, rilonacept, 1 mg | Pharmacy (PA) |
| J2794 | Risperdal Consta | injection, risperidone, long acting, 0.5 mg | Either |
| J2795 | Naropin | injection, ropivacaine hcl, 1 mg | Medical |
| J2796 | Nplate | injection, romiplostim, 10 mcg | Medical (PA) |
| J2797 | Varubi | injection, rolapitant, 0.5 mg | Medical |
| J2798 | Perseris | Injection, risperidone, (perseris), 0.5 mg | Either |
| J2800 | Robaxin | injection, methocarbamol, up to 10 ml | Medical |
| J2805 | Sincalide | injection, sincalide, 5 mcg | Medical |
| J2810 | | injection, theophylline, per 40 mg | Medical |
| J2820 | Leukine | injection, sargramostim (gm-csf), 50 mcg | Medical |
| J2840 | Kanuma | injection, sebelipase alfa, 1 mg | Medical (PA) |
| J2850 | Chirhostim | injection, secretin, synthetic, human, 1 mcg | Medical |
| J2860 | Sylvant | injection, siltuximab 10 mg | Medical (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|---|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J2916 | Ferlecit | injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg | Medical |
| J2920 | Solu- Medrol | injection, methylprednisolone sodium succinate, up to 40 mg | Either |
| J2930 | Solu- Medrol | injection, methylprednisolone sodium succinate, up to 125 mg | Either |
| J2940 | Somatrem | injection, somatrem, 1 mg | Pharmacy (PA) |
| J2941 | Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton, Zorbive | injection, somatropin, 1 mg | Pharmacy (PA) |
| J2993 | Retavase | injection, reteplase recombinant, 18.1mg | Medical |
| J2997 | Activase | injection, alteplase recombinant, 1 mg | Medical |
| J2998 | Ryplazim | Injection, plasminogen, human-tvmh, 1 mg | Medical (PA) |
| J3010 | Sublimaze | injection, fentanyl citrate, 0.1 mg | Medical |
| J3030 | Imitrex | injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Pharmacy |
| J3031 | Ajovy | INJECTION FREMANEZUMAB-VFRM 1 MG | Pharmacy (PA) |
| J3032 | Vyepti | Injection, eptinezumab-jjmr, 1 mg | Medical (PA) |
| J3060 | Elelyso | injection, taliglucerate alfa, 10 units | Medical (PA) |
| J3070 | Talwin | injection, pentazocine, 30 mg | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|--------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J3090 | Sivextro | injection tedizolid phosphate 1 mg | Medical |
| J3095 | Vibrativ | injection, telavancin, 10 mg | Medical |
| J3101 | Tnkase | injection, tenecteplase, 1 mg | Medical |
| J3105 | | injection, terbutaline sulfate, up to 1 mg | Medical |
| J3110 | Forteo | injection, teriparatide, 10 mcg | Pharmacy (PA) |
| J3111 | Evenity | Injection, romosozumab-aqqg, 1 mg | Pharmacy (PA) |
| J3121 | Delatestryl | injection, testosterone enanthate, 1 mg | Pharmacy (PA) |
| J3145 | Aveed | Testosterone undecanoate 1mg | Medical (PA) |
| J3230 | | injection, chlorpromazine hcl, up to 50 mg | Pharmacy |
| J3240 | Thyrogen | injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial | Medical |
| J3241 | Tepezza | Injection, teprotumumab-trbw, 10 mg | Medical (PA) |
| J3243 | | injection, tigecycline, 1 mg | Medical |
| J3244 | | Injection, tigecycline (accord) not therapeutically equivalent to j3243, 1 mg | Medical (NF) |
| J3245 | Ilumya | injection, tildrakizumab, 1 mg | Medical (PA) |
| J3246 | Aggrastat | injection, tirofiban hcl, 0.25mg | Medical |
| J3250 | Tigan | injection, trimethobenzamide hcl, up to 200 mg | Medical |
| J3260 | | injection, tobramycin sulfate, up to 80 mg | Medical |
| J3262 | Actemra | injection, tocilizumab, 1 mg | Either (PA) |
| J3285 | Remodulin | injection, treprostinil | Pharmacy (PA) |
| J3299 | Xipere | Injection, triamcinolone acetonide (xipere), 1 mg | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J3300 | | injection, triamcinolone acetonide, preservative free, 1 mg | Medical |
| J3301 | Kenalog | injection, triamcinolone acetonide, not otherwise specified, 10 mg | Medical |
| J3302 | Clinacort | injection, triamcinolone diacetate, per 5 mg | Medical |
| J3303 | Aristospan | injection, triamcinolone hexacetonide, per 5 mg | Medical |
| J3304 | Zilretta | injection, triamcinolone acetonide, preservative free extended release, microsphere formulation, 1 mg | Medical (PA) |
| J3315 | Trelstar | injection, triptorelin pamoate, 3.75 mg | Medical (PA) |
| J3316 | Triptodur | injection, triptorelin, extended release, 3.75 | Medical (PA) |
| J3355 | Bravelle | injection, urofollitropin, 75 iu | Pharmacy |
| J3357 | Stelara SC | ustekinumab, for subcutaneous injection | Pharmacy (PA) |
| J3358 | Stelara IV | ustekinumab, for intravenous injection, 1 mg | Either (PA) |
| J3360 | | injection, diazepam, up to 5 mg | Medical |
| J3365 | Abbokinase | injection, urokinase, 250,000 iu | Medical |
| J3370 | | injection, vancomycin hcl, 500 mg | Medical |
| J3371 | | Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg | Medical (NF) |
| J3372 | | Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg | Medical (NF) |
| J3380 | Entyvio | injection vedolizumab 1 mg | Medical (PA) |
| J3385 | Vpriv | injection, velaglucerase alfa, 100 units | Medical (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J3396 | Visudyne | injection, verteporfin, 0.1 mg | Medical |
| J3397 | Mepsevii | inj, vestronidase alfa-vjvk, 1 mg | Medical (PA) |
| J3398 | Luxturna | inj voretigene neparvovec-rzyl 1 billion vector genomes | Medical (PA) |
| J3399 | Zolgensma | Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes | Medical (PA) |
| 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 |
| J3430 | | injection, phytonadione (vitamin k), per 1 mg | Medical |
| J3465 | Vfend | injection, voriconazole, 10mg | Medical |
| J3470 | Amphadase | injection, hyaluronidase, up to 150 units | Medical |
| J3471 | | injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units) | Medical |
| J3473 | | injection, hyaluronidase recombinant, 1 usp unit | Medical |
| J3475 | | injection, magnesium sulfate, per 500 mg | Medical |
| J3480 | | injection, potassium chloride, per 2 meq | Medical |
| J3486 | Geodon | injection, ziprasidone mesylate, 10 mg | Either |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J3489 | Reclast/Zometa | injection, zoledronic acid, 1 mg | Either |
| J3490 | | unclassified drugs | Medical |
| J3535 | | drug administered through a metered dose inhaler | Medical |
| J3585 | Retrovir | injection, zidovudine, 10 mg | Medical |
| J3590 | | unclassified biologics | Medical |
| J3591 | | unclassified drug or biological (for esrd on dialysis) | Medical |
| J7030 | sodium chloride | infusion, normal saline solution, 1,000 cc | Medical |
| J7040 | sodium chloride | infusion, normal saline solution, sterile (500 ml=1 unit) | Medical |
| J7042 | Dextrose- Nacl | 5% dextrose/normal saline (500 ml = 1 unit) | Medical |
| J7050 | sodium chloride | infusion, normal saline solution, 250 cc | Medical |
| J7060 | dextrose | 5% dextrose/water (500 ml = 1 unit) | Medical |
| J7070 | dextrose | infusion, d-5-w, 1,000 cc | Medical |
| J7100 | | infusion, dextran40, lmd 10% in 0.95 sodium hcl, 500 ml | Medical |
| J7110 | | infusion, dextran 75 in d5w | Medical |
| J7120 | | ringers lactate infusion, up to 1,000 cc | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|---------------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7121 | | 5% dextrose lr infusion to 1000 cc | Medical |
| J7168 | Kcentra | Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity | Medical |
| J7169 | Andexxa | Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg | Medical |
| J7170 | Hemlibra | inj emicizumab-kxwh, 0.5mg | Medical (PA) |
| J7175 | Coagadex | injection, factor x 1 i.u. (human) | Medical |
| J7177 | Fibryga | injection, human fibrinogen concentrate (fibryga), 1 mg | Medical |
| J7178 | RiaSTAP | injection, human fibrinogen concentrate, not otherwise specified, 1 mg | Medical |
| J7179 | Vonvendi | injection von willebrand factor 1 i.u. vwf:rco | Medical |
| J7180 | Corifact | injection, factor viii (antihemophilic factor, human), 1 iu | Medical |
| J7181 | Tretten | injection, factor viii a-subunit, (recombinant), per iu | Medical |
| J7182 | NovoEight | injection, factor viii (antihemophilic factor, recombinant), (novoeight), per iu | Medical |
| J7183 | WILATE | injection, von willebrand factor complex (human), wilate, 1 iu vwf:rco | Medical |
| J7185 | Xyntha / Xyntha solofuse | injection, xyntha, 1 iu | Medical |
| J7186 | Alphanate | injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u. | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|--|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7187 | Humate-P | injection, von willebrand factor complex (humate-p), per iu vwf-rc0 | Medical |
| J7188 | Obizur | injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u. | Medical |
| J7189 | Novoseven | factor viia (antihemophilic factor, recombinant) (novoseven rt), per 1 mcg | Medical |
| J7190 | Hemofil-M, Koate, Monoclate-P | factor viii (antihemophilic factor, human) per i.u. | Medical |
| J7191 | | factor viii (antihemophilic factor (porcine), per i.u. | Medical |
| J7192 | Advate, Recombinate, Kogenate FS, Helixate FS | factor viii (antihemophilic factor, recombinant) per iu, not otherwise specified | Medical |
| J7193 | Alphanine SD, Mononine | factor ix (antihemophilic factor, purified, non-recombinant) per i.u. | Medical |
| J7194 | Profilnine | factor ix complex, 1 iu | Medical |
| J7195 | Benefix, Ixinity | factor ix recombinant, 1iu | Medical |
| J7196 | | injection, antithrombin recombinant, 50 i.u. | Medical |
| J7197 | Thrombate iii | injection, antithrombin iii, 1 iu | Medical |
| J7198 | Feiba NF | anti-inhibitor, feiba vh immuno (anti-inhibitor coagulant complex), 1iu | Medical |
| J7199 | | hemophilia clotting factor, not otherwise classified | Medical |
| J7200 | Rixubis | injection, factor ix, (antihemophilic factor, recombinant), (rixibus), per iu | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7201 | Alprolix | injection, factor ix, fc fusion protein (recombinant), per iu | Medical |
| J7202 | Idelvion | injection, factor ix albumin fus prt 1 i.u. | Medical |
| J7203 | Rebinyn | injection, factor ix (antihemophilic factor, recombinant), glycopegylated, rebinyn, 1 i.u. | Medical |
| J7204 | Esperoct | Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu | Medical |
| J7205 | Eloctate | injection, factor viii fc fusion per iu | Medical |
| J7207 | Adynovate | injection, factor viii pegylated 1 i.u. | Medical |
| J7208 | Jivi | Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u. | Medical |
| J7209 | Nuwiq | injection, factor viii 1 i.u. | Medical |
| J7210 | Afstyla | injection, factor viii (antihemophilic factor, recombinant), (afstyla) 1 iu | Medical |
| J7211 | Kovaltry | injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 iu | Medical |
| J7212 | Sevenfact | Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram | Medical |
| J7294 | Annovera | Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each | Pharmacy |
| J7295 | Nuvaring | Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each | Pharmacy |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|----------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7296 | Kyleena | contraceptive system, intrauterine, levonorgestrel releasing, 19.5 mg | Medical |
| J7297 | Liletta | Ing-releasing iuc sys 52mg 3 yr dur | Medical |
| J7298 | Mirena | Ing-releasing iuc sys 52mg 5 yr dur | Medical |
| J7300 | Paragard | paragard t380a (intrauterine copper contraceptive) | Medical |
| J7301 | Skyla | levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg | Medical |
| J7304 | Contraceptive patch | contraceptive supply, hormone containing patch, each | Pharmacy |
| J7307 | Nexplanon | Etonogestrel (contraceptive) implant system, including implant and supplies | Medical |
| J7308 | Levulan Kerastick | aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg) | Medical |
| J7311 | Retisert | Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg | Medical |
| J7312 | Ozurdex | injection, dexamethasone, intravitreal implant, 0.1 mg | Medical |
| J7313 | Iluvien | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg | Medical |
| J7314 | Yutiq | Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg | Medical |
| J7315 | Mitosol | mitomycin, ophthalmic, 0.2 mg | Medical |
| J7316 | Jetrea | injection, ocriplasmin, 0.125 mg | Medical (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|---------------------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7318 | Durolane | hyaluronan or derivative, durolane, for intra-articular injection, per dose | Medical (PA) |
| J7320 | Genvisc 850 | hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg | Medical (PA) |
| J7321 | Supartz/ Hyalgan/Visco-3 | Hyaluronan or derivative, hyalgan, supartz OR Visco-3, for intra-articular injection, per dose | Medical (PA) |
| J7322 | Hymovis | hyaluronan or derivative for intra-articular injection, 1 mg | Medical (PA) |
| J7323 | Euflexxa | hyaluronan or derivative, euflexxa, for intra-articular injection, per dose | Medical (PA) |
| J7324 | Orthovisc | hyaluronan or derivative, orthovisc, for intra-articular injection, per dose | Medical (PA) |
| J7325 | Synvisc/ Synvisc-One | hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg | Medical (PA) |
| J7326 | Gel-One | hyaluronan or derivative, gel-one, for intra-articular injection, per dose | Medical (PA) |
| J7327 | Monovisc | hyaluronan or derivative, monovisc, for intra-articular injection, per dose | Medical (PA) |
| J7328 | Gel-Syn | hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg | Medical (PA) |
| J7329 | Trivisc | hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg | Medical (PA) |
| J7330 | Carticel | implant, cultured chondrocytes, 1 ea | Medical |
| J7331 | Synjoynt | Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg | Medical (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|--------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7332 | Triluron | Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg | Medical (PA) |
| J7336 | Qutenza | capsaicin 8% patch, per sq cm | Medical (PA) |
| J7340 | Duopa | carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml | Medical |
| J7342 | Otiprio | installation, ciprofloxacin otic suspension, 6mg | Medical |
| J7345 | Ameluz | aminolevulinic acid hcl for topical administration, 10%, | Medical |
| J7351 | Durysta | Injection, bimatoprost, intracameral implant, 1 microgram | Medical (PA) |
| J7352 | Scenesse | Afamelanotide implant, 1 mg | Medical (PA) |
| J7402 | Sinuva | Mometasone furoate sinus implant (sinuva), 10 micrograms | Medical |
| J7500 | Imuran | azathioprine, oral, 50 mg | Pharmacy |
| J7501 | | azathioprine, parenteral, 100mg | Medical |
| J7502 | Sandimmune | cyclosporine, oral, 100 mg | Pharmacy |
| J7503 | Envarsus XR | tacrolimus, extended release, (envarsus xr), oral, 0.25 mg | Pharmacy |
| J7504 | Atgam | injection, lymphocyte immune globulin, 250mg | Medical |
| J7505 | Orthoclone | injection, monoclonal antibodies, 5 mg | Medical |
| J7507 | Prograf | tacrolimus, immediate release, oral, 1 mg | Pharmacy |
| J7508 | Astagraf XL | tacrolimus, extended release, (astagraf xl), oral, 0.1 mg | Pharmacy |
| J7509 | Medrol | methylprednisolone, oral, per 4 mg | Pharmacy |
| J7510 | Orapred | prednisolone, oral, per 5 mg | Pharmacy |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7511 | Thymoglobulin | lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg | Medical |
| J7512 | Prednisone | prednisone, immediate release or delayed release, oral, 1 mg | Pharmacy |
| J7513 | Zenapax | daclizumab, parenteral, 25 mg | Medical |
| J7515 | Gengraf, Neoral | cyclosporine, oral, 25 mg | Pharmacy |
| J7516 | Sandimmune | parenteral, cyclosporine, 250 mg | Medical |
| J7517 | Cellcept | mycophenolate mofetil, oral, 250 mg | Pharmacy |
| J7518 | Myfortic | mycophenolic acid, oral, 180 mg | Pharmacy |
| J7520 | Rapamune | oral, sirolimus, 1 mg | Pharmacy |
| J7525 | Prograf | injection, tacrolimus, 5mg | Medical |
| J7527 | Zortress | everolimus, oral, 0.25 mg | Pharmacy |
| J7605 | Arformoterol | arformoterol, inhalation solution, fda approved final product, noncompounded, administered through dme, unit dose form, 15 mcg | Pharmacy |
| J7607 | Perforomist | levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg | Pharmacy |
| J7608 | Acetylcysteine | acetylcysteine, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per g | Medical |
| J7611 | | albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 1 mg | Pharmacy |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7612 | Xopenex | levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 0.5 mg | Pharmacy |
| J7613 | Accuneb | albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 1 mg | Pharmacy |
| J7614 | Xopenex | levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 0.5 mg | Pharmacy |
| J7620 | | albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, noncompounded, administered through dme | Pharmacy |
| J7626 | Pulmicort | budesonide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, up to 0.5 mg | Pharmacy |
| J7631 | | cromolyn sodium noncomp unit, 10 mg | Pharmacy |
| J7639 | Pulmozyme | dornase alfa, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg | Pharmacy (PA) |
| J7643 | | glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per mg | Pharmacy |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|---------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J7644 | | ipratropium bromide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg | Pharmacy |
| J7665 | Aridol | mannitol, administered thru an inhaler, 5 mg | Medical |
| J7669 | | meterproterenol sulfate non- comp unit, 10 mg | Medical |
| J7674 | Provocholine | methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg | Medical |
| J7677 | Yupelri | Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram | Either |
| J7682 | Tobi | tobramycin, inhalation solution, fda-approved final product, noncompounded, unit dose form, administered through dme, per 300 mg | Pharmacy |
| J7686 | Tyvaso | treprosinil, non-comp unit | Pharmacy (PA) |
| J7699 | | noc drugs, inhalation solution administered through dme | Medical |
| J7799 | | noc drugs, other than inhalation drugs, administered through dme | Medical |
| J7999 | | compounded drug noc | Medical |
| J8498 | | anti-emetic drug, rectal suppository, not otherwise specified | Medical |
| J8499 | | prescription drug, oral, nonchemotherapeutic, nos | Pharmacy (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J8501 | Emend | aprepitant, oral, 5 mg | Pharmacy |
| J8510 | Myleran | busulfan, oral, 2 mg | Pharmacy (PA) |
| J8515 | Dostinex | cabergoline, oral, 0.25 mg | Pharmacy |
| J8520 | Xeloda | capecitabine, oral, 150 mg | Pharmacy (PA) |
| J8521 | Xeloda | capecitabine, oral, 500 mg | Pharmacy (PA) |
| J8530 | Cytosan | oral, cyclophosphamide 25 mg | Pharmacy (PA) |
| J8540 | | dexamethasone, oral, 0.25 mg | Pharmacy |
| J8560 | Etoposide | etoposide, oral, 50 mg | Pharmacy (PA) |
| J8562 | Oforta | fludarabine phosphate, oral, 10 mg | Pharmacy (PA) |
| J8565 | Iressa | gefitinib, oral, 250 mg | Pharmacy (PA) |
| J8597 | | antiemetic drug, oral, not otherwise specified | Pharmacy (PA) |
| J8600 | Alkeran | melphalan, oral, 2 mg | Pharmacy |
| J8610 | | methotrexate, oral, 2.5 mg | Pharmacy |
| J8650 | Cesamet | nabilone, oral, 1 mg | Pharmacy |
| J8655 | Akynzeo | netupitant 300 mg and palonosetron 0.5 mg, oral | Pharmacy |
| J8670 | Varubi | rolapitant, oral, 1 mg | Pharmacy |
| J8700 | Temodar | temozolomide, oral, 5 mg | Pharmacy (PA) |
| J8705 | Hycamtin | topotecan, oral, 0.25 mg | Pharmacy (PA) |
| J8999 | | prescription drug, oral, chemotherapeutic, nos | Pharmacy (PA) |
| J9000 | Adriamycin | injection, doxorubicin hcl, 10 mg | Medical |
| J9015 | Proleukin | injection, aldesleukin, 1 ea | Medical |
| J9017 | Trisenox | injection, arsenic trioxide, 1 mg | Medical |
| J9019 | Erwinaze | injection, asparaginase (erwinaze), 1,000 iu | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|--------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J9020 | Elspar | injection, asparaginase, 10,000 units | Medical |
| J9021 | Rylaze | Injection, asparaginase, recombinant, (rylaze), 0.1 mg | Medical |
| J9022 | Tecentriq | injection, atezolizumab, 10 mg | Medical |
| J9023 | Bavencio | injection, avelumab, 10 mg | Medical |
| J9025 | Vidaza | injection, azacitidine, 1 mg | Medical |
| J9027 | Clolar | injection, clofarabine, 1 mg | Medical |
| J9030 | TheraCys, TiceBCG | BCG live intravesical instillation, 1 mg | Medical |
| J9032 | Beleodaq | injection belinostat 10 mg | Medical |
| J9033 | Treanda | Injection, bendamustine hcl (treanda), 1 mg | Medical |
| J9034 | Bendeka | Injection, bendamustine hcl (bendeka), 1 mg | Medical |
| J9035 | Avastin | injection, bevacizumab, 10 mg | Medical |
| J9036 | Belrapzo | Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg | Medical |
| J9037 | Blenrep | injection, belantamab mafodotin-blmf, 0.5 mg | Medical |
| J9039 | Blinicyto | injection, blinatumomab 1 microgram | Medical (PA) |
| J9040 | | injection, bleomycin sulfate, 15 units | Medical |
| J9041 | Velcade | injection, bortezomib, 0.1 mg | Medical |
| J9042 | Adcetris | injection, brentuximab vedotin, 1 mg | Medical |
| J9043 | Jevtana | injection, cabazitaxel, 1 mg | Medical |
| J9045 | | injection, carboplatin, 50 mg | Medical |
| J9046 | | Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg | Medical (NF) |
| J9047 | Kyprolis | injection, carfilzomib, 1mg | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| 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 | BICNU | injection, carmustine, 100mg | Medical |
| J9055 | Erbix | injection, cetuximab, 10 mg | Medical |
| J9057 | Aliqopa | injection copanlisib, 1 mg | Medical |
| J9060 | | cisplatin, powder or solution, per 10 mg | Medical |
| J9061 | Rybrevant | Injection, amivantamab-vmjw, 2 mg | Medical |
| J9065 | Leustatin | injection, cladribine, per 1 mg | Medical |
| J9070 | | injection, cyclophosphamide, 100 mg | Medical |
| J9071 | cyclophosphide (auromedics) | Injection, cyclophosphamide, (auromedics), 5 mg | Medical |
| J9098 | Depocyt | injection, cytarabine liposome, 10 mg | Medical |
| J9100 | | injection, cytarabine, 100 mg | Medical |
| J9118 | Asparlas | Injection, calaspargase pegol-mknl, 10 units | Medical |
| J9119 | Libtayo | Injection, cemiplimab-rwlc, 1 mg | Medical |
| J9120 | Cosmegen | injection, dactinomycin, 0.5 mg | Medical |
| J9130 | | injection, dacarbazine, 100 mg | Medical |
| J9144 | Darzalex Faspro | Injection, daratumumab, 10 mg and hyaluronidase-fihj | Medical |
| J9145 | Darzalex | injection, daratumumab 10mg | Medical |
| J9150 | Cerubidine | injection, daunorubicin, 10 mg | Medical |
| J9151 | | injection, daunorubicin citrate, liposomal formulation, 10 mg | Medical |



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| Code | Brand Name | Description | Benefit |
|-------|------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J9153 | Vyxeos | injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | Medical |
| J9155 | Firmagon | injection, degarelix, 1 mg | Medical |
| J9160 | Ontak | injection, denileukin diftitox, 300 mcg | Medical |
| J9171 | Taxotere | injection, docetaxel, 1 mg | Medical |
| J9173 | Imfinzi | injection, durvalumab, 10 mg | Medical |
| J9176 | Empliciti | injection, elotuzumab 1mg | Medical |
| J9177 | Padcev | Injection, enfortumab vedotin-ejfv, 0.25 mg | Medical |
| J9178 | | injection, epirubicin hcl, 2 mg | Medical |
| J9179 | Halaven | injection, erbulin mesylate, 0.1 mg | Medical |
| J9181 | | injection, etoposide, 10 mg | Medical |
| J9185 | | injection, fludarabine phosphate, 50 mg | Medical |
| J9190 | Adrucil | injection, fluorouracil, 500 mg | Medical |
| J9196 | | Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg | Medical (NF) |
| J9198 | Infugem | Injection, gemcitabine hydrochloride, (infugem), 100 mg | Medical |
| J9200 | | injection, floxuridine, 500 mg | Medical |
| J9201 | Gemzar | injection, gemcitabine hcl, 200 mg | Medical |
| J9202 | Zoladex | goserelin acetate implant, per 3.6 mg | Medical (PA) |
| J9203 | Mylotarg | injection, gemtuzumab ozogamicin, 0.1 mg (mylotarg) | Medical |
| J9204 | Poteligeo | Injection, mogamulizumab-kpkc, 1 mg | Medical |
| J9205 | Onivyde | injection, irinotecan liposome, 1mg | Medical |
| J9206 | Camptosar | injection, irinotecan, 20 mg | Medical |

| Code | Brand Name | Description | Benefit |
|-------|--|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J9207 | Ixempra | injection, ixabepilone, 1 mg | Medical |
| J9208 | Ifex | injection, ifosfamide, 1 g | Medical |
| J9209 | | injection, mesna, 200 mg | Medical |
| J9210 | Gamifant | Injection, emapalumab-lzsg, 1 mg | Medical (PA) |
| J9211 | Idamycin | injection, idarubicin hcl, 5 mg | Medical |
| J9212 | Pegasys, Pegasys ProClick | injection, interferon-alfaon-1, recombinant, 1 microgram | Medical |
| J9213 | Roferon A, Interferon alfa-2a inj | injection, interferon, alfa-2a, recombinant, 3 million units | Medical |
| J9214 | Intron A | injection, interferon, alfa-2b, recombinant, 1 million units | Medical |
| J9215 | Alferon- N interferon | injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu | Medical |
| J9216 | Actimmune | injection, interferon, gamma 1-b, 3 million units | Pharmacy (PA) |
| J9217 | Eligard/Lupron depot | leuprolide acetate (for depot suspension), 7.5 mg | Medical (PA) |
| J9218 | Lupron non-depot | injection, non depot form for sc or iv use, leuprolide acetate, per 1 mg | Pharmacy (PA) |
| J9219 | Viadur | leuprolide acetate implant, 65 mg | Medical |
| J9223 | Zepzelca | Injection, lurbinectedin, 0.1 mg | Medical |
| J9225 | Vantas | histrelin implant (vantas), 50 mg | Medical (PA) |
| J9226 | Supprelin LA | histrelin implant (supprelin la), 50 mg | Medical (PA) |
| J9227 | Sarclisa | Injection, isatuximab-irfc, 10 mg | Medical |
| J9228 | Yervoy | injection, ipilimumab, 1 mg | Medical |
| J9229 | Besponsa | injection, inotuzumab ozogamicin, 0.1 mg | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J9230 | Mustargen | injection, mechlorethamine hcl, 10 mg | Medical |
| J9245 | Alkeran | Injection, melphalan hydrochloride, not otherwise specified, 50 mg | Medical |
| J9246 | Evomela | Injection, melphalan (evomela), 1 mg | Medical |
| J9247 | Pepaxto | injection, melphalan flufenamide, 1 mg | Medical |
| J9250 | | methotrexate sodium, 5 mg | Medical |
| J9260 | | methotrexate sodium, 50 mg | Medical |
| J9261 | Arranon | injection, nelarbine, 50 mg | Medical |
| J9262 | Synribo | injection, omacetaxine mepesuccinate, 0.01 mg | Medical |
| J9263 | Eloxatin | injection, oxaliplatin, 0.5 mg | Medical |
| J9264 | Abraxane | injection, paclitaxel protein-bound particles, 1 mg | Medical |
| J9266 | Oncaspar | injection, pegaspargase, per single dose vial | Medical |
| J9267 | Nov-Onxol | injection, paclitaxel, 1 mg | Medical |
| J9268 | Nipent | injection, pentostatin, 10 mg | Medical |
| J9269 | Elzonris | Injection, tagraxofusp-erzs, 10 micrograms | Medical |
| J9270 | | injection, plicamycin, 2.5 mg | Medical |
| J9271 | Keytruda | injection, pembrolizumab, 1 mg | Medical |
| J9272 | Jemperli | Injection, dostarlimab-gxly, 10 mg | Medical |
| J9273 | Tivdak | Injection, tisotumab vedotin-tftv, 1 mg | Medical |
| J9274 | Kimmtrak | Injection, tebentafusp-tebn, 1 microgram | Medical (PA) |
| J9280 | | injection, mitomycin, 5 mg | Medical |
| J9281 | Jelmyto | Mitomycin pyelocalyceal instillation, 1 mg | Medical |
| J9285 | Lartruvo | injection, olatumumab, 10 mg (lartruvo) | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-----------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J9293 | | injection, mitoxantrone hcl, per 5 mg | Medical |
| J9294 | | Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg | Medical (NF) |
| J9295 | Portrazza | injection, necitumumab, 1 mg | Medical |
| J9296 | | Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg | Medical (NF) |
| J9297 | | Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg | Medical (NF) |
| J9298 | Opdualag | Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg | Medical |
| J9299 | Opdivo | injection nivolumab, 1 mg | Medical |
| J9301 | Gazyva | injection, obinutuzumab, 10 mg | Medical |
| J9302 | Arzerra | injection, ofatumumab, 10 mg | Medical |
| J9303 | Vectibix | injection, panitumumab, 10 mg | Medical |
| J9304 | Pemfexy | Injection, pemetrexed (PEMFEXY), 10 mg | Medical (PA) |
| J9305 | Alimta | Injection, pemetrexed, not otherwise specified, 10 mg | Medical |
| J9306 | Perjeta | injection, pertuzumab, 1 mg | Medical |
| J9307 | Folotyn | injection, pralatrexate, 1 mg | Medical |
| J9308 | Cyramza | injection ramucirumab 5 mg | Medical |
| J9309 | Polivy | Injection, polatuzumab vedotin-piiq, 1 mg | Medical |
| J9311 | Rituxan Hycela | injection, rituximab and hyaluronidase, 10 mg | Either (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J9312 | Rituxan | injection, rituximab, 10 mg | Either (PA) |
| J9313 | Lumoxiti | 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) |
| J9314 | | Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg | Medical (NF) |
| J9316 | Phesgo | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg | Medical |
| J9317 | Trodely | Injection, sacituzumab govitecan-hziy, 2.5 mg | Medical |
| J9318 | | Injection, romidepsin, non-lyophilized, 0.1 mg | Medical |
| J9319 | Istodax | Injection, romidepsin, lyophilized, 0.1 mg | Medical |
| J9320 | Zansosar | injection, streptozocin, 1 g | Medical |
| J9325 | Imlygic | injection, talimogene laherparepvec, per 1 million plaque forming units | Medical |
| J9328 | Temodar IV | injection, temozolomide, 1 mg | Medical |
| J9330 | Torisel | injection, temsirolimus, 1 mg | Medical |
| J9331 | Fyarro | Injection, sirolimus protein-bound particles, 1 mg | Medical |
| J9332 | Vyvgart | Injection, efgartigimod alfa-fcab, 2mg | Medical (PA) |
| J9340 | | injection, thiotepa, 15 mg | Medical |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|--------------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| J9348 | Danyelza | Injection, naxitamab-gqgk, 1 mg | Medical |
| J9349 | Monjuvi | injection, tafasitamab-cxix, 2 mg | Medical (PA) |
| J9351 | Hycamptin | injection, topotecan, 0.1 mg | Medical |
| J9352 | Yondelis | injection, trabectedin 0.1mg | Medical |
| J9353 | Margenza | Injection, margetuximab-cmkb, 5 mg | Medical |
| J9354 | Kadcyla | injection, ado-trastuzumab emtansine, 1 mg | Medical |
| J9355 | Herceptin | injection, trastuzumab, 10 mg | Medical |
| J9356 | Herceptin Hylecta | Injection, trastuzumab, 10 mg and Hyaluronidase-oysk | Medical |
| J9357 | Valstar | injection, valrubicin, intravesical, 200 mg | Medical |
| J9358 | Enhertu | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg | Medical |
| J9359 | Zynlonta | Injection, loncastuximab tesirine-lpyl, 0.075 mg | Medical (PA) |
| J9360 | | injection, vinblastine sulfate, 1 mg | Medical |
| J9370 | | vincristine sulfate, 1 mg | Medical |
| J9371 | Marquibo | injection, vincristine sulfate liposome, 1 mg | Medical |
| J9390 | Navelbine | injection, vinorelbine tartrate, 10 mg | Medical |
| J9393 | | Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg | Medical (NF) |
| J9394 | | Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg | Medical (NF) |
| J9395 | Faslodex | injection, fulvestrant, 25 mg | Medical |
| J9400 | Zaltrap | injection, ziv-aflibercept, 1 mg | Medical |
| J9999 | | not otherwise classified, antineoplastic drugs | Medical |



Individual and Family Plan
Medication List

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



Individual and Family Plan
Medication List

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



Individual and Family Plan
Medication List

| Code | Brand Name | Description | Benefit |
|-------|--|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| M0239 | Bamlanivimab-xxxx infusion | Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring | Medical |
| M0240 | Casirivimab and imdevimab infusion | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses | Medical |
| M0241 | Casirivimab and imdevimab infusion - home | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses | Medical |
| M0243 | Casirivimab and imdevimab infusion | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring | Medical |
| M0244 | Casirivimab and imdevimab infusion - home | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | Medical |



Individual and Family Plan
Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| M0245 | Bamlan and etesev infusion | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring | Medical |
| M0246 | Bamlan and etesev infus home | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency | Medical |
| M0247 | Sotrovimab infusion | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring | Medical |
| M0248 | Sotrovimab inf, home admin | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | Medical |
| Q0138 | Feraheme | injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use) | Medical |
| Q0139 | Feraheme | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis) | Medical |

| Code | Brand Name | Description | Benefit |
|-------|-----------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q0161 | Chlorpromazine | chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen | Pharmacy |
| Q0220 | Evusheld | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg | Medical |

| Code | Brand Name | Description | Benefit |
|-------|-----------------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q0221 | Evusheld | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg | Medical |
| Q0222 | Bebtelovimab 175 mg | Injection, bebtelovimab, 175 mg | Medical |
| Q0239 | Bamlanivimab-xxxx | Injection, bamlanivimab-xxxx, 700 mg | Medical |
| Q0240 | Casirivimab and imdevimab | Injection, casirivimab and imdevimab, 600 mg | Medical |
| Q0243 | Casirivimab and imdevimab | Injection, casirivimab and imdevimab, 2400 mg | Medical |
| Q0244 | Casiriviman and imdevimab | Injection, casirivimab and imdevimab, 1200 mg | Medical |
| Q0245 | Bamlanivimab and etesevima | Injection, bamlanivimab and etesevimab, 2100 mg | Medical |
| Q0247 | Sotrovimab | Injection, sotrovimab, 500 mg | Medical |
| Q2009 | | injection, fosphenytoin, 50 mg phenytoin equivalent | Medical |
| Q2035 | Afluria | influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria) | Either |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-----------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q2037 | Fluvirin | influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin) | Either |
| Q2038 | Fluzone | influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone) | Either |
| Q2040 | Kymriah | tisagenlecleucel, up to 250 million car positive viable t cells, including leukapheresis and dose preparation procedures, per infusion | Medical (PA) |
| Q2041 | Yescarta | axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car t cells, including leukapheresis and dose preparation procedures, per infusion | Medical (PA) |
| Q2042 | Kymriah | tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Medical (PA) |
| Q2043 | Provenge | sipuleucel-t auto cd54+ | Medical (PA) |
| Q2049 | Lipodox | Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg | Medical |
| Q2050 | Doxil | injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg | Medical |
| Q2053 | Tecartus | Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Medical (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-----------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q2054 | Breyanzi | Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Medical (PA) |
| Q2055 | Abecma | Idecabtagene vicleucel, up to 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 | Carvykti | Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Medical (PA) |
| Q3027 | Avonex | INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE | Pharmacy |
| Q3028 | Rebif | injection, interferon beta-1a, 1 mcg for subcutaneous use | Pharmacy (PA) |
| Q4074 | Ventavis | iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms | Pharmacy (PA) |
| Q5101 | Zarxio | injection, filgrastim-sndz, biosimilar, (zarxio) 1 microgram | Either (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q5103 | Inflectra | injection , infliximab-dyyb , biosimilar, 10 mg | Either (PA) |
| Q5104 | Renflexis | injection, infliximab-abda, biosimilar, (renflexis), 10 mg | Either (PA) |
| Q5105 | Retacrit | injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units | Either |
| Q5106 | Retacrit | injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units | Either |
| Q5107 | Mvasi | injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg | Medical |
| Q5108 | Fulphila | Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg | Either (PA) |
| Q5109 | Ixifi | injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg | Either (PA) |
| Q5110 | Nivestym | injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram | Either |



Individual and Family Plan
Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q5111 | Udenyca | Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg | Either |
| Q5112 | Ontruzant | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg | Medical (PA) |
| Q5113 | Herzuma | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg | Medical (PA) |
| Q5114 | Ogivri | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg | Medical (PA) |
| Q5115 | Truxima | Injection, rituximab-abbs, biosimilar, (truxima), 10 mg | Either (PA) |
| Q5116 | Trazimera | Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg | Medical |
| Q5117 | Kanjinti | Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg | Medical (PA) |
| Q5118 | Zirabev | InjInjection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mgection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg | Medical (PA) |
| Q5119 | Ruxience | Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg | Either (PA) |
| Q5120 | Ziextenzo | Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg | Either (PA) |



Individual and Family Plan
Medication List

| Code | Brand Name | Description | Benefit |
|-------|------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q5121 | Avsola | Injection, infliximab-axxq, biosimilar, (avsola), 10 mg | Either (PA) |
| Q5122 | Nyvepria | Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg | Either (PA) |
| Q5123 | Riabni | Injection, rituximab-arxx, biosimilar, (riabni), 10 mg | Either (PA) |
| Q5124 | Byooviz | Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg | Medical |
| Q5125 | Releuko | Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram | Either (PA) |
| Q5126 | Alymsys | Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg | Medical (PA) |
| Q5127 | Stimufend | Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg | Either (PA) |
| Q5128 | Cimerli | Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg | Medical |
| Q5129 | Vegzelma | Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg | Medical (PA) |
| Q5130 | Fylnetra | Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg | Either (PA) |



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| Code | Brand Name | Description | Benefit |
|-------|-------------------------------|--|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| Q9991 | Sublocade | injection, buprenorphine extended release < 100 mg | Either (PA) |
| Q9992 | Sublocade | injection, buprenorphine extended release > 100 mg | Either (PA) |
| S0012 | Stadol | butorphanol tartrate, nasal spray, 25 mg | Pharmacy |
| S0013 | Spravato | Esketamine, nasal spray, 1 mg | Either (PA) |
| S0014 | Cognex | tacrine hydrochloride, 10 mg | Pharmacy |
| S0088 | Gleevec | imatinib, 100 mg | Pharmacy (PA) |
| S0090 | Viagra | sildenafil citrate, 25 mg | Pharmacy |
| S0091 | Kytril | granisetron hydrochloride, 1 mg (for circumstances falling under the medicare stature use q0166) | Pharmacy |
| S0104 | Retrovir | zidovudine, oral, 100 mg | Pharmacy |
| S0106 | Wellbutrin SR | bupropion hcl sustained release tab, 150 mg, per bottle of 60 | Pharmacy |
| S0108 | Purinethol | mercaptopurine, oral, 50 mg | Pharmacy |
| S0109 | Dolophine | methadone, oral, 5 mg | Pharmacy |
| S0117 | Retin A/Atralin/Renova | tretinoin, topical, 5 grams | Pharmacy |
| S0119 | Zofran | ondansetron, oral 4 mg | Pharmacy |
| S0122 | Menopur | injection, menotropins, 75 iu | Pharmacy |
| S0136 | Clozaril | clozapine, 25 mg | Pharmacy |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|-------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| S0137 | Videx | didanosine (ddl), 25 mg | Pharmacy |
| S0138 | Propecia | finasteride, 25 mg | Pharmacy |
| S0139 | Rogaine, Loniten | minoxidil, 10 mg | Pharmacy |
| S0140 | Invirase | saquinavir, 200 mg | Pharmacy |
| S0145 | Pegasys | injection, pegylated interferon alfa 2a, 180 mcg per 0.5 ml | Pharmacy (PA) |
| S0148 | Peg-Intron | injection, peginterferon alfa-2b | Pharmacy (PA) |
| S0156 | Aromasin | exemestane, 25 mg | Pharmacy |
| S0157 | Regranex | becaplermin gel, 0.02%, 0.5g | Pharmacy |
| S0160 | Dexedrine | dextroamphetamine sulfate, 5 mg | Pharmacy |
| S0170 | Arimidex | anastrozole, oral, 1 mg | Pharmacy |
| S0172 | Leukeran | chlorambucil, oral, 2 mg | Pharmacy |
| S0174 | Anzemet | dolasetron mesylate , oral 50 mg (for circumstances falling under medicare statute) | Pharmacy |
| S0175 | Drogenil | flutamide, oral, 125 mg | Pharmacy |
| S0176 | Hydrea | hydroxyurea, oral, 500 mg | Pharmacy |
| S0178 | Ceenu | lomustine, oral, 10 mg | Pharmacy |
| S0179 | Megase | megesterol acetate, oral 20 mg | Pharmacy |
| S0182 | Matulane | procarbazine maleate, oral, 5 mg (for circumstances foalling undr the medicare stature use q0164-q0165) | Pharmacy |
| S0183 | Compazine | prochlorperazine maleate, oral, 5mg | Pharmacy |
| S0187 | Nolvadex | tamoxifen citrate, oral, 10 mg | Pharmacy |
| S0189 | Testopel | testosterone pellet, 75 mg | Medical (PA) |



Individual and Family Plan Medication List

| Code | Brand Name | Description | Benefit |
|-------|---------------------------------------|---|---|
| | | | (PA) = Prior Authorization Required (NF) = Non-Formulary |
| S0194 | | dialysis/stress vitamin supplement, oral, 100 mg capsules | Pharmacy |
| S0197 | | prenatal vitamins, 30 day supply (further documentation required) | Pharmacy |
| S1091 | Propel | Stent, non-coronary, temporary, with delivery system (propel) | Medical |
| S4990 | Nicoderm CQ, Nicotrol | nicotine patches, legend (further documentation required) | Pharmacy |
| S4995 | Nicorette | smoking cessation gum | Pharmacy |
| S5000 | Prescription drug , generic | | Pharmacy |
| S5001 | Prescription drug , brand name | | Pharmacy |