



Please review this list of **Medicaid and CHIP** drugs that require prior authorization below. This list is updated frequently.

If the drug you are searching for is newly FDA approved and/or does not appear on this list, please contact our PreCert Department at 215-967-4690 or use the Provider Portal.

For medications reviewed by Pharmacy or covered under the Pharmacy Benefit, please refer to the Pennsylvania Statewide PDL and HPP Pharmacy prior authorization website. Fax completed forms/requests to the pharmacy fax number 1-866-240-3712

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Code	Description	PA PDL Status	Reviewer	Benefit Restriction
B4105	Relizorb immobilized lipase cartridge	N/A	PreCert	DME
C9072	Injection, immune globulin (asceniv), 500 mg	Non-PDL	Pharmacy	Medical Benefit
C9305	Injection, nipocalimab-aahu, 3 mg	Non-PDL	PreCert	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
C9399	Unclassified Drugs	N/A	Pharmacy or PreCert	Medical Benefit
G2082	Esketamine, nasal self administration, up to 56 mg (SPRAVATO 56 mg dose pack)	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
G2083	Esketamine, nasal self administration, greater than 56 mg (SPRAVATO 84 mg dose pack)	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0129	Abatacept inj, 10 MG (ORENCIA)	PDL Preferred with PA	Pharmacy	Medical Benefit
J0172	Injection, aducanumab-avwa, 2 mg (ADUHELM)	N/A	Pharmacy	Medical Benefit
J0174	Injection, lecanemab-irmb, 1 mg (LEQEMBI)	N/A	Pharmacy	Medical Benefit
J0175	Injection, donanemab-azbt, 2mg (KISUNLA)	Non-PDL	Pharmacy	Medical Benefit
J0177	Aflibercept inj, 1 MG (EYLEA HD)	PDL non-preferred	Pharmacy	Medical Benefit
J0178	Aflibercept inj, 1 MG (EYLEA)	PDL Preferred with PA	Pharmacy	Medical Benefit
J0179	Brolucizumab-dblj inj, 1 MG (BEOVU)	PDL non-preferred	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J0202	Alemtuzumab inj, 1 mg (LEMTRADA)	PDL non-preferred	Pharmacy	Medical Benefit
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg) (EMBLAVEO)	Non-PDL	PreCert	Medical Benefit
J0490	Injection, Belimumab 10 mg (BENLYSTA)	Non-PDL	Pharmacy	Pharmacy or Medical Benefit
J0517	Injection, benralizumab, 1 mg	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J0525	Injection, cefotetan disodium, 10 mg	Non-PDL	PreCert	Medical Benefit
J0565	Injection, bezlotoxumab, 10 mg (ZINPLAVA)	PDL non-preferred	Pharmacy	Medical Benefit
J0570	Buprenorphine implant, 74.2 mg (PROBUPHINE)	PDL non-preferred	Pharmacy	Medical Benefit
J0585	Injection, Onabotulinumtoxina, 1 unit (BOTOX)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit except when being given as part of a procedure
J0586	Injection, abobotulinumtoxinA, 5 units (DYSPORT)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit except when being given as part of a procedure
J0587	Injection, rimabotulinumtoxinB, 100 units (MYOBLOC)	PDL non-preferred	Pharmacy	Pharmacy Benefit except when being given as part of a procedure

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J0588	Injection, incobotulinumtoxinA, 1 unit (XEOMIN)	PDL non-preferred	Pharmacy	Pharmacy Benefit except when being given as part of a procedure
J0589	Injection, daxibotulinumtoxinA-lanm, 1 unit (DAXXIFY)	PDL non-preferred	Pharmacy	Pharmacy Benefit except when being given as part of a procedure
J0591	Injection, deoxycholic acid, 1 mg (KYBELLA)	Non-PDL	PreCert	Medical Benefit
J0593	Injection, lanadelumab-flyo, 1 mg (TAKHZYRO)	PDL Preferred with PA	Pharmacy	Medical Benefit
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	PDL Preferred with PA	Pharmacy	Medical Benefit
J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	PDL Preferred with PA	Pharmacy	Medical Benefit
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	PDL Preferred with PA	Pharmacy	Medical Benefit
J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	PDL Preferred with PA	Pharmacy	Medical Benefit
J0638	Injection, canakinumab, 1 mg (ILARIS)	PDL non-preferred	Pharmacy	Medical Benefit
J0681	Injection, ceftobiprole medocartil sodium, 3 mg (ZEVTERA)	Non-PDL	PreCert	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J0717	Certolizumab pegol inj, 1 MG (CIMZIA)	PDL non-preferred	Pharmacy	Medical Benefit
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (XIAFLEX)	Non-PDL	Pharmacy	Medical Benefit
J0791	Injection, crizanlizumab-tmca, 5 mg (ADAKVEO)	PDL non-preferred	Pharmacy	Medical Benefit
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) (ARANESP)	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) (ARANESP)	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units (PROCRIT)	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units (EPOGEN)	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis) (MIRCERA)	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use) (MIRCERA)	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0897	Injection, denosumab, 1 mg (PROLIA/XGEVA)	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J1072	Injection, testosterone cypionate (Azmiro), 1 mg	PDL non-preferred	Pharmacy	Medical Benefit
J1240	Injection, dimenhydrinate, up to 50 mg	PDL non-preferred	Pharmacy	Medical Benefit
J1290	Injection, ecallantide, 1 mg (KALBITOR)	PDL Preferred with PA	Pharmacy	Medical Benefit
J1299	Injection, eculizumab, 2 mg (SOLIRIS)	Non-PDL	Pharmacy	Medical Benefit
J1303	Ravulizumab-cwvz injection, 10 MG (ULTOMIRIS)	Non-PDL	Pharmacy	Medical Benefit
J1305	Injection, evinacumab-dgnb, 5 mg (EVKEEZA)	PDL non-preferred	Pharmacy	Medical Benefit
J1306	Injection, inclisiran, 1 mg (LEQVIO)	PDL non-preferred	Pharmacy	Medical Benefit
J1307	Injection, crovalimab-akkz, 10 mg (PIASKY)	Non-PDL	Pharmacy	Medical Benefit
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose (HEMGENIX)	Non-PDL	Pharmacy	Medical Benefit
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes (ROCTAVIAN)	Non-PDL	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (ELEVIDYS)	Non-PDL	Pharmacy	Medical Benefit
J1427	Injection, viltolarsen, 10 mg (VILTEPSO)	Non-PDL	Pharmacy	Medical Benefit
J1437	Injection, ferric derisomaltose, 10 mg (MONOFERRIC)	PDL non-preferred	Pharmacy	Medical Benefit
J1438	Injection, etanercept, 2 mg (ENBREL)	PDL Preferred with PA	Pharmacy	Medical Benefit
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg (NEUPOGEN)	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit
J1447	Injection, tbo-filgrastim, 1 mcg (GRANIX)	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit
J1453	Injection, fosaprepitant, 1 mg (EMEND)	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Medical Benefit
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1552	Injection, immune globulin (Alyglo), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1554	Injection, immune globulin (Asceniv), 500 mg	Non-PDL	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J1556	Injection, immune globulin (Bivigam), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1559	Injection, immune globulin (Hizentra), 100 mg	Non-PDL	Pharmacy	Medical Benefit
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1576	Injection, immune globulin (Panzyga), intravenous, nonlyophilized (e.g., liquid), 500 mg	Non-PDL	Pharmacy	Medical Benefit
J1602	Injection, golimumab, 1 mg, for intravenous use (SIMPONI)	PDL Preferred with PA	Pharmacy	Medical Benefit
J1627	Injection, granisetron, extended-release, 0.1 mg (SUSTOL)	PDL non-preferred	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J1740	Injection, ibandronate sodium, 1 mg (BONIVA)	PDL non-preferred	Pharmacy	Medical Benefit
J1744	Injection, icatibant, 1 mg (FIRAZYR)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J1744	Injection, icatibant, 1 mg (ICATIBANT)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J1745	Injection, infliximab, excludes biosimilar, 10 mg (REMICADE)	PDL non-preferred	Pharmacy	Medical Benefit
J1745	Injection, infliximab, excludes biosimilar, 10 mg (unbranded)	PDL Preferred with PA	Pharmacy	Medical Benefit
J1746	Injection, ibalizumab-uiyk, 10 mg (TROGARZO)	PDL non-preferred	Pharmacy	Medical Benefit
J1747	Injection, spesolimab-sbzo, 1 mg (SPEVIGO)	PDL non-preferred	Pharmacy	Medical Benefit
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Non-PDL	Pharmacy	Pharmacy Benefit
J1786	Injection, imiglucerase, 10 units (CEREZYME)	PDL non-preferred	Pharmacy	Medical Benefit
J1809	Injection, fosdenopterin, 0.1 mg (NULIBRY)	Non-PDL	PreCert	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J1823	Injection, ineilizumab-cdon, 1 mg (UPLIZNA)	Non-PDL	PreCert	Medical Benefit
J1834	Injection, isoniazid, 1 mg	Non-PDL	PreCert	Medical Benefit
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg (LUPRON DEPOT-PEDI)	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
J2182	Injection, mepolizumab, 1 mg (NUCALA)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J2291	Injection, nafcillin sodium (Baxter), 20 mg	Non-PDL	PreCert	Medical Benefit
J2323	Injection, natalizumab, 1 mg (TYSABRI)	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit
J2326	Injection, nusinersen, 0.1 mg (SPINRAZA)	Non-PDL	Pharmacy	Medical Benefit
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg (SKYRIZI-IV infusion for loading dose)	PDL non-preferred	Pharmacy	Medical Benefit
J2329	Injection, ublituximab-xiiy, 1mg (BRIUMVI)	PDL Preferred with PA	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J2350	Injection ocrelizumab, 1 mg (OCREVUS)	PDL non-preferred	Pharmacy	Medical Benefit
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq (OCREVUS ZUNOVO)	PDL non-preferred	Pharmacy	Medical Benefit
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg (SANDOSTATIN LAR)	Non-PDL	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg (SANDOSTATIN NON-DEPOT)	Non-PDL	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
J2356	injection, tezepelumab-ekko, 1 mg (TEZSPIRE)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J2357	Injection, omalizumab, 5 mg (XOLAIR SYRINGE/VIAL)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J2428	Injection, paliperidone palmitate extended release (Erzofri), 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit
J2507	Injection, pegloticase, 1 mg (KRYSTEXXA)	PDL non-preferred	Pharmacy	Medical Benefit
J2777	Injection, faricimab-svoa, 0.1 mg (VABYSMO)	PDL non-preferred	Pharmacy	Medical Benefit
J2778	Injection, ranibizumab, 0.1 mg (LUCENTIS)	PDL Preferred with PA	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J2779	Injection, ranibizumab, via intravitreal implant, 0.1 mg (SUSVIMO)	PDL non-preferred	Pharmacy	Medical Benefit
J2786	Injection, reslizumab, 1 mg (CINQAIR)	PDL non-preferred	Pharmacy	Medical Benefit
J2793	Injection, rilonacept, 1 mg (ARCALYST)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J2802	Injection, romiplostim, 1 mcg (NPLATE)	PDL Preferred with PA	Pharmacy	Medical Benefit
J2820	Injection, sargramostim (GM-CSF), 50 mcg (LEUKINE)	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
J3032	Injection, eptinezumab-jjmr, 1 mg (VYEPTI)	PDL non-preferred	Pharmacy	Medical Benefit
J3060	Injection, taliglucerase alfa, 10 units (ELELYSO)	PDL Preferred with PA	Pharmacy	Medical Benefit
J3111	Injection, romosozumab-aqqg, 1 mg (EVENITY)	PDL non-preferred	Pharmacy	Medical Benefit
J3241	Injection, teprotumumab-trbw, 10 mg (TEPEZZA)	Non-PDL	Pharmacy	Pharmacy or Medical Benefit
J3247	Injection, secukinumab, IV, 1 mg (COSENTYX)	PDL non-preferred	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J3250	Trimethobenzamide HCl injection, 200 MG (TIGAN)	PDL non-preferred	Pharmacy	Medical Benefit
J3262	Injection, tocilizumab, 1 mg IV solution (ACTEMRA)	PDL Preferred with PA	Pharmacy	Medical Benefit
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg (TRIVARIS, TRISENCE)	PDL non-preferred	Pharmacy	Medical Benefit
J3315	Injection, triptorelin pamoate, 3.75 mg (TRELSTAR)	PDL non-preferred	Pharmacy	Medical Benefit
J3316	Injection, triptorelin, extended-release, 3.75 mg (TRITODUR)	PDL Preferred with PA	Pharmacy	Medical Benefit
J3357	Ustekinumab, for subcutaneous injection, 1 mg (STELARA)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J3358	Ustekinumab, for intravenous injection, 1 mg (STELARA)	PDL non-preferred	Pharmacy	Medical Benefit
J3380	Injection, vedolizumab, IV, 1 mg (ENTYVIO)	PDL non-preferred	Pharmacy	Medical Benefit
J3385	Injection, velaglucerase alfa, 100 units (VPRIV)	PDL non-preferred	Pharmacy	Medical Benefit
J3391	Injection, atidarsagene autotemcel, per treatment (LENMELDY)	Non-PDL	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J3392	Injection, exagamlogene autotemcel, per treatment (CASGEVY)	Non-PDL	Pharmacy	Medical Benefit
J3393	Injection, betibeglogene autotemcel, per treatment (ZYNTEGLO)	Non-PDL	Pharmacy	Medical Benefit
J3394	Injection, lovotibeglogene autotemcel, per treatment (LYFGENIA)	Non-PDL	Pharmacy	Medical Benefit
J3396	Injection, verteporfin, 0.1 mg (VISUDYNE)	PDL Preferred with PA	Pharmacy	Medical Benefit
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (LUXTURNA)	Non-PDL	Pharmacy	Medical Benefit
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 (ZOLGENSMA)	Non-PDL	Pharmacy	Medical Benefit
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml (VYJUVEK)	Non-PDL	Pharmacy	Medical Benefit
J3402	Injection, remestemcel-l-rknd, per therapeutic dose (RYONCIL)	Non-PDL	PreCert	Medical Benefit
J3403	Revakinagene taroretcel-lwey, per implant (ENCELTO)	Non-PDL	PreCert	Medical Benefit
J3489	Injection, zoledronic acid, 1 mg (RECLAST) <i>Auth required for BRAND ONLY</i>	PDL non-preferred	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J3490	Unclassified drugs	N/A	Pharmacy or PreCert	Medical Benefit
J3590	Unclassified biologics	N/A	Pharmacy or PreCert	Medical Benefit
J3590	Injection, teduglutide 5mg (Gattex)	Non-PDL	Pharmacy	Medical Benefit
J7170	Injection, emicizumab-kxwh, 0.5 mg (HEMLIBRA)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7172	Injection, marstacimab-hncq, 0.5 mg (HYMPAVZI)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7173	Injection, concizumab-mtci, 0.5 mg (ALHEMO)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7174	Injection, fitusiran, 0.04 mg (QFITLIA)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:Rco	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	PDL Preferred with PA	Pharmacy	Pharmacy Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU (ALPHANATE)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7190	Factor VIII (antihemophilic factor, human) per IU (KOATE-DVI)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (ADVATE rAHF-PFM)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU (ALPHANINE SD, MONONINE)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7194	Factor IX complex, per IU (KONYNE-80, PROFILNINE SD)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified (ANTITHROMBATE III, BENEFIX, THROMBATE III)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J7198	Antiinhibitor, per IU (AUTOPLEX T, FEIBA VH AICC)	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU (ELOCTATE)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU (ADYNOVATE)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	PDL Preferred with PA	Pharmacy	Pharmacy Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	PDL non-preferred	Pharmacy	Medical Benefit
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	PDL non-preferred	Pharmacy	Medical Benefit
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg (OZURDEX)	PDL non-preferred	Pharmacy	Medical Benefit
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	PDL non-preferred	Pharmacy	Medical Benefit
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	PDL non-preferred	Pharmacy	Medical Benefit
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7321	Hyaluronan or derivative, for intra-articular injection, per dose (HYALGAN)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7321	Hyaluronan or derivative, for intra-articular injection, per dose (SUPARTZ)	PDL non-preferred	Pharmacy	Pharmacy Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J7321	Hyaluronan or derivative, for intra-articular injection, per dose (VISCO-3)	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	PDL non-preferred	Pharmacy	Medical Benefit
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg (TYVASO)	PDL Preferred with PA	Pharmacy	Medical Benefit
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose (ADSTILADRIN)	N/A	Pharmacy	Medical Benefit
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (LUPRON DEPOT, ELIGARD)	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
J9218	Leuprolide acetate, per 1 mg (LUPRON)	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
J9225	Histrelin implant (Vantas), 50 mg	PDL Preferred with PA	Pharmacy	Medical Benefit
J9226	Histrelin implant (Supprelin LA), 50 mg	PDL non-preferred	Pharmacy	Medical Benefit
J9332	Injection, efgartigimod alfa-fcab, 2 mg (VYVGART)	Non-PDL	PreCert	Medical Benefit
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc (VYVGART)	Non-PDL	PreCert	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
J9348	Injection, naxitamab-ggqk, 1 mg	Non-PDL	Pharmacy	Medical Benefit
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (FERAHEME)	PDL non-preferred	Pharmacy	Medical Benefit
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis) (FERAHEME)	PDL non-preferred	Pharmacy	Medical Benefit
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion (AUCATZYL)	Non-PDL	PreCert	Medical Benefit
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg (VENTAVIS)	PDL Preferred with PA	Pharmacy	Medical Benefit
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (PROCRIT)	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (EPOGEN)	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	PDL non-preferred	Pharmacy	Medical Benefit
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	PDL Preferred with PA	Pharmacy	Medical Benefit
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg	PDL Preferred with PA	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	PDL non-preferred	Pharmacy	Medical Benefit
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	PDL non-preferred	Pharmacy	Medical Benefit
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5108	Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	PDL non-preferred	Pharmacy	Medical Benefit
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5120	Injection, pegfilgrastim-bmez (Ziextenzo), biosimilar, 0.5 mg	PDL non-preferred	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	PDL Preferred with PA	Pharmacy	Medical Benefit
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	PDL non-preferred	Pharmacy	Medical Benefit
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	PDL Preferred with PA	Pharmacy / EviCore if cancer diagnosis	Pharmacy or Medical Benefit
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	PDL Preferred with PA	Pharmacy	Medical Benefit
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	PDL non-preferred	Pharmacy	Medical Benefit
Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	Non-PDL	Pharmacy	Medical Benefit
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg	Non-PDL	Pharmacy	Medical Benefit
Q5153	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	Non-PDL	Pharmacy	Medical Benefit

Code	Description	PA PDL Status	Reviewer	Benefit Restriction
Q5154	Injection, omalizumab-igec (Omlyclo), biosimilar, 5 mg	Non-PDL	Pharmacy	Pharmacy or Medical Benefit
Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg	Non-PDL	Pharmacy	Medical Benefit
Q5156	Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg	Non-PDL	Pharmacy	Pharmacy Benefit
Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg	PDL non-preferred	Pharmacy	Pharmacy Benefit
Q5158	Injection, denosumab-bnht (Bomynta/Conexence), biosimilar, 1 mg	Non-PDL	Pharmacy	Pharmacy or Medical Benefit
Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	Non-PDL	Pharmacy	Pharmacy or Medical Benefit
S0189	Testosterone pellet, 75 mg	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit