



MEDICAL DRUG BENEFIT MANAGEMENT PROGRAM DRUG REFERENCE FILE

Effective January 1, 2024

As of April 1, 2015, providers should be registered end users of the Express Path platform.

Registered providers can use the web-based ExpressPath platform to obtain timely electronic prior authorization of medical drug treatments for medical drug claim reimbursement.

Register at <https://www.express-path.com>. If you have questions, please call (877) 273-2122.



This drug list is also available online by going to the following site: <https://accredo.com/prescribers/1199>

The symbol [PA] next to a drug name indicates that this medication is subject to the Prior Authorization Program. The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program. Please call 646-473-7160 to initiate the prior authorization process.

The symbol ♦ next to a drug name indicates that this medication is subject to the eviCore Comprehensive Oncology Management Program for drugs prescribed in the treatment of cancer. Please contact (888) 910-1199 for additional assistance.

The symbol [ST] next to a drug name indicates that this medication is non-preferred. Step therapy is designed to provide safe, effective treatment while controlling prescription costs. With step therapy, you are required to try established, lower-cost, clinically appropriate alternatives before progressing to other, more costly medications, such as Preferred Brand-name Drugs.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
ABILIFY MAINTENA	ARIPIRAZOLE	MENTAL CONDITIONS				YES	J0401
ABRILADA †	ADALIMUMAB-AFZB	INFLAMMATORY CONDITIONS	PA		ST	YES	C9399, J3590 (Q5132 EFF; 1/1/24)
ACETADOTE	ACETYLCYSTEINE	ANTIDOTES				YES	J0132
ACTEMRA ♦	TOCILIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3262
ADALIMUMAB-ADAZ (SANDOZ)	ADALIMUMAB-ADAZ	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
ADALIMUMAB-FKIP (MYLAN)	ADALIMUMAB-FKIP	INFLAMMATORY CONDITIONS	PA		ST	YES	C9399, J3590
ADAKVEO	CRIZANLIZUMAB-TMCA	SICKLE CELL DISEASE	PA			YES	J0791
ADBRY	TRALOKINUMAB-LDRM	ASTHMA & ALLERGY	PA			YES	C9399, J3590
ADCIRCA	TADALAFIL	PULMONARY HYPERTENSION	PA			YES	J8499
ADEMPAS	RIOCIGUAT	CIRCULATION DISORDERS	PA			YES	J8499

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
ADIPEX-P	PHTERMININE	WEIGHT LOSS	PA			YES	J8499
ADVATE	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7192
ADYNOVATE	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB PEGYLATED	HEMOPHILIA				YES	J7207
ADZYNMA †	ADAMTS13, RECOMBINANT-KRHN	ENZYME DEFICIENCIES		CPA		YES	C9399, J3590
AFSTYLA	ANTIHEMOPHL FCTR (RECOMB) SINGLE CHAIN	HEMOPHILIA				YES	J7210
AIMOVIG	ERENUMAB	MIGRAINE	PA			YES	C9399, J3590
AJOVY	FREMANEZUMAB	MIGRAINE	PA			YES	J3031
ALDURAZYME	LARONIDASE	ENZYME DEFICIENCIES		CPA		YES	J1931
ALPHANATE	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7186
ALPHANINE SD	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA				YES	J7193
ALPROLIX	FACTOR IX Fc FUSION PROTEIN RECOMB	HEMOPHILIA				YES	J7201
ALTUVIIO	ANTIHEMOPHILIC FACTOR RECOMB	HEMOPHILIA				YES	J7199 (J7214 EFF:10/1/23)
ALYMSYS †	BEVACIZUMAB-MALY	OPHTHALMIC CONDITIONS/CANCER	PA			YES	Q5126
AMJEVITA	ADALIMUMAB-ATTO	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
AMPYRA	DALFAMPRIDINE	MULTIPLE SCLEROSIS	PA			YES	J8499
AMVUTTRA	VUTRISIRAN SODIUM	AMYLOIDOSIS	PA			YES	C9399, J3490
ANDEXXA	COAGULATION FACTOR XA	HEMATOLOGY				YES	J7169
APOKYN	A POMORPHINE HCL	MISCELLANEOUS CNS DISORDERS				YES	J0364
APRETUDE	CABOTEGRAVIR	HIV	PA			YES	J0739
ARALAST NP	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256
ARANESP	DARBEPOETIN ALFA	BLOOD CELL DEFICIENCY	PA			YES	J0881
ARCALYST	RILONACEPT	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	PA			YES	J2793
ARISTADA	ARIPIRAZOLE LAUROXIL INJ	MENTAL CONDITIONS				YES	J1944
ARISTADA INITIO	ARIPIRAZOLE LAUROXIL INJ	MENTAL CONDITIONS				YES	J1943
ASCENIV	IMMUNE GLOBULIN – IV	IMMUNE DEFICIENCY	PA			YES	J1554
ATGAM	LYMPHOCYTE IMMUNE GLOBULIN	TRANSPLANT	PA			YES	J7504
AUBAGIO	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	PA			YES	J8499
AUSTEDO	DEUTETRABENAZINE	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J8499
AVASTIN	BEVACIZUMAB	OPHTHALMIC CONDITIONS	PA			YES	C9257
AVEED	TESTOSTERONE UNDECANOATE	ENDOCRINE DISORDERS	PA			YES	J3145
AVONEX	INTERFERON BETA-1A	MULTIPLE SCLEROSIS	PA			YES	J1826, Q3027

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
AVSOLA	INFLIXIMAB-AXXQ	INFLAMMATORY CONDITIONS	PA		ST	YES	Q5121
BELVIQ XR	LORCASERIN	WEIGHT LOSS	PA			YES	J8499
BENEFIX	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7195
BENLYSTA IV	BELIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	J0490
BENLYSTA SC	BELIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
BENZPHETAMINE	BENZPHETAMINE	WEIGHT LOSS	PA			YES	J3490
BEOVU	BROLUCIZUMAB-DBLL	OPHTHALMIC CONDITIONS	PA			YES	J0179
BERINERT	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0597
BETASERON	INTERFERON BETA-1B	MULTIPLE SCLEROSIS	PA			YES	J1830
BEVACIZUMAB	BEVACIZUMAB	OPHTHALMIC CONDITIONS	PA			YES	C9257, J7999
BIVIGAM	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1556
BONIVA (IV)	IBANDRONATE	OSTEOPOROSIS	PA			YES	J1740
BOTOX	BOTULINUM TOXIN A	NEUROMUSCULAR CONDITIONS	PA			YES	J0585
BRINEURA	CERLIPONASE ALFA	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J0567
BRIUMVI	UBLITUXIMAB-XIIY	MULTIPLE SCLEROSIS	PA			YES	C9399, J3590
BYOOVIZ	RANIBIZUMAB-NUNA	OPHTHALMIC CONDITIONS	PA			YES	Q5124
CABENUVA	CABOTEGRAVIR	HIV	PA			YES	J0741
CABLIVI	CAPLACIZUMAB-YHDP	BLOOD CELL DEFICIENCY	PA			YES	C9047
CALCIUM DISODIUM VERSENATE	EDETATE CALCIUM DISODIUM	ANTIDOTES				YES	J0600
CARIMUNE NF	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1566
CELLCEPT	MYCOPHENOLATE MOFETIL	TRANSPLANT				YES	J7517, J7599
CEPROTIN	PROTEIN C CONCENTRATE, HUMAN	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J2724
CERDELGA	ELIGLUSTAT	ENZYME DEFICIENCIES		CPA		YES	J8499
CEREZYME	IMIGLUCERASE	ENZYME DEFICIENCIES		CPA		YES	J1786
CHEMET	SUCCIMER	IRON TOXICITY	PA			YES	J8499
CHENODAL	CHENODIOL	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	NO HCPC
CHORIONIC GONADOTROPIN	GONADOTROPIN, CHORIONIC	ENDOCRINE DISORDERS				YES	J0725
CIDOFOVIR	CIDOFOVIR	VIRAL INFECTIONS				YES	J0740
CIMERLI	RANIBIZUMAB-EQRN	OPHTHALMIC CONDITIONS	PA			YES	C9399, J3590 (Q5128 EFF: 4/1/23)
CIMZIA	CERTOLIZUMAB PEGOL	INFLAMMATORY CONDITIONS	PA			YES	J0717
CINQAIR	RESLIZUMAB	RESPIRATORY CONDITIONS	PA			YES	C9481, J2786

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
CINRYZE	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0598
CLEVIPREX	CLEVIDIPINE	CAARDIOVASCULAR DISEASE				YES	C9248
COAGADEX	FACTOR X HUMAN	HEMOPHILIA		CPA		YES	J7175
CONTRAVE	NALTREXONE/BUPROPRION	WEIGHT LOSS	PA			YES	J3490
COPAXONE	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	PA			YES	J1595
CORIFACT	FACTOR XIII	HEMOPHILIA				YES	J7180
CORTROPHIN GEL	REPOSITORY CORTICOTROPIN	MISCELLANEOUS CONDITIONS	PA			YES	J3490 (J0802 EFF: 10/1/23)
COSENTYX SC †	SECUKINUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
COSENTYX IV †	SECUKINUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
CRESEMBA	ISAVUCONAZONIUM SULFATE	ANTIFUNGAL AGENTS				YES	J1833
CROFAB	CROTALIDAE POLYVALENT IMMUNE FAB	ANTIDOTES				YES	J0840
CRYSVITA ♦	BUROSUMAB-TWZA	METABOLIC DISORDER	PA			YES	J0584
CUTAQUIG	IMMUNE GLOBULIN [HUMAN]-HIP	IMMUNE DEFICIENCY	PA			YES	J1551
CUVITRU	IMMUNE GLOBULIN - SQ	IMMUNE DEFICIENCY	PA			YES	J1555
CYLTEZO	ADALIMUMAB-ADB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOB	IMMUNE DEFICIENCY		CPA		YES	90291, J0850
CYTOVENE	GANCICLOVIR	VIRAL INFECTIONS				YES	J1570
DALFAMPRIDINE	DALFAMPRIDINE	MULTIPLE SCLEROSIS	PA			YES	J8499
DAXXIFY †	DAXIBOTULINUMTOXINA-LANM	NEUROMUSCULAR CONDITIONS	PA			YES	C9399, J3590 (C9160 EFF: 1/1/24)
DDAVP	DESMOPRESSIN ACETATE	ENDOCRINE DISORDERS				YES	J2597
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	ENDOCRINE DISORDERS	PA			YES	J1071
DESFERAL	DEFEROXAMINE MESYLATE	IRON TOXICITY				YES	J0895
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE	ENDOCRINE DISORDERS				YES	J2597
DEXTENZA	DEXAMETHASONE	OPHTHALMIC CONDITIONS				YES	J1096
DEXYCU	DEXAMETHASONE	OPHTHALMIC CONDITIONS				YES	J1095
DIETHYLPROPION	DIETHYLPROPION	WEIGHT LOSS	PA			YES	J3490
DIGIFAB	DIGOXIN IMMUNE FAB	ANTIDOTES				YES	J1162
DOPTELET	AVATROMBOPAG	THROMBOCYTOPENIA	PA			YES	C9399, J8499
DUOPA	CARBIDOPA/LEVADOPA	NEUROLOGICAL DISORDERS				YES	J7340
DUPIXENT	DUPILUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
DUROLANE	SODIUM HYALURONATE, HYALURONIC ACID	OSTEOARTHRITIS	PA		ST	YES	J7318
DURYSTA	BIMATOPROSTIL	OPHTHALMIC CONDITIONS	PA			YES	J7351
DYLOJECT	DICLOFENAC SODIUM INJ	PAIN MANAGEMENT				YES	J1130
DYSPORT	ABOBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS	PA			YES	J0586
EGRIFTA	TESAMORELIN ACETATE	ENDOCRINE DISORDERS	PA			YES	C9399, J3490
ELAPRASE	IDURSULFASE	ENZYME DEFICIENCIES		CPA		YES	J1743
ELELYSO	TALIGLUCERASE ALFA	ENZYME DEFICIENCIES		CPA		YES	J3060
ELFABRIO †	PEGUNIGALSIDASE-ALFA-IWXJ	ENZYME DEFICIENCIES		CPA		YES	C9399, J3590 (J2508 EFF: 1/1/24)
ELOCTATE	FACTOR IX Fc FUSION PROTEIN RECOMB	HEMOPHILIA		CPA		YES	J7205
EMFLAZA	FACTOR IX Fc FUSION PROTEIN RECOMB	MUSCULAR DYSTROPHY	PA			YES	J8499
EMGALITY	GALCANEZUMAB	MIGRAINE	PA			YES	C9399, J3590
EMPAVELI	PEGCETACOPLAN	MISCELLANEOUS SPECIALTY CONDITIONS	PA				C9399, J3490
ENBREL	ETANERCEPT	INFLAMMATORY CONDITIONS	PA			YES	J1438
ENDARI	L-GLUTAMINE	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J8499
ENJAYMO	SUTINLIMAB-JOME	MISCELLANEOUS CONDITIONS	PA			YES	J1302
ENSPRYNG	SATRALIZUMAB-MWGE	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	C9399, J3590
ENTYVIO IV †	VEDOLIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3380
ENTYVIO SC †	VEDOLIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3380
EPCLUSA	SOFOBUVIR	HEPATITIS C	PA			YES	J8499
EPIDIOLEX	CANNABIDIOL	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J8499
EPOGEN ◆	EPOETIN ALFA	BLOOD CELL DEFICIENCY	PA			YES	J0885, Q4081
EPOPROSTENOL SODIUM	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA			YES	J1325
ESBRIET	PIRFENIDONE	IDIOPATHIC PULMONARY FIBROSIS	PA			YES	J8499
ESPEROCT	ANTIHEMOPHILIC FACTOR VIII	HEMOPHILIA				YES	J7199
EUFLEXXA	SODIUM HYALURONATE	OSTEOARTHRITIS	PA			YES	J7323
EVENITY	ROMOSUZUMAB-AQQG	OSTEOPOROSIS	PA			YES	J3111
EVKEEZA	EVINACUMAB-DGNB	HIGH BLOOD CHOLESTEROL	PA			YES	J1305

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
EVRYSDI	RISDIPLAM	SPINAL MUSCULAR ATROPHY		CPA		NO	J8499
EXJADE	DEFERASIROX	IRON TOXICITY	PA			YES	J8499
EXTAVIA	INTERFERON BETA-1B	MULTIPLE SCLEROSIS	PA			YES	J1830
EYLEA	AFLIBERCEPT	OPHTHALMIC CONDITIONS	PA			YES	J0178
EYLEA HD †	ALFIBERCEPT	OPHTHALMIC CONDITIONS	PA			YES	C9399, J3590 (C9161 EFF: 1/1/24)
FABRAZYME	AGALSIDASE	ENZYME DEFICIENCIES		CPA		YES	J0180
FASENRA	BENRALIZUMAB	RESPIRATORY CONDITIONS	PA			YES	J0517
FEIBA NF	ANTI-INHIBITOR COAGULANT COMP.	HEMOPHILIA				YES	J7198
FENSOLVI	LEUPROLIDE ACETATE DEPOT	ENDOCRINE DISORDERS	PA			YES	J1951
FERRIPROX	DEFERIPRONE	IRON TOXICITY	PA			YES	J8499
FIBRYGA	FIBRINOGEN	HEMATOLOGY				YES	J7177
FIRAZYR	ICATIBANT ACETATE	HEREDITARY ANGIOEDEMA	PA			YES	J1744
FIRDAPSE	AMIFAMPRIDINE	MUSCULAR DYSTROPHY		CPA		YES	J8499
FLEBOGAMMA DIF	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1572
FLOLAN	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA			YES	J1325
FOLLISTIM AQ	FOLLITROPIN BETA, RECOMB	ENDOCRINE DISORDERS				YES	S0128
FORTEO	TERIPARATIDE	OSTEOPOROSIS	PA			YES	J3110
FOSCAVIR	FOSCARNET SODIUM	VIRAL INFECTIONS				YES	J1455
FUZEON	ENFUVRTIDE	HIV				YES	J1324
GALAFOLD	MIGALASTAT	ENZYME DEFICIENCIES	PA			YES	C9399, J8499
GAMASTAN S-D	IMMUNE GLOBULIN - IM	IMMUNE DEFICIENCY	PA			YES	90281, J1460, J1560
GAMIFANT	EMAPALUMAB-LZSG	MISCELLANEOUS CONDITIONS	PA			YES	J9210
GAMMAGARD LIQUID	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, 90284, J1569
GAMMAGARD S-D	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1566
GAMMAKED	IMMUNE GLOBULIN - IV/SQ	IMMUNE DEFICIENCY	PA			YES	90283, 90284, J1561
GAMMAPLEX	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1557
GAMUNEX-C	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, 90284, J1561
GEL-ONE	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7326
GELSYN-3	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7328
GENOTROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
GENVISC 850	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7320, Q9980
GILENYA	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	PA			YES	J8499

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
GIVLAARI	GIVOSIRAN	MISCELLANEOUS CONDITIONS	PA			YES	J0223
GLASSIA	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0257
GLATOPA	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	PA			YES	J1595
GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT	ASTHMA AND ALLERGY	PA			YES	J3590, C9399
H.P. ACTHAR GEL	CORTICOTROPIN	MISCELLANEOUS CNS DISORDERS	PA			YES	J0800 (J0801 EFF: 10/1/23)
HADLIMA	ADALIMUMAB-BWWD	INFLAMMATORY CONDITIONS	PA		ST	YES	C9399, J3590
HAEGARDA	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0599
HARVONI	LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	PA			YES	J8499
HEMGENIX	ETRANACOGENE DEZAPARVOVEC - DRLB	HEMOPHILIA		CPA		YES	C9399, J3590 (J1411 EFF: 4/1/23)
HELIXATE FS	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7192
HEMLIBRA	EMICIZUMAB	HEMOPHILIA				YES	J7170
HEMOPIL M	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7190
HEPAGAM B	HEP.B IMMUNE GLOB/MALTOSE	HEPATITIS B				YES	J1571, J1573
HETLIOZ	TASIMELTEON	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J8499
HIZENTRA	IMMUNE GLOBULIN- SQ	IMMUNE DEFICIENCY	PA			YES	90284, J1599
HULIO	ADALIMUMAB-FKIP	INFLAMMATORY CONDITIONS	PA		ST	YES	C9399, J3590
HUMATE-P	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7187
HUMATROPE	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
HUMIRA	ADALIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	J0135
HYALGAN	SODIUM HYALURONATE	OSTEOARTHRITIS	PA		ST	YES	J7321
HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE	MISCELLANEOUS SPECIALTY CONDITIONS					J1726 (FDA Withdrew from Market on 4/6/23)
HYMOVIS	HYALURONIC ACID	OSTEOARTHRITIS	PA		ST	YES	C9471, J7322
HYPERHEP B S-D	HEPATITIS B IMMUNE GLOBULIN	HEPATITIS B				YES	90371
HYPERRAB S-D	RABIES IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90375
HYQVIA	IMMUNE GLOBULIN - SQ	IMMUNE DEFICIENCY	PA			YES	J1575
HYRIMOZ	ADALIMUMAB-ADAZ	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
ICATIBANT	ICATIBANT	HEREDITARY ANGIOEDEMA	PA			YES	J1744
IDACIO	ADALIMUMAB-AACF	INFLAMMATORY CONDITIONS	PA		ST	YES	Q5131
IDELVION	FACTOR IX ALBUMIN FUSION PROTEIN RECOMB	HEMOPHILIA				YES	J7202

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
ILARIS	CANAKINUMAB	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	PA			YES	J0638
ILUMYA	TILDRAKIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3245
ILUVIEN	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	OPHTHALMIC CONDITIONS				YES	J7313
IMCIVREE	SETMELANOTIDE	ENDOCRINE DISORDERS		CPA		YES	J3490, J3590
IMOGAM RABIES-HT	RABIES IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90376
INCRELEX	MECASERMIN	GROWTH DEFICIENCY	PA			YES	J2170
INFLECTRA	INFLIXIMAB-DYYB	INFLAMMATORY CONDITIONS	PA			YES	Q5103
INGREZZA	VALBENAZINE	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J8499
IXINITY	COAGULATION FACTOR IX RECOMB	HEMOPHILIA				YES	J7195 (J7213 EFF: 7/1/23)
IZERVAY †	AVACINCAPTAD PEGOL	OPHTHALMIC CONISITIONS	PA			YES	C9399, J3490 (C9162 EFF: 1/1/24)
JADENU	DEFERASIROX	IRON TOXICITY	PA			YES	J8499
JETREA	OCRIPLASMIN	OPHTHALMIC CONDITIONS				YES	J7316
JIVI	ANTIHEMOPHILIC FACTOR, AHF, FACTOR VIII	HEMOPHILIA				YES	J7208
JUXTAPID	LOMITAPIDE	HYPERCHOLESTEROLEMIA	PA			YES	J8499
JYNARQUE	TOLVAPTAN	MISCELLANEOUS CONDITIONS	PA			YES	J8499
KALBITOR	ECALLANTIDE	HEREDITARY ANGIOEDEMA	PA			YES	J1290
KALYDECO	IVACAFTOR	CYSTIC FIBROSIS	PA			YES	J8499
KANUMA	SEBELIPASE ALFA	ENZYME DEFICIENCIES		CPA		YES	C9478, J2840
KCENTRA	PROTHROMBIN COMPLEX HUMAN	HEMOPHILIA				YES	J7168
KENALOG	TRIAMCINOLONE ACETONIDE	INFLAMMATORY CONDITIONS				YES	J3301
KESIMPTA	OFATUMUMAB	MULTIPLE SCLEROSIS	PA			YES	J3490
KEVZARA	SARILUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
KINERET	ANAKINRA	INFLAMMATORY CONDITIONS	PA			YES	J3590
KOATE-DVI	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7190
KOGENATE FS	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7192
KORLYM	MIFEPRISTONE	ENDOCRINE DISORDERS	PA			YES	J8499
KOVALTRY	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA				YES	J7211
KRYSTEXXA	PEGLOTICASE	GOUT	PA			YES	J2507

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	ENDOCRINE DISORDERS	PA			YES	J8499
KYLEENA	LEVONORGESTREL	CONTRACEPTIVE				YES	J7296
LAMZEDE †	VELMANASE ALFA	ENZYME DISORDERS		CPA		YES	C9399, J3590 (J0217 EFF: 1/1/24)
LANREDOTIDE (CIPLA) ◆	LANREOTIDE	ENDOCRINE DISORDERS	PA			YES	J1932
LANREOTIDE	LANREOTIDE	ENDOCRINE DISORDERS	PA			YES	J1930
LEMTRADA	ALEMTUZUMAB	MULTIPLE SCLEROSIS	PA			YES	J0202
LEQEMBI	LECANEMAB-IRMB	ALZHEIMER'S DISEASE	PA			YES	J0174
LEQVIO	INCLISIRAN	HIGH BLOOD CHOLESTEROL	PA			YES	J1306
LETAIRIS	AMBRISENTAN	PULMONARY HYPERTENSION	PA			YES	J8499
LILETTA	LEVONORGESTREL	CONTRACEPTIVE				YES	J7297
LOMAIRA	PHENTERMINE	WEIGHT LOSS	PA			YES	J3490
LUCENTIS	RANIBIZUMAB	OPHTHALMIC CONDITIONS	PA			YES	J2778
LUMIZYME	ALGLUCOSIDASE ALFA	ENZYME DEFICIENCIES		CPA		YES	J0221
LUPANETA	LEUPROLIDE DEPOT/ NORETHINDRONE	MISCELLANEOUS CONDITIONS	PA			YES	C9399, J3490
LUPRON DEPOT PED ◆	LEUPROLIDE DEPOT	MISCELLANEOUS CONDITIONS	PA			YES	J1950
LUPRON DEPOT ◆	LEUPROLIDE DEPOT	MISCELLANEOUS CONDITIONS	PA			YES	J1950, J9217
LUXTURNA	VORETIGENE NAPARVOVEC	OPHTHALMIC CONDITIONS	PA			YES	J3398
MAKENA	HYDROXYPROGESTERONE CAPROATE	MISCELLANEOUS SPECIALTY CONDITIONS					J1726 (FDA Withdrew from Market on 4/6/23)
MAVYRET	GLECAPREVIR/PIBRENTASVIR	HEPATITIS C	PA			YES	J8499
MIACALCIN	CALCITONIN	BONE CONDITIONS				YES	J0630
MIRCERA	EPOETIN BETA	BLOOD CELL DEFICIENCY	PA			YES	J0887, J0888
MIRENA	LEVONORGESTREL	CONTRACEPTIVE				YES	J7298
MONOCLATE-P	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7190
MONONINE	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA				YES	J7193
MONOVISC	SODIUM HYALURONATE	OSTEOARTHRITIS	PA			YES	J7327
MOUNJARO	TIRZEPATIDE	DIABETES	PA			YES	J3490
MULPLETA	LUSUTROMBOPAG	THROMBOCYTOPENIA	PA			YES	C9399, J8499
MVASI ◆	BEVACIZUMAB-AWWB	OPHTHALMIC CONDITIONS	PA			YES	Q5107
MYALEPT	METRELEPTIN	LIPODYSTROPHY	PA			YES	J3590, C9399
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL	TRANSPLANT				YES	J7517
MYFORTIC	MYCOPHENOLATE SODIUM	TRANSPLANT				YES	J7518

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
MYOBLOC	BOTULINUM TOXIN TYPE B	NEUROMUSCULAR CONDITIONS	PA			YES	J0587
NABI-HB	HEPATITIS B IMMUNE GLOBULIN	HEPATITIS B				YES	90371
NAGLAZYME	GALSULFASE	ENZYME DEFICIENCIES		CPA		YES	J1458
NATPARA	PARATHYROID HORMONE	ENDOCRINE DISORDERS	PA			YES	C9399, J3590
NEUPOGEN◆	FILGRASTIM, G-CSF	BLOOD CELL DEFICIENCY	PA			YES	J1442
NEXPLANON	ETONOGESTREL	CONTRACEPTIVE				YES	J7307
NEXVIAZYME	AVALGLUCOSIDAE ALFA-NGPT	ENZYME DEFICIENCIES		CPA		YES	J0219
NIVESTYM◆	FILGRASTIM-AAFI	BLOOD CELL DEFICIENCY	PA			YES	Q5110
NORDITROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
NOVAREL	GONADOTROPIN, CHORIONIC	ENDOCRINE DISORDERS				YES	J0725
NOVOEIGHT	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA				YES	J7182
NOVOSEVEN RT	FACTOR VIIA, RECOMB (BHK CELLS)	HEMOPHILIA				YES	J7189
NPLATE	ROMIPLOSTIM	THROMBOCYTOPENIA	PA			YES	J2796
NUCALA	MEPOLIZUMAB	RESPIRATORY CONDITIONS	PA			YES	C9473, J2182
NULIBRY	FOSDENOPTERIN	ENZYME DEFICIENCIES	PA			YES	C9399, J3590
NULOJIX	BELATACEPT	TRANSPLANT	PA			YES	J0485
NUPLAZID	PIMAVANSERIN	MENTAL/NEURO DISORDERS	PA			YES	J8499
NUTROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
NUVARING	ETONOGESTREL/ETHYNYL ESTRADIOL	CONTRACEPTIVE				YES	J7295
NUWIQ	FACTOR VIII (ANTIHEMOPHL FCTR) RECOMB	HEMOPHILIA				YES	J7209
OBIZUR	ANTIHEMOPHL FCTR (RECOMB) PORCINE SEQUENCE	HEMOPHILIA				YES	J7194, J7188
OCREVUS	OCRELIZUMAB	MULTIPLE SCLEROSIS	PA			YES	J2350
OCTAGAM	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1568
OCTREOTIDE ACETATE	OCTREOTIDE	ENDOCRINE DISORDERS				YES	J2354
OFEV	NINTEDANIB	IDIOPATHIC PULMONARY FIBROSIS	PA			YES	J8499
OLUMIANT	BARICITINIB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J8499
OMNITROPE	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
OMVOH IV †	MIRIKIZUMAB-MRKZ	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
OMVOH SC †	MIRIKIZUMAB-MRKZ	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
ONPATTRO	PATISIRAN	AMYLOIDOSIS	PA			YES	J0222

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
OPSUMIT	MACITENTAN	PULMONARY HYPERTENSION	PA			YES	J8499
ORALAIR	MIXED GRASS POLLENS ALLERGENS EXTRACT	ASTHMA AND ALLERGY	PA			YES	C9399, J3590
ORENCIA	ABATACEPT/MALTOSE	INFLAMMATORY CONDITIONS	PA			YES	J0129
ORENITRAM	TREPROSTINIL	PULMONARY HYPERTENSION	PA			YES	J8499
ORKAMBI	LUMACAFITOR/IVACAFITOR	CYSTIC FIBROSIS	PA			YES	J8499
ORTHOVISC	HYALURONATE SODIUM	OSTEOARTHRITIS	PA			YES	J7324
OTEZLA	APREMILAST	INFLAMMATORY CONDITIONS	PA			YES	J8499
OTIPRIO	CIPROFLOXACIN	INFECTIOUS DISEASE				YES	J7342
OXLUMO	LUMASIRAN	MISCELLANEOUS CONDITIONS	PA			YES	J0224
OZURDEX	DEXAMETHASONE, INTRAVITREAL IMPLANT	OPHTHALMIC CONDITIONS				YES	J7312
PALYNZIQ	PEGVALIASE	METABOLIC DISORDER	PA			YES	C9399, J3590
PANZYGA	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1599 (J1576 EFF: 7/1/23)
PARAGARD	INTRAUTERINE COPPER IUD	CONTRACEPTIVE				YES	J7300
PARSABIV	ETELCALCETIDE	HORMONAL SUPPLEMENTATION				YES	J0606
PEGASYS ♦	PEGINTERFERON ALFA-2A	HEPATITIS C	PA			YES	S0145, J3590
PEGINTRON ♦	PEGINTERFERON ALFA-2A	HEPATITIS C	PA			YES	S0148, J3590
PHENDIMETRAZINE	PHENDIMETRAZINE	WEIGHT LOSS	PA			YES	J3490
PHOTREXA	RIBOFLAVIN 5 PHOSPHATE	OPHTHALMIC CONDITIONS				YES	J2787
PLEGRIDY	PEGINTERFERON BETA-1A	MULTIPLE SCLEROSIS	PA			YES	C9399, J3590
POMBILITI †	CIPAGLUCOSIDASE ALFA-ATGA	ENZYME DEFICIENCIES	CPA			YES	C9399, J3590
PRALUENT	ALIROCUMAB	HYPERCHOLESTEROL-EMIA	PA			YES	C9399, J3590
PREGNYL	GONADOTROPIN, CHORIONIC	ENDOCRINE DISORDERS				YES	J0725
PRIALT	ZICONOTIDE ACETATE	PAIN MANAGEMENT				YES	J2278
PRIVIGEN	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283, J1459
PROBUPHINE IMPLANT	BUPRENORPHINE HCL	MISCELLANEOUS SPECIALTY CONDITIONS				YES	J0570
PROCRIT ♦	EPOETIN ALFA	BLOOD CELL DEFICIENCY	PA			YES	J0885, Q4081
PROFILNINE/PROFILNINE SD	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA				YES	J7194
PROGESTERONE	PROGESTERONE	ENDOCRINE DISORDERS				YES	J2675
PROGRAF	TACROLIMUS	TRANSPLANT				YES	J7507, J7525
PROLASTIN-C	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256
PROLIA	DENOSUMAB	OSTEOPOROSIS	PA			YES	J0897

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
PROMACTA	ELTROMBOPAG OLAMINE	THROMBOCYTOPENIA	PA			YES	J8499
PULMOZYME	DEOXYRIBONUCLEASE	RESPIRATORY CONDITIONS	PA			YES	J7639
QSYMIA	PHENTERMINE; TOPIRAMATE	WEIGHT LOSS	PA			YES	J8499
RADICAVA	EDAVARONE	AMYOTROPHIC LATERAL SCLEROSIS	PA			YES	J1301
RAPAMUNE	SIROLIMUS	TRANSPLANT				YES	J7520
RAPIVAB	PERAMIVIR	ANTIVIRAL AGENTS				YES	J2547
REBETOL	RIBAVIRIN	HEPATITIS C	PA			YES	J8499
REBIF	INTERFERON BETA-1A/ALBUMIN	MULTIPLE SCLEROSIS	PA			YES	Q3028
REBINYN	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA				YES	J7203
REBLOZYL ♦	LUSPATERCEPT-AAMT	BLOOD MODIFYING	PA			YES	J0896
RECLAST	ZOLEDRONIC ACID	OSTEOPOROSIS	PA			YES	J3489
RECOMBINATE	FACTOR VIII (ANTIHEMOPHILIC FACTOR) RECOMB	HEMOPHILIA				YES	J7192
RELEUKO ♦	FILGRASTIM-AYOW	BLOOD CELL DEFICIENCY	PA			YES	Q5125
REMICADE	INFLIXIMAB	INFLAMMATORY CONDITIONS	PA			YES	J1745
REMODULIN	TREPROSTINIL SODIUM	PULMONARY HYPERTENSION	PA			YES	J3285
RENFLEXIS	INFLIXIMAB-ABDA	INFLAMMATORY CONDITIONS	PA		ST	YES	Q5104
REPATHA	EVOLOCUMAB	HYPERCHOLESTEROLEMIA	PA			YES	C9399, J3590
RETACRIT ♦	EPOETIN ALFA	BLOOD CELL DEFICIENCY	PA			YES	Q5105, Q5106
RETAVASE	PERAMIVIR	VIRAL INFECTIONS				YES	J2993
REVATIO	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	PA			YES	J3490, J8499
RIABNI ♦	RITUXIMAB-ARRX	INFLAMMATORY CONDITIONS	PA			YES	Q5123
RIASTAP	FIBRINOGEN	HEMATOLOGY				YES	J7178
RIBAPAK	RIBAVIRIN	HEPATITIS C	PA			YES	J8499
RIBAVIRIN	RIBAVIRIN	HEPATITIS C	PA			YES	J8499
RITUXAN ♦	RITUXIMAB	INFLAMMATORY CONDITIONS	PA		ST	YES	J9312
RIVFLOZA †	NEDOSIRAN	MISCELLANEOUS CONDITIONS	PA			YES	J3490
RIXUBIS	FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	HEMOPHILIA				YES	J7200
RUCONEST	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0596
RUXIENCE ♦	RITUXIMAB-PVVR	INFLAMMATORY CONDITIONS	PA			YES	Q5119

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
RYPLAZIM	PLASMINOGEN, HUMAN-TVMH	HEMATOLOGY	PA			YES	J2998
RYSTIGGO †	ROZANOLIXIZUMAB-NOLI	MISCELLANEOUS CONDITIONS	PA			YES	C9399, J3590 (J9333 EFF: 1/1/24)
SAIZEN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
SANDOSTATIN ◆	OCTREOTIDE	ENDOCRINE DISORDERS				YES	J2354
SANDOSTATIN LAR ◆	OCTREOTIDE	ENDOCRINE DISORDERS				YES	J2353
SAPHNELO	ANIFROLUMAB-FNIA	LUPUS	PA			YES	J0491
SAXENDA	LIRAGLUTIDE	WEIGHT LOSS	PA			YES	J3490
SCENESSE	AFAMELANOTIDE	MISCELLANEOUS CONDITIONS	PA			YES	J7352
SEROSTIM	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
SEVENFACT	FACTOR VIIA RECOMBINANT	HEMOPHILIA				YES	J7212
SIGNIFOR LAR	PASIREOTIDE DIASPARTATE INJ	ENDOCRINE DISORDERS	PA			YES	C9454, J2502
SILDENAFIL CITRATE	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	PA			YES	J3490, J8499
SILIQ	BRODALUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399
SIMPONI	GOLIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
SIMPONI ARIA	GOLIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	J1602
SIMULECT	BASILIXIMAB	TRANSPLANT				YES	J0480
SINUVA	MOMETASONE	RESPIRATORY CONDITIONS				YES	J7402
SKYLA	LEVONORGESTREL	CONTRACEPTIVE				YES	J7301
SKYRIZI	RISANKIZUMAB-RZAA	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590
SKYRIZI IV †	RISANKIZUMAB-RZAA	INFLAMMATORY CONDITIONS	PA			YES	J2327
SKYSONA	ELIVALDOGENE AUTOTEMCEL	NEUROLOGICAL DISORDERS		CPA		YES	C9399, J3590
SKYTROFA	LONAPEGSOMATROPIN-TCGD	GROWTH DEFICIENCIES	PA			YES	C9399, J3590
SODIUM HYALURONATE	SODIUM HYALURONATE	OSTEOARTHRITIS	PA		ST	YES	C9399, J3490
SOLESTA	DEXTRANOMER/HYALURONATE/SOD	MISCELLANEOUS SPECIALTY CONDITIONS				YES	L8605
SOLIRIS	ECULIZUMAB	BLOOD MODIFYING	PA			YES	J1300
SOMATULINE DEPOT ◆	LANREOTIDE ACETATE	ENDOCRINE DISORDERS				YES	J1930
SOVALDI	SOFOSBUVIR	HEPATITIS C	PA			YES	J8499
SPEVIGO	SPESOLIMAB-SBZO	INFLAMMATORY CONDITIONS	PA			YES	C9399, J3590 (J1747 EFF: 4/1/23)
SPINRAZA	NUSINERSEN	NEUROMUSCULAR CONDITIONS		CPA		YES	J2326

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
SPRAVATO	ESKETAMINE	MISCELLANEOUS CONDITIONS	PA			YES	S0013
STELARA	USTEKINUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3357
STELARA IV	USTEKINUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3358
STRENSIQ	ASFOTASE ALFA	ENZYME DEFICIENCIES	PA			YES	C9399, J3590
SUNLENCA	LENACAPAVIR	HIV	PA			YES	C9399, J3490 (J1961 EFF: 7/1/23)
SUPARTZ FX	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7321
SUSVIMO	RANIBIZUMAB	OPHTHALMIC CONDITIONS	PA		ST	YES	J2779
SYFOVRE	PEGCETACOPLAN	OPHTHALMIC CONDITIONS	PA			YES	C9399, J3490 (C9151 EFF: 7/1/23), (J2781 EFF: 10/1/23)
SYMDEKO	TEZACAFTOR/IVACAFTOR	CYSTIC FIBROSIS	PA			YES	J8499
SYNAGIS	PALIVIZUMAB	RSV PREVENTION	PA			YES	90378
SYNERCID	QUINUPRISTIN/DALFOPRISTIN	ANTIBIOTICS				YES	J2770
SYNVISC	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7325
SYNVISC-ONE	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7325
TACROLIMUS	TACROLIMUS	TRANSPLANT				YES	J7507
TADALAFIL	TADALAFIL	PULMONARY HYPERTENSION	PA			YES	J8499
TAKHZYRO	LANADELUMAB	HEREDITARY ANGIOEDEMA	PA			YES	J0593
TALTZ	IXEKIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	C9399
TAVALISSE	FOSTAMATINIB	THROMBOCYTOPENIA	PA			YES	J8499
TECFIDERA	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	PA			YES	J8499
TEFLARO	CEFTAROLINE	INFECTIOUS DISEASE				YES	J0712
TEGSEDI	INOTERSEN	AMYLOIDOSIS	PA			YES	C9399, J3490
TEPEZZA	TEPROTUMUMAB-TRBW	OPHTHALMIC CONDITIONS	PA			YES	J3241
TESTOPEL	TESTOSTERONE PELLETT	ENDOCRINE DISORDERS	PA			YES	J3490, S0189
TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE	ENDOCRINE DISORDERS	PA			YES	J3121
TEZSPIRE	TEZPELUMAB-EKKO	ASTHMA & ALLERGY	PA			YES	J2356
THYMOGLOBULIN	LYMPHOCYTE IMMUNE GLOBULIN	TRANSPLANT				YES	J7511
TOBI	TOBRAMYCIN	RESPIRATORY CONDITIONS				YES	J3535, J7682
TRACLEER	BOSENTAN	PULMONARY HYPERTENSION	PA			YES	J8499
TREMFYA	GUSELKUMAB	INFLAMMATORY CONDITIONS	PA			YES	J1628
TRETTEN	FACTOR XIII A-SUBUNIT, (RECOMBINANT)	HEMOPHILIA				YES	J7181
TRILURON	SODIUM HYALURONATE	OSTEOARTHRITIS	PA		ST	YES	J7332

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
TRIPTODUR	TRIPTORELIN	MISCELLANEOUS CONDITIONS	PA			YES	J3316
TRIVISC	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7329
TROGARZO	IBALIZUMAB	HIV	PA			YES	J1746
TRUXIMA◆	RITUXIMAB - ABBS	INFLAMMATORY CONDITIONS	PA			YES	Q5115
TYGACIL	TIGECYCLINE	ANTIBIOTICS				YES	J3243
TYMLOS	ABALOPARATIDE	OSTEOPOROSIS	PA			YES	C9399
TYSABRI	NATALIZUMAB	MULTIPLE SCLEROSIS	PA			YES	J2323
TYVASO	TREPROSTINIL (TYVASO)	PULMONARY HYPERTENSION	PA			YES	J7686
TZIELD	TEPLIZUMAB - MZVV	ENDOCRINE DISORDERS	PA			YES	(C9149 EFF: 4/1/23); (J9381 EFF: 7/1/23)
ULTOMIRIS	RAVULIZUMAB-CWVZ	BLOOD MODIFYING	PA			YES	J1303
UPLIZNA	INEBILIZUMAB-CWVZ	MISCELLANEOUS CONDITIONS	PA			YES	J1823
UPTRAVI	SELEXIPAG	PULMONARY HYPERTENSION	PA			YES	J8499
VABYSMO	FARICIMAB-SVOA	OPHTHALMIC CONDITIONS	PA			YES	J2777
VAPRISOL	CONIVAPTAN HYDROCHLORIDE	HORMONAL SUPPLEMENTATION				YES	C9488
VEGZELMA◆	BEVACIZUMAB-ADCD	OPHTHALMIC CONDITIONS/CANCER	PA			YES	C9399, J3590 (Q5129 EFF: 4/1/23)
VEKLURY	REMDESIVIR	COVID-19	PA			YES	J0248
VELETRI	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA			YES	J1325
VENTAVIS	ILOPROST	PULMONARY HYPERTENSION	PA			YES	Q4074
VEOPOZ	POZELIMAB-BBFG	MISCELLANEOUS CONDITIONS		CPA		YES	C9399, J3590
VIEKIRA PAK	OMBITASVIR, PARITAPREVIR, AND RITONAVIR; DASABUVIR	HEPATITIS C	PA			YES	J8499
VIMIZIM	ELOSULFASE ALFA	ENZYME DEFICIENCIES		CPA		YES	C9022, J1322
VISCO-3	HYALURONATE SODIUM	OSTEOARTHRITIS	PA		ST	YES	J7321
VISUDYNE	VERTEPORFIN	OPHTHALMIC CONDITIONS				YES	J3396
VIVITROL	NALTREXONE MICROSPHERES	MISCELLANEOUS CNS DISORDERS				YES	J2315
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	HEMOPHILIA				YES	J7179
VOSEVI	SOFOSBUVIR; VELPATASVIR; VOXILAPREVIR	HEPATITIS C	PA			YES	J8499
VOXZOGO	VOSORITIDE	ENDOCRINE DISORDERS	PA			YES	C9399, J3590
VPRIV	VELAGLUCERASE ALFA	ENZYME DEFICIENCIES		CPA		YES	J3385

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
VYEPTI	EPTINEZUMAB-JJMR	MISCELLANEOUS CONDITIONS	PA			YES	J3032
VYJUVEK †	BEREMAGENE-GEPEPAVEC-SVDT	MISCELLANEOUS CONDITIONS		CPA		YES	C9399, J3590 (J3401 EFF: 1/1/24)
VYVGART	EFGARTIGIMOD ALFA-FCAB	MISCELLANEOUS CONDITIONS	PA			YES	J9332
VYVGART HYTRULO †	EFGARTIGOMOD-HYALURONIDAS-QVFC	MISCELLANEOUS CONDITIONS	PA			YES	C9399, J3590 (J9334 EFF: 1/1/24)
WAINUA †	EPLONTERSEN	AMYLOIDOSIS	PA			YES	J3490
WILATE	VON WILLEBRAND FACTOR COMPLEX (HUMAN)	HEMOPHILIA				YES	J7183
XELJANZ	TOFACITINIB	INFLAMMATORY CONDITIONS	PA			YES	J8499
XEMBIFY	IMMUNE GLOBULIN - SQ	IMMUNE DEFICIENCY	PA			YES	J1558
XENAZINE	TETRABENAZINE	MISCELLANEOUS CNS DISORDERS	PA			YES	J8499
XENICAL	ORLISTAT	WEIGHT LOSS	PA			YES	J3490
XENPOZYME	OLIPUDASE ALFA-RPCP	ENZYME DEFICIENCIES		CPA		YES	C9399, J3590 (J0218 EFF: 4/1/23)
XEOMIN	INCOBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS	PA			YES	J0588
XIAFLEX	COLLAGENASE CLOSTRIDIUM HIST.	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J0775
XOLAIR	OMALIZUMAB	RESPIRATORY CONDITIONS	PA			YES	J2357
XULANE	NORELGESTROMIN/ETHINYL ESTRADIOL	CONTRACEPTIVE				YES	J7304
XYNTHA/XYNTHA SOLOFUSE	FACTOR VIII (ANTIHEMOPHL FCTR)	HEMOPHILIA				YES	J7185
YUFLYMA	ADALIMUMAB-AATY	INFLAMMATORY CONDITIONS	PA		ST	YES	C9399, J3590
YUSIMRY	ADALIMUMAB-AQVH	INFLAMMATORY CONDITIONS	PA		ST	YES	C9399, J3590
ZARXIO ♦	FILGRASTIM-SNDZ	BLOOD CELL DEFICIENCY	PA			YES	Q5101
ZAVESCA	MIGLUSTAT	ENZYME DEFICIENCIES		CPA		NO	J8499
ZEMAIRA	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256
ZEPATIER	ELBASVIR/GRAZOPREVR	HEPATITIS C	PA			YES	J8499
ZILRETTA	TRIAMCINOLONE MICROSPHERES	OSTEOARTHRITIS				YES	J3304
ZINPLAVA	BEZLOTOXUMAB	INFECTIOUS DISEASE				YES	J0565
ZIRABEV ♦	BEVACIZUMAB	OPHTHALMIC CONDITIONS	PA			YES	Q5118
ZOLADEX ♦	GOSERELIN ACETATE	ENDOCRINE DISORDERS	PA			YES	J9202
ZOLEDRONIC ACID ♦	ZOLEDRONIC ACID	OSTEOPOROSIS	PA			YES	J3489
ZOLGENSMA	ONASEMNOGENE ABEPARVOVEC-XIOI	NEUROMUSCULAR CONDITIONS		CPA		YES	J3399

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

† Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

♦ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.

1199 Brand Name	Generic Description	Disease State	PA Required (PA)	Client Prior Authorization Program (CPA)	Step Therapy	Claim Edit	Reimbursement Code
ZOMACTON	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
ZOMETA 4MG◆	ZOLEDRONIC ACID	CANCER	PA			YES	J3489
ZOMETA 5MG	ZOLEDRONIC ACID	OSTEOPOROSIS	PA			YES	J3489
ZORBTIVE	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941
ZULRESSO	BREXANOLONE	MISCELLANEOUS CONDITIONS		CPA		YES	J1632
ZYNTEGLO	BETIBEGLOGENE	BLOOD CELL DEFICIENCY		CPA		YES	C9399, J3590

Modifier JK and JL are effective July 1, 2023. These modifiers impact HCPCS codes J1811, J1813 and J1817 and are used to indicate a one (1) month or three (3) month supply.

✦ Indicates a change from previous Drug List (i.e., new drug added to list, new Prior Authorization requirement or new reimbursement code).

◆ If the indication is CANCER, and the drug is subject to management by eviCore Comprehensive Oncology Management Program, please contact (888) 910-1199 for additional assistance. If the indication is NOT cancer, please contact CareContinuum for Prior Authorization.

★ Billing for any drug or biologic acquired with a 340B drug pricing program discount requires the use of JG or TB modifier effective 1/1/2018.

Claims where there is a Prior Authorization requirement will have claims checked against the quantities and approvals obtained in the Prior Authorization. Drug list is subject to change at any time in between quarterly updates.