



## Medicare Part B (Medical Drugs) Prior Authorization & Step Therapy List

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**Providers:** We recommend you review this list before you submit your requests. Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

HPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J0129	Abatacept	Orencia®	<p style="text-align: center;">✓</p> <p>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma®</b>, <b>Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require authorization. Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan. <b>NOTE:</b> Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis. <b>Note:</b> Orencia SC is not required for aGVHD</p>	1/1/2022
J0174	Lecanemab-irmb	Leqembi®		4/1/2023
J0175	Donanemab-azbt	Kisunla™		7/29/2024
J0177	Aflibercept	Eylea® HD	<p style="text-align: center;">✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>	12/1/2023
J0178	Aflibercept	Eylea®	<p style="text-align: center;">✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>	1/1/2022

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J0179	Brolucizumab-dbll	Beovu <sup>®</sup>	✓ Trial and failure of bevacizumab ( <b>Avastin<sup>®</sup></b> ) or a bevacizumab biosimilar	1/1/2022
J0180	Agalsidase beta	Fabrazyme <sup>®</sup>		1/1/2022
J0217	Velmanase alfa	Lamzedo <sup>®</sup>		8/1/2023
J0219	Avalglucosidase alfa-ngpt (Enzyme Replacement Therapy)	Nexviazyme <sup>®</sup>		5/1/2023
J0221	Alglucosidase alfa, 10mg (Enzyme Replacement Therapy)	Lumizyme <sup>®</sup>		1/1/2022
J0222	Patisiran	Onpattro <sup>®</sup>		1/1/2022
J0223	Givosiran	Givlaari <sup>®</sup>		5/1/2023
J0224	Lumasiran	Oxlumo <sup>®</sup>		5/1/2023
J0225	Vutrisiran	Amvuttra <sup>®</sup>		5/1/2023
J0490	Belimumab	Benlysta <sup>®</sup>	✓	5/1/2023
J0491	Anifrolumab-fnia	Saphnelo <sup>®</sup>	✓ Trial and failure of <b>Benlysta<sup>®</sup></b>	5/1/2023
J0517	Benralizumab	Fasenra <sup>®</sup>	✓	1/1/2022
J0565	Bezlotoxumab	Zinplava™		1/1/2022
J0584	Burosumab-twza	Crysvita <sup>®</sup>	✓	1/1/2022
J0586	Injection, abobotulinumtoxin A	Dysport <sup>®</sup>	✓ Trial and failure of <b>Botox<sup>®</sup></b> and <b>Xeomin<sup>®</sup></b> These preferred drugs do not require authorization. <b>Note:</b> Step therapy with Xeomin <sup>®</sup> won't be required for chronic migraines or urinary conditions.	1/1/2022

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J0587	Injection, rimabotulinumtoxin B	Myobloc®	<p style="text-align: center;">✓</p> <p>Trial and failure of <b>Botox®</b> and <b>Xeomin®</b> These preferred drugs do not require authorization.</p> <p><b>Note:</b> Step therapy with Xeomin® won't be required for chronic migraines or urinary conditions.</p>	1/1/2022
J0589	Daxibotulinumtoxin A	Daxxify®	<p style="text-align: center;">✓</p> <p>Trial and failure of <b>Botox®</b> and <b>Xeomin®</b> These preferred drugs do not require authorization.</p> <p>Note: Step therapy with Xeomin® won't be required for chronic migraines or urinary conditions.</p>	12/1/2023
J0717	Certolizumab pegol	Cimzia®	<p style="text-align: center;">✓</p> <p>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p> <p><b>NOTE:</b> Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.</p>	1/1/2022
J0791	Crizanlizumab	Adakveo®	✓	5/1/2023
J0870	Imetalast	Rytelo™		7/29/2024
J0896	Luspatercept-aamt	Reblozyl®	✓	11/1/2022
J0897	Denosumab injection	Prolia®	<p style="text-align: center;">✓</p> <p>Use the preferred denosumab biosimilar Stoboclo®</p>	1/1/2022

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J0897	Denosumab injection	Xgeva®	<p style="text-align: center;">✓</p> <p>Use the preferred denosumab biosimilar Osenvelt®</p> <p style="color: blue;">This preferred drug doesn't require prior authorization.</p>	11/1/2025
J1203	Cipaglusosidase alfa-atga	Pombiliti™		2/1/2024
J1299	Eculizumab injection	Soliris®	<p style="text-align: center;">✓</p> <p><b>For myasthenia gravis:</b> Trial and failure of <b>Truxima, Ruxience</b> or <b>Riabni, Vyvgart</b> or <b>Vyvgart Hytrulo, Rystiggo</b> AND <b>Epysqli</b> is required.</p> <p><b>For NMOSD:</b> Trial and failure of <b>Enspryng®</b> and <b>Uplizna®</b></p> <p><b>For PNH:</b> Trial and failure of <b>Empaveli®</b> and <b>Epysqli</b></p>	1/1/2022
J1301	Edaravone	Radicava®		1/1/2022
J1302	Sutimlimab-jome	Enjaymo®	✓	2/1/2023
J1303	Ravulizumab-cwvz	Ultomiris®	<p style="text-align: center;">✓</p> <p><b>For myasthenia gravis:</b> Trial and failure of <b>Truxima, Ruxience</b> or <b>Riabni, Vyvgart</b> or <b>Vyvgart Hytrulo, Rystiggo</b> AND <b>Epysqli</b> is required.</p> <p><b>For NMOSD:</b> Trial and failure of <b>Enspryng®</b> and <b>Uplizna®</b></p> <p><b>For PNH:</b> Trial and failure of <b>Empaveli®</b> and <b>Epysqli</b></p> <p><b>For aHUS:</b> Trial and failure of <b>Epysqli</b></p>	1/1/2022
J1304	Tofersen	Qalsody™		12/1/2023

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J1305	Evinacumab-dgnb	Evkeeza <sup>®</sup>	✓ Trial and failure of a high-intensity statin AND <b>Praluent<sup>®</sup></b> or <b>Repatha<sup>®</sup></b>	11/1/2022
J1306	Inclisiran	Leqvio <sup>®</sup>	✓ Trial and failure of a high-intensity statin AND <b>Praluent<sup>®</sup></b> or <b>Repatha<sup>®</sup></b>	5/1/2023
J1307	Crovalimab-akkz	PiaSky™	✓	10/1/2024
J1322	Elosulfase Alfa	Vimizim <sup>®</sup>		1/1/2022
J1325	Epoprostenol	Flolan <sup>®</sup> , Veletri <sup>®</sup>		1/1/2022
J1411	Etranacogene dezaparvovec-drlb	Hemgenix <sup>®</sup>		12/5/2022
J1413	Delandistrogene moxeparvovec-rokl	Elevidys		12/1/2023
J1437	Ferric derisomaltose (IV Iron Products)	Monoferric <sup>®</sup>	✓ Try/fail at least TWO of the following preferred medications first: <b>Ferrlecit<sup>®</sup></b> , <b>Feraheme<sup>®</sup></b> <b>Venofer<sup>®</sup></b> , or <b>INFeD<sup>®</sup></b> . These preferred drugs don't require prior authorization. Prior authorization isn't required when medications are received through a dialysis facility.	7/1/2023
J1439	Ferric carboxymaltose (IV Iron Products)	Injectafer <sup>®</sup>	✓ Try/fail at least TWO of the following preferred medications first: <b>Ferrlecit<sup>®</sup></b> , <b>Feraheme<sup>®</sup></b> <b>Venofer<sup>®</sup></b> , or <b>INFeD<sup>®</sup></b> . These preferred drugs don't require prior authorization. Prior authorization isn't required when medications are received through a dialysis facility.	7/1/2023
J1440	Fecal microbiota, live-jslm	Rebyota™		5/1/2023

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J1442	Filgrastim (Short-Acting Colony Stimulating Factors)	Neupogen®	✓ Use both of the following <b>preferred</b> filgrastim biosimilar drugs: <b>Nivestym®</b> and <b>Zarxio®</b>	6/1/2023
J1447	Tbo-filgrastim (Short-Acting Colony Stimulating Factors)	Granix®	✓ Use both of the following <b>preferred</b> filgrastim biosimilar drugs: <b>Nivestym®</b> and <b>Zarxio®</b>	6/1/2023
J1449	Eflapegrastim-xnst	Rolvedon®	✓ Use the following preferred pegfilgrastim drugs first: <b>Fulphila®</b> and <b>Neulasta®</b> or <b>Neulasta OnPro</b>	6/1/2023
J1458	Galsulfase	Naglazyme®		1/1/2022
J1459	Immune globulin IV (human), 10% liquid	Privigen®	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	1/1/2023
J1551	Immune globulin subcutaneous (human)-hipp	Cutaquig®	✓ Trial and failure of <b>Gammagard®</b> or <b>Octagam®</b> AND <b>Hizentra®</b>	5/1/2023
J1552	Immune globulin intravenous, human-stwk 10%	Alyglo™	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	4/1/2024
J1553	immune globulin intravenous, human-dira	Yimmugo®	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam®</b>	11/1/2025
J1554	Immune globulin Intravenous (human) slra 10%	Asceniv™	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	5/1/2023
J1555	Immune globulin Subcutaneous (Human) 20%	Cuvitru®	✓ Trial and failure of <b>Gammagard®</b> or <b>Octagam®</b> AND <b>Hizentra®</b>	1/1/2022
J1556	Immune globulin Intravenous (human), 10%	Bivigam®	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	1/1/2022

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J1557	Immune globulin Intravenous (human)	Gammaplex®	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	1/1/2022
J1558	Immune globulin subcutaneous (human)-klhw	Xembify®	✓ Trial and failure of <b>Gammagard®</b> or <b>Octagam®</b> AND <b>Hizentra®</b>	5/1/2023
J1559	Immune globulin Subcutaneous (human) 20%	Hizentra®	✓ Trial and failure of <b>Gammagard®</b> or <b>Octagam®</b> <b>Note: Gammagard® or Octagam® is not required for CIDP</b>	1/1/2022
J1561	Immune globulin Injection (human) 10%	Gamunex-C®, Gammaked™	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	1/1/2022
J1566	Immune globulin Intravenous (human)	Gammagard S/D® Less IgA	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	1/1/2022
J1568	Immune globulin Intravenous (human)	Octagam®	✓	1/1/2022
J1569	Immune globulin Infusion (human) 10%	Gammagard® Liquid	✓	1/1/2022
J1569	Immune globulin Intravenous (human) 10%	Gammagard Liquid® ERC	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	5/1/2026
J1572	Immune globulin Intravenous (human)	Flebogamma® DIF	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	1/22/2024
J1575	Immune globulin Infusion 10% (human) with recombinant human hyaluronidase	Hyqvia®	✓ Trial and failure of <b>Gammagard®</b> or <b>Octagam®</b> AND <b>Hizentra®</b>	1/1/2022
J1576	Immune globulin Intravenous (human) – ifas 10%	Panzyga®	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	1/1/2022

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J1599	Immune globulin Intravenous (human) 10%	Qivigy	✓ Trial and failure of <b>Gammagard®</b> and <b>Octagam</b>	5/1/2026
J1602	Golimumab	Simponi Aria®	✓ Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require authorization. Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan. <b>NOTE:</b> Trial and failure of <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> is not required for rheumatoid arthritis.	1/1/2022
J1628	Guselkumab	Tremfya® IV	✓ Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require authorization. Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.	1/20/2025
J1743	Idursulfase	Elaprase®		1/1/2022
J1745	Infliximab	Remicade®	✓ Use the following preferred medications first: <b>Inflectra® AND Avsola®</b> . These preferred drugs don't require authorization.	1/1/2022

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J1745	Infliximab	Generic (non-biosimilar)	<p style="text-align: center;">✓</p> Use the following preferred medications first: <b>Inflectra® AND Avsola®</b> . These preferred drugs don't require authorization.	10/15/2023
J1746	Ibalizumab-uiyk	Trogarzo®	✓	1/1/2022
J1747	Spesolimab-sbzo	Spevigo® IV	✓	5/1/2023
J1747	Spesolimab-sbzo	Spevigo® SC	✓	7/1/2024
J1809	Fosdenopterin	Nulibry®		11/1/2021
J1823	Inebilizumab-cdon	Uplizna®	✓	1/1/2022
J1931	Laronidase	Aldurazyme®		1/1/2022
J2182	Mepolizumab	Nucala®	✓	1/1/2022
J2267	Mirikizumab-mrkz	Omvoh™ IV	<p style="text-align: center;">✓</p> Trial and failure of <b>Inflectra® or Avsola®</b> AND <b>Steqeyma®, Pyzchiva® or Wezlana®</b> These preferred drugs don't require authorization.  Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.	2/1/2024
J2323	Natalizumab	Tysabri	<p style="text-align: center;">✓</p> Trial and failure of <b>dimethyl fumarate, glatiramer, fingolimod and Ocrevus.</b>	5/1/2026
J2326	Nusinersen	Spinraza®		1/1/2022

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J2327	Risankizumab-rzaa	Skyrizi® IV	<p>✓</p> <p>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b></p> <p>AND</p> <p><b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b></p> <p>These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p>	1/1/2024
J2329	Ublituximab-xiiy	Briumvi	<p>✓</p> <p>Trial and failure of <b>dimethyl fumarate, glatiramer, fingolimod, Ocrevus</b> and <b>Tysabri</b> or <b>Tyruko</b></p>	5/1/2026
J2350	Ocrelizumab	Ocrevus	<p>✓</p> <p>Trial and failure of <b>dimethyl fumarate, glatiramer</b> and <b>fingolimod</b></p> <p>Note: Step therapy does not apply for diagnosis of primary progressive multiple sclerosis</p>	5/1/2026
J2351	Ocrelizumab and hyaluronidase-ocsq	Ocrevus Zunovo	<p>✓</p> <p>Trial and failure of <b>dimethyl fumarate, glatiramer</b> and <b>fingolimod</b> AND <b>Ocrevus</b>.</p> <p>Note: Trial and failure of dimethyl fumarate, glatiramer and fingolimod is not required for diagnosis of primary progressive multiple sclerosis.</p>	5/1/2026

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J2356	Tezepelumab-ekko	Tezspire <sup>®</sup>	<p style="text-align: center;">✓</p> For eosinophilic asthma: Trial and failure of <b>Fasenra<sup>®</sup> or Nucala<sup>®</sup> AND Dupixent<sup>®</sup></b>  For allergic asthma: Trial and failure of <b>Xolair<sup>®</sup></b>  For oral steroid dependent asthma: Trial and failure of <b>Dupixent<sup>®</sup></b>	5/1/2023
J2357	Omalizumab	Xolair <sup>®</sup>	✓	1/1/2022
J2507	Inj, pegloticase	Krystexxa <sup>®</sup>	✓	1/1/2022
J2508	Pegunigalsidase alfa-iwxj	Elfabrio <sup>®</sup>		12/1/2023
J2777	Facricimab-svoa	Vabysmo <sup>®</sup>	<p style="text-align: center;">✓</p> Trial and failure of bevacizumab ( <b>Avastin<sup>®</sup></b> ) or a <b>bevacizumab biosimilar</b> Trial and failure of <b>aflibercept, ranibizumab, or Beovu<sup>®</sup></b> is also required.	5/1/2023
J2778	Ranibizumab injection	Lucentis <sup>®</sup>	<p style="text-align: center;">✓</p> Trial and failure of bevacizumab ( <b>Avastin<sup>®</sup></b> ) or a <b>bevacizumab biosimilar</b>	1/1/2022
J2781	Pegcetacoplan injection	Syfovre™		8/1/2023
J2782	Avacincaptad pegol	Izervay™	<p style="text-align: center;">✓</p> Trial and failure of <b>Syfovre<sup>®</sup></b>	9/1/2023
J2786	Reslizumab	Cinqair <sup>®</sup>	<p style="text-align: center;">✓</p> Trial and failure of <b>Fasenra<sup>®</sup> or Nucala<sup>®</sup> AND Dupixent<sup>®</sup></b>	1/1/2022
J2793	Riloncept	Arcalyst <sup>®</sup>	✓	5/1/2023
J2802	Romiplostim	Nplate <sup>®</sup>	✓	1/1/2022
J2840	Sebelipase alfa	Kanuma <sup>®</sup>		1/1/2022
J3032	Eptinezumab-jjmr (Calcitonin Gene Related Peptide Antagonists)	Vyepti <sup>®</sup>	<p style="text-align: center;">✓</p> Try/fail botulinum toxins AND an oral or subcutaneous CGRP antagonist	5/1/2023

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J3060	Taliglucerase alfa	Elelyso®	<p>✓</p> <p>Trial and failure of <b>Cerezyme®</b>. This preferred drug doesn't require prior authorization.</p>	1/1/2022
J3111	Romosozumab-aqqg	Evenity®	<p>✓</p> <p><b>For high-risk osteoporosis:</b> Trial and failure of oral or IV <b>bisphosphonates AND a denosumab product</b></p> <p><b>For very high-risk osteoporosis:</b> Trial and failure of <b>zoledronate</b> only or a <b>denosumab product</b> only if <b>zoledronate</b> is contraindicated</p>	1/1/2022
J3241	Teprotumumab	Tepezza®	<p>✓</p>	11/1/2022
J3245	Tildrakizumab-asmn	Ilumya®	<p>✓</p> <p>Trial and failure of <b>Inflectra® or Avsola®</b> AND <b>Steqeyma®, Pyzchiva® or Wezlana®</b> These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p>	1/1/2022

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J3247	Secukinumab	Cosentyx® IV	<p style="text-align: center;">✓</p> <p>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> and <b>Cosentyx SC</b> is also required for members who have an MAPD plan.</p>	2/1/2024
J3262	Tocilizumab	Actemra®	<p style="text-align: center;">✓</p> <p>Trial and failure of <b>Tyenne</b> AND <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p> <p><b>For cytokine release syndrome or giant cell arteritis:</b> Infliximab, ustekinumab and adalimumab are <b>not</b> required.</p> <p><b>NOTE:</b> Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis..</p>	1/1/2022
J3285	Trepstinil	Remodulin®		1/1/2022
J3304	Triamcinolone-acetonide extended release	Zilretta®	✓	11/1/2022

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J3358	Ustekinumab	Stelara®	<p style="text-align: center;">✓</p> Trial and failure of the following preferred ustekinumab drugs: <b>Steqeyma® , Pyzchiva® or Wezlana®</b> These preferred drugs don't require authorization.	1/1/2026
J3380	Vedolizumab	Entyvio® IV	<p style="text-align: center;">✓</p> Trial and failure of <b>Inflectra or Avsola®</b> AND <b>Steqeyma® , Pyzchiva® or Wezlana®</b> These preferred drugs don't require authorization.  Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.	1/1/2022
J3385	Velaglucerase alfa	VPRIV®	<p style="text-align: center;">✓</p> Trial and failure of <b>Cerezyme®</b> . This preferred drug doesn't require prior authorization.	1/1/2022
J3389	Prademagene zamikeracel	Zevaskyn™		9/1/2025
J3392	Exagamglogene autotemcel	Casgevy™	✓	1/2/2024
J3394	Lovotibeglogene autotemcel	Lyfgenia™	✓	1/2/2024
J3397	Vestronidase alfa-vjbc	Mepsevii®		1/1/2022
J3398	Voretigene neparvovec-rzyl	Luxturna®		1/1/2022
J3399	Onasemnogene abeparvovec-xioi	Zolgensma®		5/1/2023
J3401	Beremagene geperpavec-svdt	Vyjuvek™		12/1/2023

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J3402	Remestemcel-L-rknd	Ryoncil®	✓	3/3/2025
J3403	Revakinagene taroretcel-lwey	Encelto™		9/1/2025
J3404	Zopapogene imadenovec-drba	Papzimeos		5/1/2026
J3490, J3590	Pegcetacoplan	Empaveli®		5/1/2023
J3590	Sotatercept-csrk	Winrevair™	✓	5/1/2024
J3490	Nedosiran	Rivfloza™		2/1/2024
J3490	Eplontersen	Wainua™		3/1/2024
J3490	Lecanemab-irmb	Leqembi Iqlik		11/1/2025
J3590	Lifileucel	Amtagvi™		4/1/2024
J3590	Bevacizumab-tjnj	Avzivi®	<p>✓</p> <p>Use the following preferred bevacizumab biosimilar drugs: <b>Mvasi®</b> and <b>Zirabev®</b>. These preferred drugs will not require prior authorization.</p>	4/1/2024
J3590	Bimekizumab-bkzx	Bimzelx®	<p>✓</p> <p>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p>	2/1/2024
J3590	Donislecel-jujn	Lantidra™		12/1/2023

HCPs	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J3590	Eladocagene exuparvovec-tneq	Kebilidi™		2/3/2025
J3590	Depemokimab-ulaa	Exdensur	✓	2/1/2026
J3590	Etuvetidigene autotemcel	Waskyra™		2/1/2026
J3590	Onasemnogene abeparvovec-brve	Itvisma®		2/1/2026
J3590	Narsoplimab	Yartemlea™		2/1/2026
J3590	Denosumab-qbde	Xtrenbo	✓ Use the preferred denosumab biosimilar <b>Osenvelt®</b> This preferred drug doesn't require authorization.	5/1/2026
J3590	Denosumab-qbde	Enoby	✓ Use the preferred denosumab biosimilar <b>Stoboclo®</b>	5/1/2026
J3590	Ustekinumab-hmny	Starjemza® IV	✓ Use all the following preferred ustekinumab drugs: <b>Steqeyma</b> , <b>Pyzchiva</b> and <b>Wezlana</b> These preferred drugs don't require authorization.	5/1/2026
J3590	Egzilarginase-nbln	Loargys SC and IV		5/1/2026
J7170	Emicizumabb-kxwh	Hemlibra®		1/1/2022
J7171	ADAMTS13, recombinant-krhn	Adzynma		3/1/2024
J7172	Marstacimab-hncq	Hympavzi™	✓	11/18/2024
J7174	Fitusiran	Qfitlia®		9/1/2025

HCPs	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J7320	Sodium hyaluronate (Hyaluronic acid drugs)	GenVisc® 850	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7321	Sodium hyaluronate (Hyaluronic acid drugs)	Visco-3™ Hyalgan®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7322	High Molecular Weight Viscoelastic Hyaluronan (Hyaluronic acid drugs)	Hymovis®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7324	High Molecular Weight Hyaluronan (Hyaluronic acid drugs)	Orthovisc®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7325	Hylan G-F 20 (Hyaluronic acid drugs)	Synvisc®, Synvisc-One®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023

HCPs	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J7326	Sodium hyaluronate (Hyaluronic acid drugs)	Gel-one®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7327	High Molecular Weight Hyaluronan (Hyaluronic acid drugs)	Monovisc®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7329	Sodium hyaluronate (Hyaluronic acid drugs)	TriVisc®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7331	Sodium hyaluronate (Hyaluronic acid drugs)	Synojoynt®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7332	Sodium hyaluronate (Hyaluronic acid drugs)	Trilon®	✓ Trial and failure of all the following preferred hyaluronic acid drugs: <b>Durolane®</b> , <b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> . These preferred drugs don't require authorization.	6/1/2023
J7601	Ensifentrine, inhalation suspension	Ohtuvayre	✓ Trial and failure of <b>Trelegy</b> and <b>roflumilast</b>	5/1/2026

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J7606	Formoterol fumarate inhalation solution	generic	✓ Trial and failure of <b>arformoterol</b>	5/1/2026
J7677	Revefenacin, inhalation solution	Yuperli	✓ Trial and failure of <b>Anoro</b> and <b>Stiolto</b>	5/1/2026
J7686	Treprostinil	Tyvaso®	<b>Prior authorization is required for Tyvaso® nebulizer.</b> <b>Note:</b> Tyvaso DPI® (J3535) is a pharmacy benefit drug, not a medical benefit drug.	1/1/2022
J9022	Atezolizumab	Tecentriq®		1/1/2022
J9024	Atezolizumab hyaluronidase-tqjs	Tecentriq Hybreza™		9/1/2025
J9026	Tarlatamab-dlle	Imdelltra™		9/1/2025
J9028	Ogapendekin alfa inbakicept-pmln	Anktiva®	✓ For use in BCG-unresponsive non-muscle invasive bladder cancer, must first try and fail <b>Adstiladrin</b>	9/1/2025
J9029	Nadofaragene firadenovec-vncg	Adstiladrin®	✓	12/1/2023
J9035	Bevacizumab	Avastin®	✓ Use the following preferred bevacizumab biosimilar drugs: <b>Mvasi®</b> and <b>Zirabev®</b> . These preferred drugs will not require prior authorization. <b>Prior authorization isn't required for use in retinal disorders.</b>	1/1/2024
J9038	Axatilimab-csfr	Niktimvo™	✓	2/3/2025
J9119	Cemiplimab-rwlc	Libtayo®		1/1/2022
J9144	Daratumumab and hyaluronidase-fihj	Darzalex Faspro®		1/1/2022

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J9145	Daratumumab	Darzalex®		1/1/2022
J9161	Denileukin diftitox-cxdl	Lymphir™		9/1/2025
J9173	Durvalumab	Imfinzi®		1/1/2022
J9176	Elotuzumab	Empliciti®		5/1/2023
J9228	Ipilimumab	Yervoy®		1/1/2022
J9256	Nipocalimab-aahu	Imaavy™	<p style="text-align: center;">✓</p> Trial and failure of <b>Truxima, Ruxience®</b> or <b>Riabni®</b> These preferred products do not require prior authorization.	9/1/2025
J9271	Pembrolizumab	Keytruda®	<p style="text-align: center;">✓</p> For use in nasopharyngeal cancer, must first try and fail <b>Loqtorzi</b>	1/1/2022
J9289	Nivolumab and hyaluronidase-nvhy	Opdivo Qvantig™	<p style="text-align: center;">✓</p> For use in nasopharyngeal cancer, must first try and fail <b>Loqtorzi</b>	9/1/2025
J9299	Nivolumab	Opdivo®	<p style="text-align: center;">✓</p> For use in nasopharyngeal cancer, must first try and fail <b>Loqtorzi</b>	1/1/2022
J9304	Pemetrexed	Pemfexy®	<p style="text-align: center;">✓</p> Must try and fail one of the following: <b>Alimta or generic pemetrexed.</b> These preferred products do not require prior authorization.	4/26/2024

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J9311	Rituximab-hyaluronidase human	Rituxan Hycela <sup>®</sup>	<p>✓</p> <p>Use all the following preferred rituximab biosimilar drugs: <b>Truxima, Riabni<sup>®</sup></b> AND <b>Ruxience<sup>®</sup></b>.</p> <p>These preferred drugs don't require authorization.</p>	1/1/2024
J9312	Rituximab	Rituxan <sup>®</sup>	<p>✓</p> <p>Use all the following preferred rituximab biosimilar drugs: <b>Truxima, Riabni<sup>®</sup></b> AND <b>Ruxience<sup>®</sup></b>.</p> <p>These preferred drugs don't require authorization.</p>	1/1/2024
J9321	Epcoritamab-bysp	Epkinly		9/1/2023
J9332	Efgartigimod alfa-fcab	Vyvgart <sup>®</sup>	<p>✓</p> <p>Trial and failure of <b>Truxima, Ruxience<sup>®</sup></b> or <b>Riabni<sup>®</sup></b> is required for myasthenia gravis. These preferred products do not require prior authorization.</p>	5/1/2023
J9333	Rozanolixizumab-noli	Rystiggo <sup>®</sup>	<p>✓</p> <p>Trial and failure of <b>Truxima, Ruxience<sup>®</sup></b> or <b>Riabni<sup>®</sup></b> is required. These preferred products do not require prior authorization.</p>	12/1/2023
J9334	Efgartigimod alfa and hyaluronidase-qvfc	Vyvgart <sup>®</sup> Hytrulo	<p>✓</p> <p>Trial and failure of <b>Truxima, Ruxience<sup>®</sup></b> or <b>Riabni<sup>®</sup></b> is required for myasthenia gravis. These preferred products do not require prior authorization.</p> <p>For CIDP: Trial and failure of <b>Gammagard</b> or <b>Octagam</b> is required</p>	12/1/2023

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J9355	Trastuzumab	Herceptin®	✓ Use both preferred trastuzumab biosimilars first: <b>Ontruzant</b> and <b>Trazimera</b> ®	6/1/2023
J9361	Efbemalenograstim alfa-vuxw	Ryzneuta®	✓ Use the following preferred pegfilgrastim drugs first: <b>Fulphila</b> ® and <b>Neulasta</b> or <b>Neulasta OnPro</b> ®. These preferred drugs don't require prior authorization.	4/1/2024
J9376	Pozelimab-bbfg	Veopoz™	✓	10/15/2023
J9380	Teclistamab-cqyv	Tecvayli™		9/1/2023
J9381	Teplizumab-mzwv	Tziel®		1/1/2023
Q2041	Axicabtagene ciloleucel	Yescarta®		1/1/2022
Q2042	Tisagenlecleucel	Kymriah®		1/1/2022
Q2053	Brexucabtagene autoleucel	Tecartus®		1/1/2022
Q2054	Lisocabtagene maraleucel	Breyanzi™		11/1/2022
Q2055	Idecabtagene vicleucel	Abecma™		3/7/2022
Q2056	Ciltacabtagene autoleucel	Carvykti®		3/7/2022
Q2057	Afamitresgene autoleucel	Tecelra®	✓	10/1/2024
Q2058	Obecabtagene autoleucel	Aucatzyl™		11/25/2024

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5098	Ustekinumab-srlf	Imuldosa® IV	<p style="text-align: center;">✓</p> Use all the following preferred ustekinumab drugs: <b>Steqeyma, Pyzchiva</b> and <b>Wezlana</b> These preferred drugs don't require authorization.	11/06/2024
Q5100	Ustekinumab-kfce	Yesintek® IV	<p style="text-align: center;">✓</p> Use all the following preferred ustekinumab drugs: <b>Steqeyma, Pyzchiva</b> and <b>Wezlana</b> These preferred drugs don't require authorization.	2/3/2025
Q5104	Infliximab-abda	Renflexis®	<p style="text-align: center;">✓</p> Trial and failure of <b>Inflectra</b> and <b>Avsola</b> These preferred drugs don't require authorization.	2/1/2026
Q5104	Infliximab-abda	Unbranded biosimilar	<p style="text-align: center;">✓</p> Trial and failure of <b>Inflectra</b> and <b>Avsola</b> These preferred drugs don't require authorization.	2/1/2026
Q5111	Pegfilgrastim-cbqv (Long-Acting Colony Stimulating Factors)	Udenyca®	<p style="text-align: center;">✓</p> Use the following preferred pegfilgrastim drugs first: <b>Fulphila®</b> and <b>Neulasta or Neulasta OnPro®</b> . These preferred drugs don't require prior authorization.	6/1/2023
Q5111	Pegfilgrastim-cbqv (Long-Acting Colony Stimulating Factors)	Udenyca® Onbody	<p style="text-align: center;">✓</p> Use the following preferred pegfilgrastim drugs first: <b>Fulphila®</b> and <b>Neulasta or Neulasta OnPro®</b> . These preferred drugs don't require prior authorization.	4/1/2024

HPCPS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5113	Trastuzumab-pkrb (Trastuzumab)	Herzuma®	✓ Use both preferred trastuzumab biosimilars first: <b>Ontruzant</b> and <b>Trazimera</b> ®	6/1/2023
Q5114	Trastuzumab-dkst	Ogivri®	✓ Use both preferred trastuzumab biosimilars first: <b>Ontruzant</b> and <b>Trazimera</b> ®	8/1/2025
Q5117	Trastuzumab-anns	Kanjinti®	✓ Use both preferred trastuzumab biosimilars first: <b>Ontruzant</b> and <b>Trazimera</b> ®	1/1/2024
Q5120	Pegfilgrastim-bmez	Ziextenzo®	✓ Use the following preferred pegfilgrastim drugs first: <b>Fulphila</b> ® and <b>Neulasta</b> or <b>Neulasta OnPro</b> ®. These preferred drugs don't require prior authorization.	1/1/2024
Q5124	Ranibizumab-nuna	Byooviz™	✓ Trial and failure of bevacizumab ( <b>Avastin</b> ®) or a bevacizumab biosimilar	5/1/2023
Q5125	Filgrastim-ayow (Short-Acting Colony Stimulating Factors)	Releuko®	✓ Use all the following preferred filgrastim biosimilar drugs: <b>Nivestym</b> ® and <b>Zarxio</b> ®. These preferred drugs don't require prior authorization.	6/1/2023
Q5126	Bevacizumab-maly	Alymsys®	✓ Use the following preferred bevacizumab biosimilar drugs: <b>Mvasi</b> ® and <b>Zirabev</b> ® These preferred drugs will not require prior authorization.	1/1/2024

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5127	Pegfilgrastim-fpgk	Stimufend®	<p>✓</p> <p>Use the following preferred pegfilgrastim drugs first: <b>Fulphila®</b> and <b>Neulasta or Neulasta OnPro®</b>.</p> <p>These preferred drugs don't require prior authorization.</p>	6/1/2023
Q5128	Ranibizumab_eqrn	Cimerli™	<p>✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>	8/1/2023
Q5129	Bevacizumab-adcd	Vegzelma®	<p>✓</p> <p>Use the following preferred bevacizumab biosimilar drugs: <b>Mvasi®</b> and <b>Zirabev®</b></p> <p>These preferred drugs will not require prior authorization.</p>	1/1/2024
Q5130	Pegfilgrastim-pbbk	Fylnetra®	<p>✓</p> <p>Use the following preferred pegfilgrastim drugs first: <b>Fulphila®</b> and <b>Neulasta or Neulasta OnPro®</b>.</p> <p>These preferred drugs don't require prior authorization.</p>	8/1/2023

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5133	Tocilizumab-bavi	Tofidence™	<p style="text-align: center;">✓</p> <p style="text-align: center;">Trial and failure of <b>Tyenne</b> AND <b>Inflectra®</b> or <b>Avsola®</b>. AND <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b> These preferred drugs don't require prior authorization.</p> <p>Trial and failure of <b>adalimumab</b> and <b>Tyenne SC</b> is also required for members who have an MAPD plan.</p> <p><b>Note: Tyenne SC</b> is not required for cytokine release syndrome and COVID-19</p> <p><b>For cytokine release syndrome or giant cell arteritis:</b> Infliximab, ustekinumab and adalimumab are <b>not</b> required.</p> <p><b>NOTE:</b> Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.</p>	5/1/2024
Q5134	Natalizumab-sztn	Tyruko	<p style="text-align: center;">✓</p> <p style="text-align: center;">Trial and failure of dimethyl fumarate, glatiramer, fingolimod, AND <b>Briumvi</b></p>	5/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5135	Tocilizumab-aazg	Tyenne®	<p style="text-align: center;">✓</p> <p>Trial and failure of <b>Inflectra</b> or <b>Avsola</b>®.</p> <p style="text-align: center;">AND</p> <p><b>Steqeyma</b>®, <b>Pyzchiva</b>® or <b>Wezlana</b>®</p> <p>These preferred drugs don't require prior authorization.</p> <p>Trial and failure of <b>adalimumab</b> and <b>Tyenne SC</b> is also required for members who have an MAPD plan.</p> <p><b>Note: Tyenne SC</b> is not required for cytokine release syndrome and COVID-19</p> <p>For cytokine release syndrome or giant cell arteritis: <b>Infliximab</b>, <b>ustekinumab</b> and <b>adalimumab</b> are not required</p>	7/1/2024

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5135	Tocilizumab-aazg	Unbranded biosimilar	<p>Trial and failure of <b>Tyenne</b> AND <b>Inflectra</b>® or <b>Avsola</b>®. AND <b>Steqeyma</b>®, <b>Pyzchiva</b>® or <b>Wezlana</b>® These preferred drugs don't require prior authorization.</p> <p>Trial and failure of <b>adalimumab</b> and <b>Tyenne SC</b> is also required for members who have an MAPD plan.</p> <p><b>Note: Tyenne SC</b> is not required for cytokine release syndrome and COVID-19</p> <p><b>For cytokine release syndrome or giant cell arteritis:</b> Infliximab, ustekinumab and adalimumab are <b>not</b> required.</p> <p>NOTE: Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.</p>	9/1/2025
Q5136	Denosumab-bbdz	Jubbonti®	<p style="text-align: center;">✓</p> <p>Use the preferred denosumab biosimilar Stoboclo®</p>	11/3/2024

HPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5136	Denosumab-bbdz	Unbranded biosimilar	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Stoboclo</b> ®	1/1/2026
Q5136	Denosumab-bbdz	Wyost®	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar Osenvelt® This preferred drug doesn't require prior authorization	11/1/2025
Q5146	Trastuzumab-strf	Hercessi®	<p style="text-align: center;">✓</p> Use the <b>preferred</b> trastuzumab biosimilars <b>Ontruzant</b> ® AND <b>Trazimera</b> ® These preferred drug does not require prior authorization.	2/3/2025
Q5147	Aflibercept-ayyh	Pavblu™	<p style="text-align: center;">✓</p> <b>Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar</b>	4/1/2025
Q5148	Filgrastim-txid	Nypozi™	<p style="text-align: center;">✓</p> Use both of the following <b>preferred</b> filgrastim biosimilar drugs: <b>Nivestym</b> ® and <b>Zarxio</b> ®. These preferred drugs don't require prior authorization.	4/1/2025
Q5149	Aflibercept-abzv	Enzeevu™	<p style="text-align: center;">✓</p> Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar	4/1/2025

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5150	Aflibercept-mrbb	Ahzantive®	✓ Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar	4/1/2025
Q5151	Ecuzumab-aagh	Epysqli®	✓ For Myasthenia Gravis: Trial and failure of Truxima, Ruxience® or Riabni®, AND Rystiggo® AND Vyvgart® or Vyvgart® Hytrulo is required. For NMOSD: Trial and failure of Enspryng® and Uplizna® For PNH: Trial and failure of Empaveli®	4/1/2025
Q5152	Ecuzumab-aeeb	Bkemv™	✓ For Myasthenia Gravis: Trial and failure of Truxima, Ruxience® or Riabni®, AND Rystiggo® AND Vyvgart® or Vyvgart® Hytrulo is required. For NMOSD: Trial and failure of Enspryng® and Uplizna® For PNH: Trial and failure of Empaveli® AND Epysqli	2/3/2025
Q5153	Aflibercept-yszy	Opuviz™	✓ Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar	9/1/2025
Q5153	Aflibercept-yszy	Unbranded biosimilar	✓ Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar	11/1/2025
Q5154	Omalizumab-igec	Omlyclo®	✓	11/1/2025
Q5154	Omalizumab-igec	Unbranded biosimilar	✓	11/1/2025
Q5155	Aflibercept-jbvf	Yesafili™	✓	11/1/2025

HPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5156	Tocilizumab-anoh	Avtozma®	<p style="text-align: center;">✓</p> <p style="text-align: center;">Trial and failure of <b>Tyenne</b> AND <b>Inflectra®</b> or <b>Avsola®</b> AND <b>Steqeyma, Pyzchiva, or Wezlana</b></p> <p style="text-align: center;">These preferred drugs don't require prior authorization.</p> <p style="text-align: center;">Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p> <p><b>For cytokine release syndrome or giant cell arteritis:</b> Infliximab, ustekinumab and adalimumab are <b>not</b> required. NOTE: Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.</p>	11/1/2025
<b>Q5157</b>	Denosumab-bmwo	Stoboclo®	✓	9/1/2025
<b>Q5157</b>	Denosumab-bmwo	Unbranded biosimilar	✓ Use the preferred denosumab biosimilar Stoboclo®	11/1/2025
<b>Q5158</b>	Denosumab-bnht	Conexence®	✓ Use the preferred denosumab biosimilar Stoboclo®	11/1/2025
<b>Q5158</b>	Denosumab-bnht	Unbranded biosimilar	✓ Use the preferred denosumab biosimilar Stoboclo®	11/1/2025

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5158	Denosumab-bnht	Bomynta®	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Osenvelt®</b> This preferred drug doesn't require prior authorization.	11/1/2025
Q5159	Denosumab-dssb	Ospomyv™	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Stoboclo®</b>	11/1/2025
Q5159	Denosumab-dssb	Unbranded biosimilar	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Stoboclo®</b>	11/1/2025
Q5159	Denosumab-dssb	Zbryk™	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Osenvelt®</b> This preferred drug doesn't require prior authorization.	11/1/2025
Q5161	Denosumab-kyqq	Bosaya™	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Stoboclo®</b>	5/1/2026
Q5161	Denosumab-kyqq	Aukelso™	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Osenvelt®</b> This preferred drug doesn't require prior authorization.	5/1/2026
Q5162	Denosumab-nxxp	Bildyos®	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Stoboclo®</b>	2/1/2026
Q5162	Denosumab-nxxp	Bilprevda®	<p style="text-align: center;">✓</p> Use the preferred denosumab biosimilar <b>Osenvelt®</b> This preferred drug doesn't require authorization.	2/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q9998	Ustekinumab-aekn	Selarsdi™ IV	<p style="text-align: center;">✓</p> <p>Trial and failure of the following preferred ustekinumab drugs: <b>Steqeyma, Pyzchiva and Wezlana</b></p> <p>These preferred drugs don't require authorization.</p>	9/1/2025
Q9998	Ustekinumab-aekn	Unbranded biosimilar IV	<p style="text-align: center;">✓</p> <p>Trial and failure of the following preferred ustekinumab drugs: <b>Steqeyma, Pyzchiva and Wezlana</b></p> <p>These preferred drugs don't require authorization.</p>	9/1/2025
Q9999	Ustekinumab-aauz	Otulfi® IV	<p style="text-align: center;">✓</p> <p>Trial and failure of the following preferred ustekinumab drugs: <b>Steqeyma, Pyzchiva and Wezlana</b></p> <p>These preferred drugs don't require authorization.</p>	1/20/2025
Q9999	Ustekinumab-aauz	Unbranded biosimilar IV	<p style="text-align: center;">✓</p> <p>Trial and failure of the following preferred ustekinumab drugs: <b>Steqeyma, Pyzchiva and Wezlana</b></p> <p>These preferred drugs don't require authorization.</p>	11/1/2025

## Revision history

Date	Revisions
4/20/2026	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 5/1/2026:</b> J1569 Gammagard Liquid ERC, J1599 Qivigy, J2323 Tysabri, J2329 Briumvi, J2350 Ocrevus, J2351 Ocrevus Zunovo, J3404 Papzimeos, J3590 Xtrenbo, J3590 Enoby, J3590 Starjemza® IV, J3590 Loargys SC and IV, J7601 Ohtuvayre, J7606 Formoterol, J7677 Yuperli, Q5134 Tyruko, Q5161 Aukelso, and Q5161 Bosaya</li> <li>• <b>Step therapy requirements added for Izervay effective 5/1/2026</b></li> <li>• <b>Updates made to step therapy requirements for Vyvgart Hytrulo effective 5/1/2026</b></li> <li>• <b>Authorization requirement removed effective 5/1/2026:</b> J1412 Roctavian (withdrawn from U.S. market by manufacturer)</li> <li>• <b>Code updates effective:</b> 4/1/2026: J1553 Yimmugo, Q5162 Bildyos, Q5162 Bilprevda</li> <li>• <b>Corrections made:</b> Q5104 Renflexis and unbranded biosimilar require PA effective 2/1/2026; Removed PA for Q9997 unbranded biosimilar to Pyzchiva; Added J9289 Opdivo Qvantig that was missing</li> </ul>
2/27/2026	<ul style="list-style-type: none"> <li>• <b>Correction made to J1745:</b> Infliximab Step Therapy – must use the following medications first: Inflectra <b>AND</b> Avsola</li> </ul>
1/23/2026	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 2/1/2026:</b> J3590 Exdensur, J3590 Yartemlea, J3590 Bildyos, J3590 Bilprevda, J3590 Waskyra, J3590 Itvisma</li> <li>• <b>Updates made step therapy requirements effective 2/1/2026 for:</b> Orenzia, Cosentyx IV, Tofidence, Tyenne, and Tocilizumab unbranded biosimilar</li> <li>• <b>Authorization requirement effective 1/1/2026:</b> Q5136 unbranded Jubbonti, Q5104 unbranded Renflexis, Q5104 Renflexis</li> <li>• Added preferred eculizumab product effective 1/1/2026</li> <li>• Added preferred tocilizumab product effective 1/1/2026</li> <li>• Updates made to highlight changes to preferred agents effective 1/1/2026</li> </ul>
12/22/2025	<ul style="list-style-type: none"> <li>• <b>Corrected authorization requirement date for J0897 Xgeva to 11/1/2025</b></li> </ul>
12/12/2025	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 1/1/2026:</b> J3358 Stelara</li> <li>• <b>Updates made to step therapy requirements effective 1/1/2026 for:</b> Entyvio, Anktiva, Orenzia, Cimzia, Simponi Aria, Tremfya IV, Omvoh IV, Skyrizi IV, Ilumya, Cosentyx IV, Bimzelx, Actemra, Tofidence, Avtozma, Tyenne, and Tocilizumab unbranded biosimilar</li> <li>• <b>Authorization requirement removed 1/1/2026:</b> Q5103 Inflectra, Q5112 Ontruzant, Q5115 Truxima</li> <li>• <b>Code updates effective 1/1/2026:</b> J9256 Imaavy, J3389 Zevaskyn</li> </ul>
11/11/2025	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 11/01/2025:</b> J3590 Yimmugo, Q5153 Aflibercept-yszy</li> </ul>

	<ul style="list-style-type: none"> <li>• Added preferred ustekinumab products effective 12/1/2025</li> <li>• <b>Authorization requirement removed effective 12/1/2025:</b> Q5138 Wezlana, Q5138 ustekinumab-auub, Q5099 Steqeyma, Q9997 Pyzchiva, J3358 Stelara</li> <li>• <b>Updates made to step therapy requirements effective 12/1/2025 for:</b> Anktiva, Orenzia, Cimzia, Simponi Aria, Tremfya IV, Omvoh IV, Skyrizi IV, Ilumya, Cosentyx IV, Bimzelx, Actemra, Tofidence, Avtozma, Tyenne, and Tocilizumab unbranded biosimilar</li> <li>• <b>Corrected diagnosis code:</b> J3490 Leqembi IQLIK</li> <li>• Added preferred eculizumab product effective 1/1/2026</li> <li>• Added preferred tocilizumab product effective 1/1/2026</li> <li>• Updates made to highlight changes to preferred agents effective 1/1/2026</li> <li>• Update made to Entyvio step therapy requirements effective 12/1/2025 for members who have an MAPD plan, Ustekinumab is now required.</li> </ul>
10/30/2025	<ul style="list-style-type: none"> <li>• <b>Authorization removed 11/1/2025:</b> J0257 Glassia, J0256 Aralast NP, Prolastin C, and Zemaira.</li> <li>• <b>Authorization requirement effective 11/1/2025:</b> Q5156 Avtozma, Q5158 Conexence, Q5158 Denosumab-bnht, Q5154 Omlyclo, Q5154 Omalizumab-igec, Q5159 Ospomyv, Q5159 Denosumab-dssb, Q5155 Yesafili, Q9997 Ustekinumab-ttwe, Q9998 Ustekinumab-aekn, J0714 Leqembi IQLIK, J0897 Xgeva, Q5158 Bomynta, Q5136 Wyost, Q5159 Xbryk, Q5157 denosumab-bmwo</li> <li>• <b>Code updates effective 10/1/2025:</b> J1809 Nulibry, J3402 Ryoncil, J3403 Encelto, J7174 Qfitlia, Q5157 Stoboclo</li> <li>• <b>Update made to preferred botulinum toxins effective 11/1/2025</b></li> <li>• <b>Authorization requirement removed effective 11/1/2025:</b> J0585 Botox</li> <li>• <b>Updates made to step therapy requirements effective 11/1/2025 for</b> Orenzia, Cimzia, Simponi Aria, Tremfya IV, Omvoh IV, Skyrizi IV, Ilumya, Cosentyx IV, Bimzelx, Actemra, Tofidence, Tyenne, and Tocilizumab unbranded biosimilar, Entyvio</li> <li>• <b>Added preferred denosumab biosimilar effective 11/1/2025</b></li> </ul>
8/15/2025	<ul style="list-style-type: none"> <li>• <b>Authorization requirement removed 9/1/2025:</b> G2082 &amp; G2083 Spravato, J7601 Ohtuvayre</li> <li>• <b>Authorization requirement effective 9/1/2025:</b> J3590 Qfitlia, J3590 Zevaskyn, J3590, Imaavy, J3590, Encelto, J3590 Stoboclo, J9024 Tecentriq Hybreza, J9026 Imdelltra, J9028 Anktiva, J9161 Lymphir, Q5135 Tocilizumab-aazg, Q5153 Opuviz, Q9998 Selarsdi IV, J9289 OPDIVO Qvantig</li> <li>• <b>Update to step therapy requirements effective 9/1/2025:</b> J9299 Opdivo, J9271 Keytruda</li> </ul>
7/21/2025	<ul style="list-style-type: none"> <li>• <b>Removed drug(s) taken off market:</b> J0172 Aduhelm, J1414 Beqvez</li> <li>• <b>Code updates effective 7/1/2025:</b> Q2058 Aucatzyl, Q5100 Yesintek, Q5099 Steqeyma, Q5098 Imuldosa, J7172 Hympavzi</li> <li>• <b>Code updates effective 4/1/2025:</b> J1299 Soliris, Q2057 Tecelra, Q9999 Otulfi, Q5152 Bkempv, J9038 Niktimvo</li> <li>• <b>Code updates effective 1/1/2025:</b> J2802 Nplate</li> <li>• <b>Authorization requirement removed 8/1/2025:</b> Q5116 Trazimera</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 8/1/2025:</b> Q5114 Ogivri, Q5117 Kanjinti</li> </ul>
5/15/2025	<ul style="list-style-type: none"> <li>• <b>Fixed the missing step therapy requirements for</b> Rituxan Hycela</li> </ul>
2/18/2025	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 3/3/2025:</b> J3590 Steqeyma and J3590 Ryoncil</li> <li>• <b>Authorization requirement effective 4/1/2025:</b> Q5147 Pavblu, Q5148 Nypozi, Q5149 Enzeevu, Q5150 Ahzantive, and Q5151 Epysqli</li> <li>• <b>Update to step therapy requirements effective 5/1/2025:</b> J2777 Vabysmo, J3380 Entyvio IV, J9332 Vyvgart, J9334 Vyvgart Hytrulo, J9333 Rystiggo, and J3111 Evenity</li> </ul>
12/12/2024	<ul style="list-style-type: none"> <li>• <b>Code updates effective 1/1/2025:</b> J0870 Rytelo, J1307 PiaSky, J1414 Beqvez, J1552 Alyglo, J7601 Ohtuvayre, J3392 Casgevy, J2802 Nplate</li> <li>• <b>Authorization requirement removed 1/1/2025:</b> Q5118 Zirabev and Q5108 Fulphila</li> <li>• <b>Authorization requirement effective 2/3/2025:</b> Q5139 Bkembv, Q9997 Pyzchiva IV, J3590 Niktimvo, Q5146 Hecessi, J3590 Kebilidi, J3590 Yesintek</li> </ul>
11/20/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 11/25/2024:</b> J3590 Aucatzyl</li> </ul>
11/6/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 11/6/2024:</b> J3590 Hympavzi, J3590 Imuldosa IV</li> <li>• <b>Update to step therapy requirements effective 2/3/2025:</b> J1602 Simponi Aria, J1300 Soliris, and J1303 Ultomiris</li> </ul>
10/25/2024	<ul style="list-style-type: none"> <li>• <b>Updates made to highlight changes to preferred agents effective 1/1/2025</b></li> <li>• <b>Authorization requirement effective 1/1/2025:</b> Q5115 Truxima</li> <li>• <b>Authorization requirement effective 1/20/2025:</b> J3590 Otulfi and J1628 Tremfya IV</li> <li>• <b>Authorization requirement removed effective 1/1/2025:</b> Q5123 Riabni</li> <li>• <b>Authorization requirement effective 11/3/2024:</b> Q5136 Jubbonti, Q5138 Wezlana IVtru</li> <li>• <b>Authorization requirement removed effective 11/3/2024:</b> J1748 Zymfentra and J3490 Zilbrysq</li> </ul>
9/10/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 10/1/2024:</b> J3590 PiaSky, J3590 Tecelra</li> <li>• <b>Code correction:</b> J3490 Rytelo</li> <li>• <b>Added step therapy requirements for immune globulin products effective 12/1/2024</b></li> <li>• <b>Code update effective 10/1/2024:</b> Q5135 Tyenne</li> </ul>
7/25/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 7/29/2024:</b> J9999 Rytelo, J0175 Kisunla, J7699 Ohtuvayre</li> </ul>
6/17/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 7/1/2024:</b> J3590 Tyenne, J1747 Spevigo SC</li> <li>• <b>Update to step therapy requirements effective 10/1/2024:</b> J0491 Saphnelo</li> <li>• <b>Update to step therapy requirements for botulinum toxins effective 10/1/2024:</b> J0585 Botox, J0586 Dysport, J0589 Daxxify, J0587 Myobloc</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Code updates effective 7/1/2024:</b> J1748 Zymfentra, J2267 Omvoh IV, J3247 Cosentyx IV, J3394 Lyfgenia, J7171 Adzynma, and J9361 Ryzneuta</li> </ul>
5/30/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 6/1/2024:</b> J3590 Beqvez</li> <li>• <b>Authorization requirement removed effective 6/1/2024:</b> J0588 Xeomin</li> <li>• <b>Update to step therapy requirements effective 6/1/2024:</b> J9304 Pemfexy</li> </ul>
4/8/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 5/1/2024:</b> Q5133 Tofidence, J3590 Winrevair</li> <li>• <b>Step therapy requirement of preferred ERT added effective 6/1/2024:</b> J3395 VPRIV, J3060 Elelyso</li> </ul>
3/19/2024	<ul style="list-style-type: none"> <li>• <b>Remove Entyvio SC authorization requirement</b></li> <li>• <b>Code updates effective 4/1/2024:</b> J1203, Pomibiliti, J9376 Veopoz, J0177 Eylea HD, J0589 Daxxify, J2782 Izervay</li> <li>• <b>Authorization requirement effective 4/1/2024:</b> J1599 Alyglo, Q5111 Udenyca Onbody, J3590 Amtagvi, J3590 Avzivi, J3590 Ryzneuta</li> <li>• <b>Authorization requirement removed effective 1/1/2024:</b> J1786: Cerezyme</li> </ul>
2/26/2024	<ul style="list-style-type: none"> <li>• <b>Updates to Soliris, Ultomiris to reflect changes in step therapy requirements effective 3/4/2024.</b></li> <li>• <b>Updated Soliris, Ultomiris and Zilbrysq to reflect changes to step therapy requirements effective 4/1/2024.</b></li> <li>• <b>Code correction for Entyvio SC back to J3590</b></li> <li>• <b>Authorization requirement effective 4/26/2024:</b> J9304 Pemfexy</li> </ul>
2/1/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 3/1/2024:</b> J3590 Adzynma, J3490 Wainua</li> <li>• <b>Code correction:</b> J3380 Entyvio SC</li> <li>• <b>Updated step therapy requirements for Eylea HD</b></li> <li>• <b>Authorization requirement effective 2/1/2024:</b> J1572 Flebogamma is once again available in the US.</li> </ul>
1/10/2024	<ul style="list-style-type: none"> <li>• <b>Authorization requirement removed effective 1/1/2024:</b> Nyvepria, Ogivri, and Renflexis</li> <li>• <b>Authorization requirement effective 2/1/2024:</b> Entyvio SC: J3590, Zymfentra SC: J3590, Cosentyx IV: J3590, Zilbrysq: J3490, Rivfloza: J3490, Bimzelx: J3590, Prombiliti: J3590, Omvoh: J3590</li> </ul>
12/12/2023	<ul style="list-style-type: none"> <li>• <b>Code updates effective 1/2/2023:</b> Vyvgart Hytrulo: J9334, Rystiggo: J9333, Vyjuvek: J3401, Elfabrio: J2508, Roctavian: J1412, Elevidys: J1413, Qalsody: J1304, Lamzede: J0217, Epkinly: J9321</li> </ul>
11/2/2023	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 1/1/2024:</b> J3358 Stelara IV, J2327 Skyrizi IV, Q5103 Inflectra, J9312 Rituxan, J9311 Rituxan Hycela, Q5123 Riabni, J9035 Avastin, Q5126 Alymsys, Q5129 Vegzelma, Q5118 Zirabev, Q5120 Ziextenzo, Q5108 Fulphila, Q5116 Trazimera</li> </ul>
10/18/2023	<ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 12/1/2023:</b> Veopoz, Lantidra, Vyjuvek, Elfabrio, Qalsody, Vyvgart Hytrulo, Elevidys, Roctavian, Rystiggo, Adstiladrin (all have code J3590), J3490 Eylea HD and J1745 generic infliximab (non-biosimilar) Daxxify J3490</li> </ul>

