

Prior Authorization must be requested and approved for the drug AND for administration in an outpatient hospital setting (POS code 19 or 22). The preferred Site of Care for all drugs listed are office (11) and home infusion (12), unless otherwise indicated below.

DRUG TRADE NAME	HCPCS	TARGET INDICATION	BIOSIMILAR PRODUCT?	EFFECTIVE DATE
Actemra	J3262	All	N	4/6/2020
Actimmune	J9216	All	N	7/1/2020
Adakveo	J0791	All	N	5/21/2020
Aldurazyme	J1931	All	N	4/6/2020
Amvuttra	J0225	All	N	2/23/2023
Aralast NP	J0256	All	N	4/6/2020
Arcalyst	J2793	All	N	7/1/2020
Apretude	J0739	All	N	10/1/2022
Asceniv	J1554	All	N	4/23/2021
Avsola	Q5121	All	Y - to Remicade	7/1/2020
Benlysta	J0490	All	N	4/6/2020
Berinert	J0597	All	N	4/6/2020
Bivigam	J1556	All	N	4/6/2020
Cerezyme	J1786	All	N	4/6/2020
Cinqair	J2786	All	N	4/6/2020
Cinryze	J0598	All	N	4/6/2020
Crysvita	J0584	All	N	4/6/2020
Cutaquig	J1551	All	N	4/6/2020
Cuvitru	J1555	All	N	4/6/2020
Elaprase	J1743	All	N	4/6/2020
Elelyso	J3060	All	N	4/6/2020
Empaveli	C9399 (NOC)	All	N	11/15/2021
Entyvio	J3380	All	N	4/1/2019
Evenity	J3111	All	N	5/23/2021
Evkeeza	J1305	All	N	4/23/2021
Exondys 51	J1428	All	N	4/6/2020
Fabrazyme	J0180	All	N	4/6/2020
Fasenra	J0517	All	N	4/6/2020
Fensolvi	J1951	All	N	7/1/2020
Flebogamma	J1572	All	N	4/6/2020
Gammagard	J1569	All	N	4/6/2020

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Gammagard S/D	J1566	All	N	7/1/2020
Gammaked	J1561	All	N	4/6/2020
Gammaplex	J1557	All	N	4/6/2020
Gamunex-C	J1561	All	N	4/6/2020
Givlaari	J0223	All	N	7/1/2020
Glassia	J0257	All	N	4/6/2020
Hizentra	J1559	All	N	4/6/2020
Hyqvia	J1575	All	N	4/6/2020
Ilaris	J0638	All	N	4/6/2020
Inflectra	Q5103	All	Y - to Remicade	4/1/2019
Kanuma	J2840	All	N	4/6/2020
Krystexxa	J2507	All	N	4/6/2020
Lemtrada*	J0202	All	N	4/1/2019
Leqvio	J1306	All	N	8/24/2022
Lumizyme	J0221	All	N	4/6/2020
Mepsevii	J3397	All	N	4/6/2020
Naglazyme	J1458	All	N	4/6/2020
Nucala	J2182	All	N	4/6/2020
Nulojix	J0485	All	N	4/6/2020
Ocrevus*	J2350	All	N	4/1/2019
Octagam	J1568	All	N	4/6/2020
Orencia	J0129	All	N	4/6/2020
Oxlumo	J0224	All	N	4/23/2021
Panzyga	J1599	All	N	4/6/2020
Phesgo	J9316	All	N	7/1/2020
Privigen	J1459	All	N	4/6/2020
Prolastin-C	J0256	All	N	4/6/2020
Prolia/Xgeva	J0897	Non-Oncology	N	4/1/2019
Reblozyl	J0896	All	N	7/1/2020
Remicade	J1745	All	N	4/1/2019
Remodulin	J3285	All	N	4/6/2020
Renflexis	Q5104	All	Y - to Remicade	4/1/2019
Riabni*	Q5123	Non-Oncology	Y – to Rituxan	4/23/2021
Rituxan*	J9312	Non-Oncology	N	4/1/2019
Ruconest	J0596	All	N	4/6/2020
Ruxience*	Q5119	Non-Oncology	Y – to Rituxan	10/22/2019
Ryplazim	J2998	All	N	5/1/2022
Saphnelo	J0491	All	N	2/8/2022

DRUG TRADE NAME	HCPCS	TARGET INDICATION	BIOSIMILAR PRODUCT?	EFFECTIVE DATE
Simponi Aria	J1602	All	N	4/1/2019
Stelara (IV)	J3358	Crohn's Disease/ Ulcerative Colitis	N	4/1/2019
Strensiq	J3490	All	N	4/6/2020
Tezspire	J2356	All	N	8/24/2022
Truxima*	Q5115	Non-Oncology	Y – to Rituxan	10/22/2019
Tysabri*	J2323	All	N	4/1/2019
Ultomiris	J1303	All	N	7/1/2020
Uplizna	J1823	All	N	7/1/2020
Vimizim	J1322	All	N	4/6/2020
Vpriv	J3385	All	N	4/6/2020
Vyepti	J3032	All	N	7/1/2020
Vyvgart	J9332	All	N	8/24/2022
Xembify	J1558	All	N	4/6/2020
Xolair	J2357	All	N	4/6/2020
Zemaira	J0256	All	N	4/6/2020

*Drug is not recommended for home infusion. Office or infusion suite (clinic, home, or pharmacy based) are the preferred settings.