



February 4, 2026

#### **MEDICAL SPECIALTY DRUG PREAUTHORIZATION REQUIREMENTS**

Use this list for the lines of business in the columns below: Commercial managed products, Commercial managed products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.

**Requests for the drugs on this list are handled by the Medical Specialty Drug unit: Phone 1-800-499-1275 and Fax 1-800-306-0188.**

*Updates Are Highlighted In Grey*

**IMPORTANT**

> The following Medical Specialty Drugs are covered under the Medical Benefit (when administered by a health care professional) and require preauthorization. Regardless of the preauthorization requirement under the member contract, claims for the following medical specialty drugs will deny or suspend for review across all lines of business if preauthorization is not obtained.

> Please refer to our website frequently for updates to this list as new drugs are added as they receive FDA approval and are available for use.

> The provider or specialty pharmacy rendering the service is responsible for ensuring that the required preauthorization has been obtained.

> Commercial Self Funded Plans: Refer to the Injectable Medications Benefit for coverage details (any coverage exclusions for certain drugs listed with a drug category will be noted under Injectable Medications).

> C-Cross-Over drug is a drug that can be reviewed under the Medical Benefit (Health care professional administered) or Pharmacy Benefit (self- administered). Please note, the prior auth requirements may differ between medical and pharmacy.

> \*\*Avastin injected into the eye does not require a prior authorization  
    > ^ Stelara & Skyrizi IV loading doses do not require a prior authorization under the medical benefit. Please obtain prior authorization approval for ongoing SQ therapy PRIOR to administering any IV loading dose(s) to ensure appropriate care for your member.  
    \* Lemtrada is indicated for relapsing forms of multiple sclerosis only. If seeking treatment with Campath (also alemtuzumab), Campath is no longer commercially available. A restricted distribution program may allow access for appropriate patients. Information is available through the Campath Distribution Program at 1-877-422-2273.

For Genzyme medical information at 1-800-743-4447

> \*PIA Program=Medication Assurance Program



Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (YYY)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Gene Therapy	Hemgenix	J1411	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Hemlibra	J7170	Required	Required	Required	Required	Required	Required	Required	Required
	Hemofil	J7190	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Henzato *	J9248	Required	Required	Required	Required	Required	Required	Required	Required
	Herceptin	J9355	Required	Required	Required	Required	Required	Required	Required	Required
	Hercressi	Q5146	Required	Required	Required	Required	Required	Required	Required	Required
	Herceptin Hylecta	J9356	Required	Required	Required	Required	Required	Required	Required	Required
	Herzuma	Q5113	Required	Required	Required	Required	Required	Required	Required	Required
	Hizentra	J1559	Required	Required	Required	Required	Required	Required	Required	Required
	Humate-P	J7187	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Hyalgan	J7321	Required	Required	Required	Required	Required	Required	Required	Required
	Hydroxyprogesterone caproate	J1729	Required	Required	Required	Required	Required	Required	Required	Required
	Hymovis	J7322	Required	Required	Required	Required	Required	Required	Required	Required
	Hymovis One	J7322	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Hypavizi	J7172	Required	Required	Required	Required	Required	Required	Required	Required
	Hyqvia	J1575	Required	Required	Required	Required	Required	Required	Required	Required
	Idelvion	J7202	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Ilaris	J0638	Required	Required	Required	Required	Required	Required	Required	Required
	Iluvya	J3245	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Imavaay	J9256	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Imdeltra	J9026	Required	Required	Required	Required	Required	Required	Required	Required
	Imfinzi	J9173	Required	Required	Required	Required	Required	Required	Required	Required
	Infugem	J9198	Required	Required	Required	Required	Required	Required	Required	Required
	Imjudo	J9347	Required	Required	Required	Required	Required	Required	Required	Required
	Immune Globulin Products	90283	Required	Required	Required	Required	Required	Required	Required	Required
	Immune Globulin Products	90284	Required	Required	Required	Required	Required	Required	Required	Required
	Imulodosa C	Q5098	Required	Required	Required	Required	Required	Required	Required	Required
	Inflectra	Q5103	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Infliximab	J1745	Required	Required	Required	Required	Required	Required	Required	Required
	Injectafer	J1439	Required	Required	Required	Required	Required	Required	Required	Required
	Inlexzo	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Istodax	J9315 J9319	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, Gene Therapy	Itvsima	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ivra	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ixinity	J7213	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Izervay	J2782	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Jelmyto	J9281	Required	Required	Required	Required	Required	Required	Required	Required
	Jepperli	J9272	Required	Required	Required	Required	Required	Required	Required	Required
	Jeuveau	None	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Jivi	J7208	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Jobevne	Q5160	Required	Required	Required	Required	Required	Required	Required	Required
	Jubbonti	NONE	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Kadcyla	J9354	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kalbitor	J1290	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kanuma	J2840	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy, MA Program	Kebildi **	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Keytruda	J9271	Required	Required	Required	Required	Required	Required	Required	Required
	Keytruda Qlex	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kimmtrak	J9274	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Kisunla	J0175	Required	Required	Required	Required	Required	Required	Required	Required
	Koate/Koate DVI	J7190	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Kogenate FS	J7192	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Kovaltry	J7211	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Krystexxa	J2507	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Kymriah **	Q2042	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kyprolis	J9047	Required	Required	Required	Required	Required	Required	Required	Required
	Kyxta	C9308	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lamzede	J0217	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lantidra	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Lasix Onyu C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Lemmedy **	J3391	Required	Required	Required	Required	Required	Required	Required	Required
	Lemtrada for MS +	J0202	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Leqembi	J0174	Required	Required	Required	Required	Required	Required	Required	Required
	Legvio	J1306	Required	Required	Required	Required	Required	Required	Required	Required
	Leuprolide Depot	J1954	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Libtayo	J9119	Required	Required	Required	Required	Required	Required	Required	Required
	Lojotorzi	J3263	Required	Required	Required	Required	Required	Required	Required	Required
	Lucentis	J2778	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Lumizyme	J0221	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lumoxiti	J9313	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lunsumio	J9350	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lunsomio Velo	J9350	Required	Required	Required	Required	Required	Required	Required	Required
	Lupron Depot PED	J1950/J9217	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
	Lutrate Depot	J1954	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Luxturna	J3398	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Lyfgenia **	J3394	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lymphir	J9161	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lynozytic	C9307	Required	Required	Required	Required	Required	Required	Required	Required
	Margenza	J9353	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Mepsevii	J3397	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Monjuvi	J9349	Required	Required	Required	Required	Required	Required	Required	Required
	Mononine	J7193	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Monoovisc	J7327	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Mylotarg	J9203	Required	Required	Required	Required	Required	Required	Required	Required
	Myobloc	J0587	Required	Required	Required	NOT Required	Required	Required	Required	Required
Orphan Drug	Naglazyme	J1458	Required	Required	Required	Required	Required	Required	Required	Required
	Neupogen C	J1442	Required	Required	Required	Required	Required	Required	Required	Required
	Nexvaxizyme	J0219	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Niktimo	J9038	Required	Required	Required	Required	Required	Required	Required	Required
	Nivestym C	Q5110	Required	Required	Required	Required	Required	Required	Required	Required
	Novoeight	J7182	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Novoseven RT	J7189	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Nplate	J2802	Required	Required	Required	Required	Required	Required	Required	Required
	Nucala C	J2182	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Nulibry	J1809	Required	Required	Required	Required	Required	Required	Required	Required
	Nuwig	J7209	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required



Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VY)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Orphan Drug	Sodium Thiosulfate (Hope Pharmacal)	J0209	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
Orphan Drug	Soliris	J1299	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Somatuline Depot	J1930	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
Orphan Drug	Spevigo	J1747	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Spinraza	J2326	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	G2082	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	G2083	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	S0013	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	J0013	Required	Required	Required	Required	Required	Required	Required	Required
	Starmaze <b>C</b>	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Stelara <b>C</b>	J3357	Required	Required	Required	Required	Required	Required	Required	Required
	Stelara IV Loading Dose only ^	J3358	NOT Required	NOT required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
	Steqeyma <b>C</b>	Q5099	Required	Required	Required	Required	Required	Required	Required	Required
	Stimufend	Q5127	Required	Required	Required	Required	Required	Required	Required	Required
	Stoboclo	Q5157	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Sunlenca	J1961	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Supartz	J7321	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Suprelin La <b>C</b>	J9226	Required	Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Syfrore	J2781	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Sylvant	J2860	Required	Required	Required	Required	Required	Required	Required	Required
	Synagis	90378	Required	Required	Required	Required	Required	Required	Required	Required
	Synjojnt	J7331	Required	Required	Required	Required	Required	Required	Required	Required
	Synvisc	J7325	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	Required	Required
	Synvisc One	J7325	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Takzyro <b>C</b>	J0593	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Talvey <b>**</b>	J3055	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Taxol <b>*</b>	J9267	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
Gene therapy, MA Program	Tecartus <b>**</b>	Q2053	Required	Required	Required	Required	Required	Required	Required	Required
	Tecelra	Q2057	Required	Required	Required	Required	Required	Required	Required	Required
	Tecentriq	J9022	Required	Required	Required	Required	Required	Required	Required	Required
	Tecentriq Hybreza	J9024	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Tecvayli	J9380	Required	Required	Required	Required	Required	Required	Required	Required
	Tensiroliums	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Tepezza	J3241	Required	Required	Required	Required	Required	Required	Required	Required
	Teplylute	J9341	Required	Required	Required	Required	Required	Required	Required	Required
	Testopel	J1073	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Tevimbra	J9329	Required	Required	Required	Required	Required	Required	Required	Required
	Tezspire <b>C</b>	J2355	Required	Required	Required	Required	Required	Required	Required	Required
	Tividak	J9273	Required	Required	Required	Required	Required	Required	Required	Required
	Tofidence	Q5133	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Torisel	J9330	Required	Required	Required	Required	Required	Required	Required	Required
	Treanda	J9033	Required	Required	Required	Required	Required	Required	Required	Required
	Tremfya <b>C</b>	J1628	Required	Required	Required	Required	Required	Required	Required	Required
	Treprostinil	J3285	Required	Required	Required	Required	Required	Required	Required	Required
	Tretten	J7181	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Triluron	J7332	Required	Required	Required	Required	Required	Required	Required	Required
	TriVisc	J7329	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Triptodur <b>C</b>	J3316	Required	Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Trodelvy	J9317	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Trogarzo	J1746	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Tyneine <b>C</b>	Q5135	Required	Required	Required	Required	Required	Required	Required	Required
	Tyrkuo	Q5124	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Tysabri	J2323	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Tyvaso Neb Solution	J7686	Required	Required	Required	Required	Required	Required	Required	Required
	Tzield	J9381	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Ultomiris	J1303	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Unloxcyt	J9275	Required	Required	Required	Required	Required	Required	Required	Required
	Upizina	J1823	Required	Required	Required	Required	Required	Required	Required	Required
	Upravli <b>JK</b>	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab- Aauz <b>C</b>	Q9999	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab <b>C</b>	J3357	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab-Aekn <b>C</b>	Q9998	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab-twe <b>C</b>	Q9996	Required	Required	Required	Required	Required	Required	Required	Required
	Vabripty	NONE	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Vabysmo	J2777	Required	Required	Required	Required	Required	Required	Required	Required
	Vectibix	J9303	Required	Required	Required	Required	Required	Required	Required	Required
	Vegzelma	Q5129	Required	Required	Required	Required	Required	Required	Required	Required
	Veletri	J1325	Required	Required	Required	Required	Required	Required	Required	Required
	Venofer	J1756	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
Orphan Drug	Veopoz	J9376	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Ventavis	Q4074	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Viltepso	J1427	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Virimizm	J1322	Required	Required	Required	Required	Required	Required	Required	Required
	Visco-3	J7321	Required	Required	Required	Required	Required	Required	Required	Required
	Vivimusta	J9056	Required	Required	Required	Required	Required	Required	Required	Required
	Vonvendi	J7179	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	VPRIV	J3385	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyalev <b>C</b>	J7356	Required	Required	Required	Required	Required	Required	Required	Required
	Vyepiti	J3032	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Vyjuvek	J3401	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyloy	J1326	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Vyondys-53	J1429	Required	Required	Required	Required	Required	Required	Required	Required
	Vyygart	J9322	Required	Required	Required	Required	Required	Required	Required	Required
	Vyygart Hybrulo	J9334	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyxeos	J9153	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, Gene Therapy	Waskyra	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Wezlana <b>C</b>	Q5138	Required	Required	Required	Required	Required	Required	Required	Required
	Wilate	J7183	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Winrevaril <b>C</b>	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Wyost	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Xembify	J1558	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Xenpozyme	J0218	Required	Required	Required	Required	Required	Required	Required	Required
	Xeomin	J0588	NOT Required	NOT Required	NOT Required	Required	Required	NOT Required	Required	Required
	Xgeva	J0897	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Xiaflex	J0775	Required	Required	Required	Required	Required	Required	Required	Required
	Xolair <b>C</b>	J2357	Required	Required	Required	Required	Required	Required	Required	Required
	Xtrenbo	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Xyntha Solofuse	J7185	NOT Required	NOT Required	NOT Required	Required	Required	NOT Required	Required	Required

