

1199 SEIU Benefit Funds Medical Specialty Drug Code List

*****Please note: This list is constantly evolving as new drugs come to market and are approved by the FDA as well as with any HCPC code changes issued by CMS. Please contact 1199 SEIU Benefit Funds or EviCore, if the drug you are requesting is not contained on this list, to determine if prior authorization is needed*****

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Aripiprazole	Abilify Asimtufii	Mental/Neuro Disorders	J0402	N	N	Y: NO PA Required	Mental Health Parity	Y
Aripiprazole	Abilify Maintena	Mental/Neuro Disorders	J0401	N	N	Y: NO PA Required	Mental Health Parity	Y
Adalimumab-afzb	Abrilada	Inflammatory Conditions	Q5145	N	N	Y: PA Required		Y
Corticotropin	Acthar gel	CNS/Autonomic Disorders	J0801	N	N	Y: PA Required		Y
Crizanlizumab-tmca	Adakveo	Hematological Agents	J0791	N	N	Y: PA Required		Y
Factor VIII (antihemophilic Factor, Recombinant)	Advate	Hematological Agents	J7192	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, recombinant), pegylated	Adynovate	Hematological Agents	J7207	N	N	Y: PA Required		Y
ADAMTS13, Recombinant-krhn	Adzyna	Enzyme Deficiencies	J7171	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, recombinant)	Afstyla	Hematological Agents	J7210	N	N	Y: PA Required		Y
Laronidase	Aldurazyme	Enzyme Deficiencies	J1931	N	N	Y: PA Required		Y
von Willebrand Factor complex (human)	Alphanate	Hematological Agents	J7186	N	N	Y: PA Required		Y
Factor IX (antihemophilic factor, purified, non-recombinant)	AlphaNine SD	Hematological Agents	J7193	N	N	Y: PA Required		Y
Factor IX (Fc fusion protein, recombinant)	Alprolix	Hematological Agents	J7201	N	N	Y: PA Required		Y
Factor VIII / VON Willebrand Factor Complex, Recombinant	Altuviiu per factor viii iu	Hematological Agents	J7214	N	N	Y: PA Required		Y
Immune Globulin intravenous, human-stwk	Alyglo	Immune Deficiency; Immune Serums	J1552	N	N	Y: PA Required		Y
Adalimumab-atto	Amjevita	Inflammatory Conditions	C9399	N	N	Y: PA Required		Y
Adalimumab-atto	Amjevita	Inflammatory Conditions	J3590	N	N	Y: PA Required		Y
Casimersen	Amondys 45	Muscular Dystrophies	J1426	N	N	Y: PA Required		Y
Vutrusiran	Amvuttra	Amyloidosis	J0225	N	N	Y: PA Required		Y
Apomorphine	Apokyn	Parkinson's Disease	J0364	N	N	Y: PA Required		Y
Cabotegravir extended-release injectable suspension	Apretude	HIV; Viral Infections	J0739	N	N	Y: PA Required		Y
Alpha1-proteinase inhibitors	Aralast NP	Alpha 1 Deficiency; Respiratory Conditions	J0256	N	N	Y: PA Required		Y
Rilonacept	Arcalyst	Inflammatory Conditions	J2793	N	N	Y: PA Required		Y
Aripiprazole lauroxil	Aristada	Mental/Neuro Disorders	J1944	N	N	Y: NO PA Required	Mental Health Parity	Y
Aripiprazole lauroxil	Aristada Initio	Mental/Neuro Disorders	J1943	N	N	Y: NO PA Required	Mental Health Parity	Y
Immune Globulin intravenous, human - sira	Asceniv	Immune Deficiency; Immune Serums	J1554	N	N	Y: PA Required		Y
Bevacizumab	Avastin	Ophthalmic Conditions	C9257	N	N	Y: PA Required		Y
Bevacizumab	Avastin	Ophthalmic Conditions	J7999	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Infliximab-axxq	Avsola	Inflammatory Conditions	Q5121	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required		Y
Tocilizumab-anoh	Avtozma	Inflammatory Conditions	Q5156	Y	N	Y: PA Required	New biosimilar for Tocilizumab, effective: 10/01/25	Y
Factor IX Complex	Bebulin	Hematological Agents	J7194	N	N	Y: PA Required		Y
Factor IX (antihemophilic factor, recombinant)	BeneFix	Hematological Agents	J7195	N	N	Y: PA Required		Y
Belimumab	Benlysta	Inflammatory Conditions	J0490	N	N	Y: PA Required		Y
Brolucizumab-dbl	Beovu	Ophthalmic Conditions	J0179	N	N	Y: PA Required		Y
C1 Esterase Inhibitor	Berinert	Hereditary Angioedema	J0597	N	N	Y: PA Required		Y
Immune Globulin	Bivigam	Immune Deficiency; Immune Serums	J1556	N	N	Y: PA Required		Y
Eculizumab-aeeb	Bkerv	Miscellaneous Conditions	Q5152	N	N	Y: PA Required		Y
OnabotulinumtoxinA	Botox	Neuromuscular Conditions	J0585	N	N	Y: PA Required		Y
Ublituximab-xiiy	Briumvi	Multiple Sclerosis	J2329	N	N	Y: PA Required		Y
Ranibizumab-nuna	Byooviz	Ophthalmic Conditions	Q5124	N	N	Y: PA Required		Y
Cabotegravir and Rilpivirine	Cabenuva	HIV; Viral Infections	J0741	N	N	Y: PA Required		Y
Caplacizumab-yhdp	Cablivi	Blood Modifying	C9047	N	N	Y: PA Required		Y
Caplacizumab-yhdp	Cablivi	Blood Modifying	J3590	N	N	Y: PA Required		Y
Immune Globulin	Carimune NF	Immune Deficiency; Immune Serums	90283	N	N	Y: PA Required		Y
Immune Globulin	Carimune NF	Immune Deficiency; Immune Serums	J1566	N	N	Y: PA Required		Y
Exagamglogene autotemcel	Casgevy	Gene Therapy - Sickle Cell Disease	J3392	N	N	Y: PA Required	Embarc: Inpatient	Y
Imiglucerase	Cerezyme	Enzyme Deficiencies	J1786	N	N	Y: PA Required		Y
Ranibizumab-egm	Cimerli	Ophthalmic Conditions	Q5128	N	N	Y: PA Required		Y
Reslizumab	Cinqair	Respiratory Agents	J2786	N	N	Y: PA Required		Y
C1 Esterase Inhibitor	Cinryze	Hereditary Angioedema	J0598	N	N	Y: PA Required		Y
Coagulation Factor X (Human)	Coagadex	Hematological Agents	J7175	N	N	Y: PA Required		Y
Denosumab-bnht	Conexence	Osteoporosis; Oncology	Q5158	Y	N	Y: PA Required	New permanent HCPC Code: Q5158 for Conexence will replace HCPC Codes: C9399 & J3590, effective: 10/01/25	Y
Factor XIII Concentrate (antihemophilic factor, human)	Corifact	Hematological Agents	J7180	N	N	Y: PA Required		Y
Corticotropin (ani)	Cortrophin	Miscellaneous Conditions	J0802	N	N	Y: PA Required		Y
Secukinumab	Cosentyx	Inflammatory Conditions	J3247	N	N	Y: PA Required		Y
Immune Globulin Subcutaneous	Cutaquig	Immune Deficiency; Immune Serums	J1551	N	N	Y: PA Required		Y
Immune Globulin	Cuvitru	Immune Deficiency; Immune Serums	J1555	N	N	Y: PA Required		Y
Adalimumab-adbm	Cyltezo	Inflammatory Conditions	Q5143	N	N	Y: PA Required		Y
Cytomegalovirus	Cytogam	Immune Deficiency; Immune Serums	J0850	N	N	Y: NO PA Required		Y
DaxibotulinumtoxinA-lanm	Daxxify	Neuromuscular Conditions	J0589	N	N	Y: PA Required		Y
Dupilumab	Dupixent	Inflammatory Conditions	C9399	N	N	Y: PA Required		Y
Dupilumab	Dupixent	Inflammatory Conditions	J3590	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
					Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Trilon Non-Preferred - TriVisc Non-Preferred - Visco-3			
Intra-Articular Hyaluronan Injections	Durolane	Osteoarthritis	J7318	N		Y: PA Required		Y
Bimatoprost Intracameral implant	Durysta	Ophthalmic Conditions	J7351	N	N	Y: PA Required		Y
AbobotulinumtoxinA	Dysport	Neuromuscular Conditions	J0586	N	N	Y: PA Required		Y
Idursulfase	Elaprase	Enzyme Deficiencies	J1743	N	N	Y: PA Required		Y
Taliglucerase Alfa	Elelyso	Enzyme Deficiencies	J3060	N	N	Y: PA Required		Y
Pegunigalsidase alfa-iwxj	Elfabrio	Enzyme Deficiencies	J2508	N	N	Y: PA Required		Y
Factor VIII (Fc fusion protein, recombinant)	Eloctate	Hematological Agents	J7205	N	N	Y: PA Required		Y
Etanercept	Enbrel	Inflammatory Conditions	J1438	N	N	Y: PA Required		Y
Revakinagene Taroretcel-lwey	Encelto	Miscellaneous Conditions	J3403	N	N	Y: PA Required	New permanent HCPC Code: J3403 will replace HCPC Codes: C9399 & J3590, effective: 10/01/25	Y
Revakinagene Taroretcel-lwey	Encelto	Idiopathic Macular Telangiectasia Type 2	C9399	N	N	Y: PA Required		Y
Revakinagene Taroretcel-lwey	Encelto	Idiopathic Macular Telangiectasia Type 2	J3590	N	N	Y: PA Required		Y
Sutimlimab-jome	Enjaymo	Miscellaneous Conditions	J1302	N	N	Y: PA Required		Y
Vedolizumab	Entyvio	Inflammatory Conditions	J3380	N	N	Y: PA Required		Y
Epoprostenol	Epoprostenol	Pulmonary Hypertension	J1325	N	N	Y: PA Required		Y
Ecuzimab-aagh	Epysqli	Miscellaneous Conditions	Q5151	N	N	Y: PA Required		Y
Antihemophilic factor (recombinant) glycopegylated-exei	Esperoct	Hematological Agents	J7204	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPSC Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Euflexxa	Osteoarthritis	J7323	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJomyt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Injection, romosozumab-aqqg, 1 mg	Evenity	Bone Conditions; Osteoporosis	J3111	N	N	Y: PA Required		Y
Evinacumab-dgnb	Evkeeza	Lipid Disorders	J1305	N	N	Y: PA Required		Y
Eteplirsen	Exondys 51	Muscular Dystrophies	J1428	N	N	Y: PA Required		Y
Aflibercept	Eylea	Ophthalmic Conditions	J0178	N	N	Y: PA Required		Y
Aflibercept	Eylea HD	Ophthalmic Conditions	J0177	N	N	Y: PA Required		Y
Agalsidase Beta	Fabrazyme	Enzyme Deficiencies	J0180	N	N	Y: PA Required		Y
Benralizumab	Fasenra	Respiratory Agents	J0517	N	N	Y: PA Required		Y
Anti-inhibitor	Feiba	Hematological Agents	J7198	N	N	Y: PA Required		Y
Leuprolide acetate	Fensolvi	Endocrine Disorders	J1951	N	N	Y: PA Required		Y
Ferumoxytol	Feraheme	Anemia	Q0138	N	N	Y: PA Required		Y
Human fibrinogen concentrate	Fibryga	Hematological Agents	J7177	N	N	Y: PA Required		Y
Immune Globulin	Flebogamma DIF	Immune Deficiency; Immune Serums	J1572	N	N	Y: PA Required		Y
Epoprostenol	Flolan	Pulmonary Hypertension	J1325	N	N	Y: PA Required		Y
Emapalumab-lzsg	Gamifant	Miscellaneous Conditions	J9210	N	N	Y: PA Required	New Spec Drug effective, 10/01/25	Y
Immune Globulin	Gammagard Liquid	Immune Deficiency; Immune Serums	J1569	N	N	Y: PA Required		Y
Immune Globulin	Gammagard S/D	Immune Deficiency; Immune Serums	90283	N	N	Y: PA Required		Y
Immune Globulin	Gammagard S/D	Immune Deficiency; Immune Serums	J1566	N	N	Y: PA Required		Y
Immune Globulin	Gammaked	Immune Deficiency; Immune Serums	J1561	N	N	Y: PA Required		Y
Immune Globulin	Gammaflex	Immune Deficiency; Immune Serums	J1557	N	N	Y: PA Required		Y
Immune Globulin	Gamunex-C	Immune Deficiency; Immune Serums	J1561	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Gel-One	Osteoarthritis	J7326	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Intra-Articular Hyaluronan Injections	Gelsyn-3	Osteoarthritis	J7328	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
					Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3			
Intra-Articular Hyaluronan Injections	Genvisc 850	Osteoarthritis	J7320	N		Y: PA Required		Y
Givosiran	Givlaari	Hepatology	J0223	N	N	Y: PA Required		Y
Alpha1-proteinase inhibitors	Glassia	Alpha 1 Deficiency; Respiratory Conditions	J0257	N	N	Y: PA Required		Y
Adalimumab-bwwd	Hadlima	Inflammatory Conditions	C9399	N	N	Y: PA Required		Y
Adalimumab-bwwd	Hadlima	Inflammatory Conditions	J3590	N	N	Y: PA Required		Y
Emicizumab-kxwh	Hemlibra	Hematological Agents	J7170	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, human)	Hemofil M	Hematological Agents	J7190	N	N	Y: PA Required		Y
Immune Globulin	Hizentra	Immune Deficiency; Immune Serums	90284	N	N	Y: PA Required		Y
Immune Globulin	Hizentra	Immune Deficiency; Immune Serums	J1559	N	N	Y: PA Required		Y
Adalimumab-fkjp	Hulio	Inflammatory Conditions	Q5140	N	N	Y: PA Required		Y
von Willebrand Factor complex	Humate-P	Hematological Agents	J7187	N	N	Y: PA Required		Y
Adalimumab	Humira	Inflammatory Conditions	J0139	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPSC Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Hyalgan	Osteoarthritis	J7321	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Intra-Articular Hyaluronan Injections	Hymovis	Osteoarthritis	J7322	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Immune Globulin	Hyqvia	Immune Deficiency; Immune Serums	J1575	N	N	Y: PA Required		Y
Adalimumab-adaz	Hyrimoz	Inflammatory Conditions	C9399	N	N	Y: PA Required		Y
Adalimumab-adaz	Hyrimoz	Inflammatory Conditions	J3590	N	N	Y: PA Required		Y
Adalimumab-aacf	Idacio	Inflammatory Conditions	Q5144	N	N	Y: PA Required		Y
Factor IX (albumin fusion protein, recombinant)	Idelvion	Hematological Agents	J7202	N	N	Y: PA Required		Y
Travaprost Intracameral Implant	iDose TR	Ophthalmic Conditions	J7355	N	N	Y: PA Required		Y
Canakinumab	Ilaris	Inflammatory Conditions	J0638	N	N	Y: PA Required		Y
Tildrakizumab-asmn	Ilumya	Inflammatory Conditions	J3245	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Nipocalimab-aahu	Imaavy	Myasthenia Gravis	C9305	N	N	Y: PA Required	HCPC Code: C9305 will replace NOC Code: C9399 for Imaavy, effective: 10/01/25	Y
Nipocalimab-aahu	Imaavy	Myasthenia Gravis	C9399	N	N	Y: PA Required		Y
Nipocalimab-aahu	Imaavy	Myasthenia Gravis	J3590	N	N	Y: PA Required		Y
Infliximab-dyyb	Inflectra	Inflammatory Conditions	Q5103	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required		Y
Ferric Carboxymaltose	Injectafer	Anemia	J1439	N	N	Y: PA Required		Y
Factor IX (antihemophilic factor, recombinant)	Ixinity	Hematological Agents	J7213	N	N	Y: PA Required		Y
Avacincaptad pegol	Izervay	Ophthalmic Conditions	J2782	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, recombinant), pegylated-aucl	Jivi	Hematological Agents	J7208	N	N	Y: PA Required		Y
Denosumab-bbdz	Jubbonti	Osteoporosis; Oncology	Q5136	Y	N	Y: PA Required		Y
Ecallantide	Kalbitor	Hereditary Angioedema	J1290	N	N	Y: PA Required		Y
Sebelipase alfa	Kanuma	Enzyme Deficiencies	J2840	N	N	Y: PA Required		Y
Donanemab-azbt	Kisunla	Neurological Conditions	J0175	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, human)	Koate	Hematological Agents	J7190	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, human)	Koate-DVI	Hematological Agents	J7190	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, recombinant)	Kogenate FS	Hematological Agents	J7192	N	N	Y: PA Required		Y
Factor VIII (antihemophilic factor, recombinant)	Kovaltry	Hematological Agents	J7211	N	N	Y: PA Required		Y
Pegloticase	Krystexxa	Gout	J2507	N	N	Y: PA Required		Y
Levonorgestrel-releasing intrauterine contraceptive system	Kyleena	Contraception	J7296	N	N	Y: NO PA Required		Y
Velmanase alfa-tycv	Lamzedo	Enzyme Deficiencies	J0217	N	N	Y: PA Required		Y
Alemtuzumab	Lemtrada	Multiple Sclerosis	J0202	N	N	Y: PA Required		Y
Atidarsagene autotemcel	Lenmeldy	Gene Therapy - Enzyme Deficiencies	J3391	N	N	Y: PA Required	Embarc: Inpatient	Y
Inclisiran	Leqvio	Lipid Disorders	J1306	N	N	Y: PA Required		Y
Levonorgestrel-releasing intrauterine contraceptive system	Liletta	Contraception	J7297	N	N	Y: NO PA Required		Y
Ranibizumab	Lucentis	Ophthalmic Conditions	J2778	N	N	Y: PA Required		Y
Alglucosidase Alfa	Lumizyme	Enzyme Deficiencies	J0221	N	N	Y: PA Required		Y
Voretigene Neparvovec-rzyl	Luxturna	Gene Therapy - Ophthalmic Conditions	J3398	N	N	Y: PA Required	Embarc: Outpatient	Y
Lovotibeglogene autotemcel	Lyfgenia	Gene Therapy - Sickle Cell Disease	J3394	N	N	Y: PA Required	Embarc: Inpatient	Y
Vestronidase alfa-vjbk	Mepsenvii	Enzyme Deficiencies	J3397	N	N	Y: PA Required		Y
Methoxy Polyethylene Glycol-Epoetin Beta	Mircera for NON-ESRD	Blood Cell Deficiency	J0888	N	N	Y: PA Required		Y
Levonorgestrel-releasing intrauterine contraceptive system	Mirena	Contraception	J7298	N	N	Y: NO PA Required		Y
Ferric Derisomaltose	Monofericc	Anemia	J1437	N	N	Y: PA Required		Y
Factor IX (antihemophilic factor, purified, non-recombinant)	Mononine	Hematological Agents	J7193	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Monovisc	Osteoarthritis	J7327	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
RimabotulinumtoxinB	Myobloc	Neuromuscular Conditions	J0587	N	N	Y: PA Required		Y
Galsulfase	Naglazyme	Enzyme Deficiencies	J1458	N	N	Y: PA Required		Y
Avalglucosidase alfa-ngpt	Nexvazyme	Enzyme Deficiencies	J0219	N	N	Y: PA Required		Y
Factor VIII (antihemophilic Factor, Recombinant)	Novoeight	Hematological Agents	J7182	N	N	Y: PA Required		Y
Factor VIIIa (antihemophilic factor, recombinant)	NovoSeven-RT	Hematological Agents	J7189	N	N	Y: PA Required		Y
Romiplostim	Nplate	Blood Cell Deficiency	J2802	Y	N	Y: PA Required		Y
Mepolizumab	Nucala	Respiratory Agents	J2182	N	N	Y: PA Required		Y
Fosdenopterin	Nulibry	Neurological Conditions	J1809	N	N	Y: PA Required	New permanent HCPC Code: J1809 will replace NOC Codes: C9399 & J3490, effective: 10/01/25	Y
Belatacept	Nulojix	Transplant	J0485	N	N	Y: PA Required		Y
Pimavanserin	Nuplazid	Mental/Neuro Disorders	J8499	N	N	Y: NO PA Required	Mental Health Parity	N
Factor VIII (antihemophilic factor, recombinant)	Nuwiq	Hematological Agents	J7209	N	N	Y: PA Required		Y
Filgrastim-txid	Nypozi	Blood Cell Deficiency	Q5148	Y	N	Y: PA Required		Y
Antihemophilic Factor (Recombinant)	Obizur	Hematological Agents	J7188	N	N	Y: PA Required		Y
Ocrelizumab	Ocrevus	Multiple Sclerosis	J2350	N	N	Y: PA Required		Y
Ocrelizumab and Hyaluronidase-ocsq	Ocrevus Zunovo	Multiple Sclerosis	J2351	N	N	Y: PA Required		Y
Immune Globulin	Octagam	Immune Deficiency; Immune Serums	J1568	N	N	Y: PA Required		Y
Mirikizumab-mrkz	OmvoH	Inflammatory Conditions	J2267	N	N	Y: PA Required		Y
Patisiran	Onpattro	Amyloidosis	J0222	N	N	Y: PA Required		Y
Aflibercept-yszy	Opuviz	Ophthalmic Conditions	Q5153	N	N	Y: PA Required		Y
Abatacept	Orencia	Inflammatory Conditions	J0129	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Orthovisc	Osteoarthritis	J7324	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Denosumab-dssb	Ospomyv	Osteoporosis; Oncology	Q5159	Y	N	Y: PA Required	New permanent HCPC Code: Q5159 for Ospomyv will replace HCPC Codes: C9399 & J9999, effective: 10/01/25	Y
Ustekinumab-aaaz	Otulf	Inflammatory Conditions	Q9999	N	N	Y: PA Required		Y
Lumasiran	Oxlumo	Metabolic Disorders	J0224	N	N	Y: PA Required		Y
Immune Globulin	Panglobulin NF	Immune Deficiency; Immune Serums	J1566	N	N	Y: PA Required		Y
Immune Globulin	Panzyga	Immune Deficiency; Immune Serums	90283	N	N	Y: PA Required		Y
Immune Globulin	Panzyga	Immune Deficiency; Immune Serums	J1576	N	N	Y: PA Required		Y
Aflibercept-ayyh	Pavblu	Ophthalmic Conditions	Q5147	N	N	Y: PA Required		Y
Crovalimab-akkz	Piasky	Miscellaneous Conditions	J1307	N	N	Y: PA Required		Y
Cipaglucosidase alfa-atga	Pombiliti	Enzyme Deficiencies	J1203	N	N	Y: PA Required		Y
Immune Globulin	Privigen	Immune Deficiency; Immune Serums	J1459	N	N	Y: PA Required		Y
Factor IX Complex	Profilnine	Hematological Agents	J7194	N	N	Y: PA Required		Y
Factor IX Complex	Profilnine SD	Hematological Agents	J7194	N	N	Y: PA Required		Y
Alpha1-proteinase inhibitors	Prolastin-C	Alpha 1 Deficiency; Respiratory Conditions	J0256	N	N	Y: PA Required		Y
Tofersen	Qalsody	Muscular Dystrophies	J1304	N	N	Y: PA Required		Y
Edaravone	Radicava	Muscular Dystrophies	J1301	N	N	Y: PA Required		Y
Factor IX (antihemophilic factor, recombinant), glycopegylated	Rebinyon	Hematological Agents	J7203	N	N	Y: PA Required		Y
Fecal Microbiota, Live-Jsl	Rebyota	Miscellaneous Conditions	J1440	N	N	Y: PA Required		Y
Zoledronic Acid	Reclast	Osteoporosis; Bone Conditions	J3489	Y	N	Y: PA Required		Y
Factor VIII (antihemophilic Factor, Recombinant)	Recombinate	Hematological Agents	J7192	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Infliximab	Remicade	Inflammatory Conditions	J1745	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required		Y
Treprostinil	Remodulin	Pulmonary Hypertension	J3285	N	N	Y: PA Required		Y
Infliximab-abda	Renflexis	Inflammatory Conditions	Q5104	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required		Y
Evolocumab	Repatha	Lipid Disorders	C9399	N	N	Y: PA Required		Y
Evolocumab	Repatha	Lipid Disorders	J3590	N	N	Y: PA Required		Y
Elapegademase-lvlr	Revcovi	Immune Deficiency; Immune Serums	C9399	N	N	Y: PA Required		Y
Elapegademase-lvlr	Revcovi	Immune Deficiency; Immune Serums	J3590	N	N	Y: PA Required		Y
Fibrinogen (Human)	RiaSTAP	Hemophilia	J7178	Y	N	Y: PA Required		Y
Factor IX (antihemophilic factor, recombinant)	Rixubis	Hematological Agents	J7200	N	N	Y: PA Required		Y
C1 Esterase Inhibitor	Ruconest	Hereditary Angioedema	J0596	N	N	Y: PA Required		Y
Risperidone	Rykindo	Central Nervous System Agents	J2801	N	N	Y: NO PA Required		Y
Plasminogen, human-tvmh	Ryplazim	Seizure Disorders	J2998	N	N	Y: PA Required		Y
Rozanolixizumab-noli	Rystiggo	Miscellaneous Conditions	J9333	N	N	Y: PA Required		Y
Adalimumab-adaz	Sandoz	Inflammatory Conditions	C9399	N	N	Y: PA Required		Y
Adalimumab-adaz	Sandoz	Inflammatory Conditions	J3590	N	N	Y: PA Required		Y
Anifrolumab-fnia	Saphnelo	Inflammatory Conditions	J0491	N	N	Y: PA Required		Y
Liraglutide	Saxenda	Miscellaneous Conditions	J3490	N	N	Y: PA Required		Y
Afamelanotide	Scenesse	Endocrine Disorders; Dermatology	J7352	N	N	Y: PA Required		Y
Ustekinumab-aekn	Selarsdi	Inflammatory Conditions	Q9998	N	N	Y: PA Required		Y
Factor viia (antihemophilic factor, recombinant)-jncw	Sevenfact	Hematological Agents	J7212	N	N	Y: PA Required		Y
Pasireotide	Signifor LAR	Endocrine Disorders	J2502	N	N	Y: PA Required		Y
Adalimumab-ryvk	Simlandi	Inflammatory Conditions	Q5142	N	N	Y: PA Required		Y
Golimumab	Simponi Aria	Inflammatory Conditions	J1602	N	N	Y: PA Required		Y
Levonorgestrel-releasing intrauterine contraceptive system	Skyla	Contraception	J7301	N	N	Y: NO PA Required		Y
Risankizumab-rzaa	Skyrizi	Inflammatory Conditions	J2327	N	N	Y: PA Required		Y
Elivaldogene autotemcel	Skysona	Gene Therapy - Neurological Conditions	C9399	N	N	Y: PA Required	Embarc: Inpatient	Y
Elivaldogene autotemcel	Skysona	Gene Therapy - Neurological Conditions	J3590	N	N	Y: PA Required	Embarc: Inpatient	Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Sodium hyaluronate 1%	Osteoarthritis	C9399	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Intra-Articular Hyaluronan Injections	Sodium hyaluronate 1%	Osteoarthritis	J3490	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Eculizumab	Soliris	Blood Modifying	J1299	N	N	Y: PA Required		Y
Spesolimab-sbzo	Spevigo	Inflammatory Conditions	J1747	N	N	Y: PA Required		Y
Nusinersen	Spinraza	Muscular Dystrophies	J2326	N	N	Y: PA Required		Y
Esketamine	Spravato	Depression	S0013	N	N	Y: PA Required	Mental Health Parity	Y
Ustekinumab	Stelara	Inflammatory Conditions	J3358	N	N	Y: PA Required		Y
Ustekinumab-stba	Steqeyma	Inflammatory Conditions	Q5099	N	N	Y: PA Required		Y
Denosumab-bmwo	Stoboclo	Osteoporosis; Oncology	Q5157	Y	N	Y: PA Required	New permanent HCPC Code for Q5157 for Stoboclo will replace HCPC Codes: C9399 & J3590, effective: 10/01/25	Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Buprenorphine Extended-Release, greater than or equal to 100mg	Sublocade	Analgesic and Anesthetic Agents	Q9992	N	N	Y: NO PA Required		Y
Buprenorphine Extended-Release, less than or equal to 100mg	Sublocade	Analgesic and Anesthetic Agents	Q9991	N	N	Y: NO PA Required		Y
Lenacapavir	Sunlenca	HIV	J1961	N	N	Y: PA Required		Y
					Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3			
Intra-Articular Hyaluronan Injections	Supartz	Osteoarthritis	J7321	N		Y: PA Required		Y
					Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3			
Intra-Articular Hyaluronan Injections	Supartz FX	Osteoarthritis	J7321	N		Y: PA Required		Y
Histrelin Acetate	Supprelin LA	Endocrine Disorders	J9226	N	N	Y: PA Required		Y
Ranibizumab	Susvimo	Ophthalmic Conditions	J2779	N	N	Y: PA Required		Y
Pegcetaplan	Syfovre	Ophthalmic Conditions	J2781	N	N	Y: PA Required		Y
Palivizumab	Synagis	Respiratory Syncytial Virus	90378	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPSC Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Synjoynt	Osteoarthritis	J7331	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
Intra-Articular Hyaluronan Injections	Synvisc	Osteoarthritis	J7325	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
					Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3			
Intra-Articular Hyaluronan Injections	Synvisc-One	Osteoarthritis	J7325	N		Y: PA Required		Y
Teprotumumab-trbw	Tepezza	Ophthalmic Conditions	J3241	N	N	Y: PA Required		Y
Tezepelumab-ekko	Tezspire	Respiratory Agents	J2356	N	N	Y: PA Required		Y
Guselkumab, Intravenous Injection	Tremfya	Inflammatory Conditions	J1628	N	N	Y: PA Required		Y
Coagulation Factor XIII A-Subunit (Recombinant)	Tretten	Hematological Agents	J7181	N	N	Y: PA Required		Y
					Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3			
Intra-Articular Hyaluronan Injections	Triluron	Osteoarthritis	J7332	N		Y: PA Required		Y
Triptorelin ER	Triptodur	Endocrine Disorders	J3316	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPSC Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
					Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Triluron Non-Preferred - TriVisc Non-Preferred - Visco-3			
Intra-Articular Hyaluronan Injections	TriVisc	Osteoarthritis	J7329	N		Y: PA Required		Y
Ibalizumab-uryk	Trogarzo	HIV; Viral Infections	J1746	N	N	Y: PA Required		Y
Tocilizumab-aazg	Tyenne	Inflammatory Conditions	Q5135	Y	N	Y: PA Required		Y
Natalizumab	Tysabri	Multiple Sclerosis	J2323	N	N	Y: PA Required		Y
Tepilizumab-mzwv	Tzield	Endocrine Disorders	J9381	N	N	Y: PA Required		Y
Ravulizumab-cwvz	Ultomiris	Blood Modifying	J1303	N	N	Y: PA Required		Y
Inebilizumab-cdon	Uplizna	Neurological Conditions	J1823	N	N	Y: PA Required		Y
Risperidone	Uzedy	Central Nervous System Agents	J2799	N	N	Y: NO PA Required		Y
Remdesivir	Veklury	Antiviral Agents	J0248	N	N	Y: PA Required		Y
Epoprostenol	Veletri	Pulmonary Hypertension	J1325	N	N	Y: PA Required		Y
Pozelimab-bbfg	Veopoz	Miscellaneous Conditions	J9376	N	N	Y: PA Required		Y
Viltolarsen	Viltepso	Muscular Dystrophies	J1427	N	N	Y: PA Required		Y
Elosulfase Alfa	Vimizim	Enzyme Deficiencies	J1322	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Intra-Articular Hyaluronan Injections	Visco-3	Osteoarthritis	J7321	N	Preferred - Euflexxa Preferred - Orthovisc Preferred - Monovisc Non-Preferred - Durolane Non-Preferred - Gel-One Non-Preferred - Gelsyn-3 Non-Preferred - GenVisc 850 Non-Preferred - Hyalgan Non-Preferred - Hymovis Non-Preferred - Supartz FX Non-Preferred - Sodium hyaluronate injection Non-Preferred - SynoJoynt Non-Preferred - Synvisc Non-Preferred - Synvisc-One Non-Preferred - Trilon Non-Preferred - TriVisc Non-Preferred - Visco-3	Y: PA Required		Y
von Willebrand Factor (Recombinant)	Vonvendi	Hematological Agents	J7179	N	N	Y: PA Required		Y
Velaglucerase Alfa	Vpriv	Enzyme Deficiencies	J3385	N	N	Y: PA Required		Y
Eptinezumab-jjmr	Vyepti	Migraine Headaches	J3032	N	N	Y: PA Required		Y
Beremagene geperpavec-svdt	Vyjuvek	Miscellaneous Conditions	J3401	N	N	Y: PA Required		Y
Golodirsen	Vyondys 53	Muscular Dystrophies	J1429	N	N	Y: PA Required		Y
Efgartigimod alfa-fcab	Vyvgart	Neurological Conditions	J9332	N	N	Y: PA Required		Y
Efgartigimod alfa-fcab & Hyaluronidase-qvfc	Vyvgart Hytrulo	Neurological Conditions	J9334	N	N	Y: PA Required		Y
Ustekinumab-auub	Wezlana	Inflammatory Conditions	Q5138	N	N	Y: PA Required		Y
von Willebrand Factor complex (human)	Wilate	Hematological Agents	J7183	N	N	Y: PA Required		Y
Immune Globulin	Xembify	Immune Deficiency; Immune Serums	90284	N	N	Y: PA Required		Y
Immune Globulin Subcutaneous, human - klhw	Xembify	Immune Deficiency; Immune Serums	J1558	N	N	Y: PA Required		Y
Olipudase alfa-rpcp	Xenpozyme	Enzyme Deficiencies	J0218	N	N	Y: PA Required		Y
IncobotulinumtoxinA	Xeomin	Neuromuscular Conditions	J0588	N	N	Y: PA Required		Y
Collagenase Clostridium Histolyticum	Xiaflex	Miscellaneous Products	J0775	N	N	Y: PA Required		Y
Omalizumab	Xolair	Respiratory Agents	J2357	N	N	Y: PA Required		Y
Factor VIII (antihemophilic Factor, Recombinant)	Xyntha	Hematological Agents	J7185	N	N	Y: PA Required		Y
Cantharidin	Ycanth	Dermatologic Agents	J7354	N	N	Y: NO PA Required		Y
Aflibercept-jbvf	Yesafili	Ophthalmic Conditions	Q5155	N	N	Y: PA Required	New biosimilar for Aflibercept, effective: 10/01/25	Y
Ustekinumab-kfce	Yesintek	Inflammatory Conditions	Q5100	N	N	Y: PA Required		Y
Lenacapavir	Yeztugo	HIV PrEP	J0738 injectable, J0752 oral	N	N	Y: PA Required	New spec drug, effective: 10/01/25	Y
Immune Globulin intravenous, human - dira	Yimmugo	Immune Deficiency; Immune Serums	C9399	N	N	Y: PA Required		Y
Immune Globulin intravenous, human - dira	Yimmugo	Immune Deficiency; Immune Serums	J3590	N	N	Y: PA Required		Y

Effective Date: 10/01/25

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments	1199 Claims Studio
Adalimumab-aaty	Yuflyma	Inflammatory Conditions	Q5141	N	N	Y: PA Required		Y
Adalimumab-aqvh	Yusimry	Inflammatory Conditions	C9399	N	N	Y: PA Required		Y
Adalimumab-aqvh	Yusimry	Inflammatory Conditions	J3590	N	N	Y: PA Required		Y
Alpha1-proteinase inhibitors	Zemaira	Alpha 1 Deficiency; Respiratory Conditions	J0256	N	N	Y: PA Required		Y
Triamcinolone ER	Zilretta	Inflammation	J3304	N	N	Y: PA Required		Y
Onasemnogen abeparvovec-xioi	Zolgensma	Gene Therapy - Muscular Dystrophies	J3399	N	N	Y: PA Required	Embarc: Outpatient	Y
Betibeglogene autotemcel	Zynteglo	Gene Therapy - Blood Cell Deficiency	J3393	N	N	Y: PA Required	Embarc: Inpatient	Y