



**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: 7/1/26

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Abatacept	Orencia	Inflammatory Conditions	J0129	N	N	Y: PA Required	
AbobotulinumtoxinA	Dysport	Neuromuscular Conditions	J0586	N	N	Y: PA Required	
Adalimumab	Humira	Inflammatory Conditions	J0139	N	N	Y: PA Required	
Adalimumab-aacf	Idacio	Inflammatory Conditions	Q5144	N	N	Y: PA Required	
Adalimumab-aaty	Yuflyma	Inflammatory Conditions	Q5141	N	N	Y: PA Required	
Adalimumab-adaz	Hyrimoz	Inflammatory Conditions	C9399	N	N	Y: PA Required	
Adalimumab-adaz	Hyrimoz	Inflammatory Conditions	J3590	N	N	Y: PA Required	
Adalimumab-adaz (Sandoz)		Inflammatory Conditions	C9399	N	N	Y: PA Required	
Adalimumab-adaz (Sandoz)		Inflammatory Conditions	J3590	N	N	Y: PA Required	
Adalimumab-adbm	Cyltezo	Inflammatory Conditions	Q5143	N	N	Y: PA Required	
Adalimumab-afzb	Abrilada	Inflammatory Conditions	Q5145	N	N	Y: PA Required	
Adalimumab-aqvh	Yusimry	Inflammatory Conditions	C9399	N	N	Y: PA Required	
Adalimumab-aqvh	Yusimry	Inflammatory Conditions	J3590	N	N	Y: PA Required	
Adalimumab-atto	Amjevita	Inflammatory Conditions	C9399	N	N	Y: PA Required	
Adalimumab-atto	Amjevita	Inflammatory Conditions	J3590	N	N	Y: PA Required	
Adalimumab-bwwd	Hadlima	Inflammatory Conditions	C9399	N	N	Y: PA Required	
Adalimumab-bwwd	Hadlima	Inflammatory Conditions	J3590	N	N	Y: PA Required	
Adalimumab-fkjp	Hulio	Inflammatory Conditions	Q5140	N	N	Y: PA Required	
Adalimumab-ryvk	Simlandi	Inflammatory Conditions	Q5142	N	N	Y: PA Required	
ADAMTS13, Recombinant-krhn	Adzynma	Enzyme Deficiencies	J7171	N	N	Y: PA Required	
Afamelanotide	Scenesse	Endocrine Disorders; Dermatology	J7352	N	N	Y: PA Required	
Aflibercept	Eylea	Ophthalmic Conditions	J0178	N	N	Y: PA Required	
Aflibercept HD	Eylea HD	Ophthalmic Conditions	J0177	N	N	Y: PA Required	
Aflibercept-ayyh	Pavblu	Ophthalmic Conditions	Q5147	N	N	Y: PA Required	
Aflibercept-jbvf	Yesafili	Ophthalmic Conditions	Q5155	N	N	Y: PA Required	
Aflibercept-yszy	Opviz	Ophthalmic Conditions	Q5153	N	N	Y: PA Required	
Agalsidase Beta	Fabrazyme	Enzyme Deficiencies	J0180	N	N	Y: PA Required	
Alemtuzumab	Lemtrada	Multiple Sclerosis	J0202	N	N	Y: PA Required	
Alglucosidase Alfa	Lumizyme	Enzyme Deficiencies	J0221	N	N	Y: PA Required	

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Description	Alt Descriptions	Therapeutic Drug Category	HCP Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Alpha1-proteinase inhibitors	Aralast NP	Alpha 1 Deficiency; Respiratory Conditions	J0256	N	N	Y: PA Required	
Alpha1-proteinase inhibitors	Glassia	Alpha 1 Deficiency; Respiratory Conditions	J0257	N	N	Y: PA Required	
Alpha1-proteinase inhibitors	Prolastin-C	Alpha 1 Deficiency; Respiratory Conditions	J0256	N	N	Y: PA Required	
Alpha1-proteinase inhibitors	Zemaira	Alpha 1 Deficiency; Respiratory Conditions	J0256	N	N	Y: PA Required	
Amifampridine	Firdapse	Muscular Dystrophy	J8499	N/A	N/A	Y: Not Managed by EviCore redirect to 1199 for PA	Not managed by EviCore; added for informational purposes only
Anifrolumab-fnia	Saphnelo	Inflammatory Conditions	J0491	N	N	Y: PA Required	
Antihemophilic Factor (Recombinant)	Obizur	Hematological Agents	J7188	N	N	Y: PA Required	
Antihemophilic factor (recombinant) glycopegylated-exei	Esperoct	Hematological Agents	J7204	N	N	Y: PA Required	
Anti-inhibitor	Feiba	Hematological Agents	J7198	N	N	Y: PA Required	
Apomorphine	Apokyn	Parkinson's Disease	J0364	N	N	Y: PA Required	
Aripiprazole	Abilify Asimtufii	Mental/Neuro Disorders	J0402	N	N	Y: NO PA Required	Mental Health Parity
Aripiprazole	Abilify Maintena	Mental/Neuro Disorders	J0401	N	N	Y: NO PA Required	Mental Health Parity
Aripiprazole lauroxil	Aristada	Mental/Neuro Disorders	J1944	N	N	Y: NO PA Required	Mental Health Parity
Aripiprazole lauroxil	Aristada Initio	Mental/Neuro Disorders	J1943	N	N	Y: NO PA Required	Mental Health Parity
Atidarsagene autotemcel	Lenmeldy	Gene Therapy - Enzyme Deficiencies	J3391	N	N	Y: PA Required	Embarc: Inpatient
Avacincaptad pegol	Izervay	Ophthalmic Conditions	J2782	N	N	Y: PA Required	
Avalglucosidase alfa-ngpt	Nexviazyme	Enzyme Deficiencies	J0219	N	N	Y: PA Required	
Belatacept	Nulojix	Transplant	J0485	N	N	Y: PA Required	
Belimumab	Benlysta	Inflammatory Conditions	J0490	N	N	Y: PA Required	
Benralizumab	Fasenra	Respiratory Agents	J0517	N	N	Y: PA Required	
Beremagene geperpavec-svdt	Vyjuvek	Miscellaneous Conditions	J3401	N	N	Y: PA Required	
Betibeglogene autotemcel	Zynteglo	Gene Therapy - Blood Cell Deficiency	J3393	N	N	Y: PA Required	Embarc: Inpatient
Bevacizumab	Avastin	Ophthalmic Conditions	C9257	N	N	Y: PA Required	
Bevacizumab	Avastin	Ophthalmic Conditions	J7999	N	N	Y: PA Required	
Bimatoprost Intracameral implant	Durysta	Ophthalmic Conditions	J7351	N	N	Y: PA Required	
Brolucizumab-dbli	Beovu	Ophthalmic Conditions	J0179	N	N	Y: PA Required	
Buprenorphine extended-release (MONTHLY) greater than 7 days and up to 28 days of therapy.	Brixadi	Analgesic and Anesthetic Agents	J0578	N	N	Y: NO PA Required	
Buprenorphine extended-release (WEEKLY) less than or equal to 7 days of therapy	Brixadi	Analgesic and Anesthetic Agents	J0577	N	N	Y: NO PA Required	
Buprenorphine Extended-Release, greater than or equal to 100mg	Sublocade	Analgesic and Anesthetic Agents	Q9992	N	N	Y: NO PA Required	
Buprenorphine Extended-Release, less than or equal to 100mg	Sublocade	Analgesic and Anesthetic Agents	Q9991	N	N	Y: NO PA Required	
Burosumab-twza	Crysvita	Electrolyte Disorders	J0584	Y	N	Y: PA Required	
C1 Esterase Inhibitor	Berinert	Hereditary Angioedema	J0597	N	N	Y: PA Required	

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C1 Esterase Inhibitor	Cinryze	Hereditary Angioedema	J0598	N	N	Y: PA Required	
C1 Esterase Inhibitor	Ruconest	Hereditary Angioedema	J0596	N	N	Y: PA Required	
Cabotegravir and Rilpivirine	Cabenuva	HIV; Viral Infections	J0741	N	N	Y: PA Required	
Cabotegravir extended-release injectable suspension	Apretude	HIV; Viral Infections	J0739	N	N	Y: PA Required	
Canakinumab	Ilaris	Inflammatory Conditions	J0638	N	N	Y: PA Required	
Cantharidin	Ycanth	Dermatologic Agents	J7354	N	N	Y: NO PA Required	
Caplacizumab-yhdp	Cablivi	Blood Modifying	J3590	N	N	Y: PA Required	
Caplacizumab-yhdp	Cablivi	Blood Modifying	C9047	N	N	Y: PA Required	
Casimersen	Amondys 45	Muscular Dystrophies	J1426	N	N	Y: PA Required	
Cipaglucosidase alfa-atga	Pombiliti	Enzyme Deficiencies	J1203	N	N	Y: PA Required	
Coagulation Factor X (Human)	Coagadex	Hematological Agents	J7175	N	N	Y: PA Required	
Coagulation Factor XIII A-Subunit (Recombinant)	Tretten	Hematological Agents	J7181	N	N	Y: PA Required	
Collagenase Clostridium Histolyticum	Xiaflex	Miscellaneous Products	J0775	N	N	Y: PA Required	
Corticotropin	Acthar gel	CNS/Autonomic Disorders	J0801	N	N	Y: PA Required	
Corticotropin (ani)	Cortrophin	Miscellaneous Conditions	J0802	N	N	Y: PA Required	
Crizanlizumab-tmca	Adakveo	Hematological Agents	J0791	N	N	Y: PA Required	
Crovalimab-akkz	Piasky	Miscellaneous Conditions	J1307	N	N	Y: PA Required	
Cytomegalovirus	Cytogam	Immune Deficiency; Immune Serums	J0850	N	N	Y: NO PA Required	
Darbepoetin Alfa	Aranesp for Non-ESRD	Blood Cell Deficiency	J0881	Y	N	Y: PA Required	
DaxibotulinumtoxinA-lanm	Daxxify	Neuromuscular Conditions	J0589	N	N	Y: PA Required	
delandistrogene moxeparvovec-rokl	Elevidys	Gene Therapy - Muscular Dystrophy Agents	J1413	N	N	Y: PA Required	Embarc OP; New gene therapy drug for Muscular Dystrophy; effective 7/1/26
Denosumab	Prolia	Osteoporosis; Oncology	J0897	Y	N	Y: PA Required	
denosumab-adet	Ponlimsi	Osteoporosis; Oncology	J3590	Y	TBD	Y: PA Required	
denosumab-adet	Ponlimsi	Osteoporosis; Oncology	C9399	Y	TBD	Y: PA Required	
Denosumab-bbdz	Jubbonti	Osteoporosis; Oncology	Q5136	Y	N	Y: PA Required	
Denosumab-bmwo	Stoboclo	Osteoporosis; Oncology	Q5157	Y	N	Y: PA Required	
Denosumab-bnht	Conexence	Osteoporosis; Oncology	Q5158	Y	N	Y: PA Required	
Denosumab-dssb	Ospomyv	Osteoporosis; Oncology	Q5159	Y	N	Y: PA Required	
Denosumab-kyqq	Bosaya	Osteoporosis; Oncology	Q5161	Y	N	Y: PA Required	
Denosumab-mobz	Boncrea	Osteoporosis; Oncology	Q5165	Y	N	Y: PA Required; 07/01/2026	New denosumab biosimilar, effective: 01/15/26  New permanent HCPC Code: Q5165 will replace NOC Codes: C9399 and J3590, effective: 07/01/26
Denosumab-nxxp	Bildyos	Osteoporosis; Oncology	Q5162	Y	N	Y: PA Required	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Denosumab-qbde	Enoby	Osteoporosis; Oncology	Q5167	Y	N	Y: PA Required; 07/01/2026	New denosumab biosimilar, effective: 09/26/25  New permanent HCPC Code: Q5167 will replace NOC Codes: C9399 and J3590, effective: 07/1/26
Depemokimab-ulaa	Exdensur	Miscellaneous	C9399	N	N	Y: PA Required	
Depemokimab-ulaa	Exdensur	Miscellaneous	J3590	N	N	Y: PA Required	
Donanemab-azbt	Kisunla	Neurological Conditions	J0175	N	N	Y: PA Required	
Dupilumab	Dupixent	Inflammatory Conditions	C9399	N	N	Y: PA Required	
Dupilumab	Dupixent	Inflammatory Conditions	J3590	N	N	Y: PA Required	
Ecallantide	Kalbitor	Hereditary Angioedema	J1290	N	N	Y: PA Required	
Eculizumab	Soliris	Blood Modifying	J1299	N	N	Y: PA Required	
Eculizumab-aagh	Epysqli	Miscellaneous Conditions	Q5151	N	N	Y: PA Required	
Eculizumab-aeab	Bkemv	Miscellaneous Conditions	Q5152	N	N	Y: PA Required	
Efgartigimod alfa-fcab	Vyvgart	Neurological Conditions	J9332	N	N	Y: PA Required	
Efgartigimod alfa-fcab & Hyaluronidase-qvfc	Vyvgart Hytrulo	Neurological Conditions	J9334	N	N	Y: PA Required	
Elapegademase-lvlr	Revcovi	Immune Deficiency; Immune Serums	C9399	N	N	Y: PA Required	
Elapegademase-lvlr	Revcovi	Immune Deficiency; Immune Serums	J3590	N	N	Y: PA Required	
Eliglustat	Cerdelga	Enzyme Deficiencies	J8499	N/A	N/A	Y: Not Managed by EviCore redirect to 1199 for PA	Not managed by EviCore; added for informational purposes only
Elivaldogene autotemcel	Skysona	Gene Therapy - Neurological Conditions	J3387	N	N	Y: PA Required	Embarc: Inpatient
Elosulfase Alfa	Vimizim	Enzyme Deficiencies	J1322	N	N	Y: PA Required	
Emapalumab-lzsg	Gamifant	Miscellaneous Conditions	J9210	N	N	Y: PA Required	
Emicizumab-kxwh	Hemlibra	Hematological Agents	J7170	N	N	Y: PA Required	
Epoetin Alfa	Epogen	Blood Cell Deficiency	J0885	Y	N	Y: PA Required	
Epoetin Alfa	Procrit	Blood Cell Deficiency	J0885	Y	N	Y: PA Required	
Epoetin alfa - epbx	Retacrit	Blood Cell Deficiency	Q5106	Y	N	Y: PA Required	
Epoprostenol	Epoprostenol	Pulmonary Hypertension	J1325	N	N	Y: PA Required	
Epoprostenol	Flolan	Pulmonary Hypertension	J1325	N	N	Y: PA Required	
Epoprostenol	Veletri	Pulmonary Hypertension	J1325	N	N	Y: PA Required	
Eptinezumab-ijmr	Vyepti	Migraine Headaches	J3032	N	N	Y: PA Required	
Esketamine	Spravato	Depression	J0013	N	N	Y: PA Required	Mental Health Parity
Etanercept	Enbrel	Inflammatory Conditions	J1438	N	N	Y: PA Required	
Eteplirsen	Exondys 51	Muscular Dystrophies	J1428	N	N	Y: PA Required	
Etranacogene Dezaparvovec-drlb	Hemgenix	Gene Therapy - Hemophilia	J1411	N	N	Y: PA Required	Embarc: Outpatient
etuvetidigene autotemcel	Waskyra	Gene Therapy - TBD	J3386	N	N	Y: PA Required	Embarc IP; New gene therapy drug; effective 7/1/26
Evinacumab-dgnb	Evkeeza	Lipid Disorders	J1305	N	N	Y: PA Required	
Evolocumab	Repatha	Lipid Disorders	C9399	N	N	Y: PA Required	

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Evolocumab	Repatha	Lipid Disorders	J3590	N	N	Y: PA Required	
Exagamglogene autotemcel	Casgevy	Gene Therapy - Sickle Cell Disease	J3392	N	N	Y: PA Required	Embarc: Inpatient
Factor IX (albumin fusion protein, recombinant)	Idelvion	Hematological Agents	J7202	N	N	Y: PA Required	
Factor IX (antihemophilic factor, purified, non-recombinant)	AlphaNine SD	Hematological Agents	J7193	N	N	Y: PA Required	
Factor IX (antihemophilic factor, purified, non-recombinant)	Mononine	Hematological Agents	J7193	N	N	Y: PA Required	
Factor IX (antihemophilic factor, recombinant)	BeneFix	Hematological Agents	J7195	N	N	Y: PA Required	
Factor IX (antihemophilic factor, recombinant)	Ixinity	Hematological Agents	J7213	N	N	Y: PA Required	
Factor IX (antihemophilic factor, recombinant)	Rixubis	Hematological Agents	J7200	N	N	Y: PA Required	
Factor IX (antihemophilic factor, recombinant), glycopegylated	Rebinyn	Hematological Agents	J7203	N	N	Y: PA Required	
Factor IX (Fc fusion protein, recombinant)	Alprolix	Hematological Agents	J7201	N	N	Y: PA Required	
Factor IX Complex	Bebulin	Hematological Agents	J7194	N	N	Y: PA Required	
Factor IX Complex	Profilnine	Hematological Agents	J7194	N	N	Y: PA Required	
Factor IX Complex	Profilnine SD	Hematological Agents	J7194	N	N	Y: PA Required	
Factor viia (antihemophilic factor, recombinant)-jncw	Sevenfact	Hematological Agents	J7212	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, human)	Hemofil M	Hematological Agents	J7190	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, human)	Koate	Hematological Agents	J7190	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, human)	Koate-DVI	Hematological Agents	J7190	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, recombinant)	Afstyla	Hematological Agents	J7210	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, recombinant)	Kogenate FS	Hematological Agents	J7192	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, recombinant)	Kovaltry	Hematological Agents	J7211	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, recombinant)	Nuwiq	Hematological Agents	J7209	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, recombinant), pegylated	Adynovate	Hematological Agents	J7207	N	N	Y: PA Required	
Factor VIII (antihemophilic factor, recombinant), pegylated-aucl	Jivi	Hematological Agents	J7208	N	N	Y: PA Required	
Factor VIII (antihemophilic Factor, Recombinant)	Advate	Hematological Agents	J7192	N	N	Y: PA Required	
Factor VIII (antihemophilic Factor, Recombinant)	Novoeight	Hematological Agents	J7182	N	N	Y: PA Required	
Factor VIII (antihemophilic Factor, Recombinant)	Recombinate	Hematological Agents	J7192	N	N	Y: PA Required	
Factor VIII (antihemophilic Factor, Recombinant)	Xyntha	Hematological Agents	J7185	N	N	Y: PA Required	
Factor VIII (Fc fusion protein, recombinant)	Eloctate	Hematological Agents	J7205	N	N	Y: PA Required	
Factor VIII / VON Willebrand Factor Complex, Recombinant	Altuviio per factor viii iu	Hematological Agents	J7214	N	N	Y: PA Required	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Factor XIII Concentrate (antihemophilic factor, human)	Corifact	Hematological Agents	J7180	N	N	Y: PA Required	
Factore VIIA (antihemophilic factor, recombinant)	NovoSeven-RT	Hematological Agents	J7189	N	N	Y: PA Required	
Faricimab-svoa	Vabysmo	Ophthalmic Conditions	J2777	N	N	Y: PA Required	
Fecal Microbiota, Live-jsl	Rebyota	Miscellaneous Conditions	J1440	N	N	Y: PA Required	
Ferric Carboxymaltose	Injectafer	Anemia	J1439	N	N	Y: PA Required	
Ferric Derisomaltose	Monoferric	Anemia	J1437	N	N	Y: PA Required	
Ferumoxytol	Feraheme	Anemia	Q0138	N	N	Y: PA Required	
Fibrinogen (Human)	RiaSTAP	Hemophilia	J7178	Y	N	Y: PA Required	
fibrinogen, human-chmt	Fesilty	Hemophilia	J3590	N	N	Y: PA Required	
Filgrastim	Neupogen	Blood Cell Deficiency	J1442	Y	N	Y: PA Required	
Filgrastim-aafi	Nivestym	Blood Cell Deficiency	Q5110	Y	N	Y: PA Required	
Filgrastim-ayow	Releuko	Blood Cell Deficiency	Q5125	Y	N	Y: PA Required	
Filgrastim-laha	Filkri	Blood Cell Deficiency	C9399	Y	N	Y: PA Required	
Filgrastim-laha	Filkri	Blood Cell Deficiency	J3590	Y	N	Y: PA Required	
Filgrastim-sndz	Zarxio	Blood Cell Deficiency	Q5101	Y	N	Y: PA Required	
Filgrastim-txid	Nypozi	Blood Cell Deficiency	Q5148	Y	N	Y: PA Required	
Fosdenopterin	Nulibry	Neurological Conditions	J1809	N	N	Y: PA Required	
Galsulfase	Naglazyme	Enzyme Deficiencies	J1458	N	N	Y: PA Required	
Givosiran	Givlaari	Hepatology	J0223	N	N	Y: PA Required	
Golimumab	Simponi Aria	Inflammatory Conditions	J1602	N	N	Y: PA Required	
Golodirsen	Vyondys 53	Muscular Dystrophies	J1429	N	N	Y: PA Required	
Guselkumab, Intravenous Injection	Tremfya	Inflammatory Conditions	J1628	N	N	Y: PA Required	
Histrelin Acetate	Supprelin LA	Endocrine Disorders	J9226	N	N	Y: PA Required	
Human fibrinogen concentrate	Fibryga	Hematological Agents	J7177	N	N	Y: PA Required	
Ibalizumab-uryk	Trogarzo	HIV; Viral Infections	J1746	N	N	Y: PA Required	
Idursulfase	Elaprase	Enzyme Deficiencies	J1743	N	N	Y: PA Required	
Imiglucerase	Cerezyme	Enzyme Deficiencies	J1786	N	N	Y: PA Required	
Immune Globulin	Bivigam	Immune Deficiency; Immune Serums	J1556	N	N	Y: PA Required	
Immune Globulin	Carimune NF	Immune Deficiency; Immune Serums	J1566	N	N	Y: PA Required	
Immune Globulin	Carimune NF	Immune Deficiency; Immune Serums	90283	N	N	Y: PA Required	
Immune Globulin	Cuvitru	Immune Deficiency; Immune Serums	J1555	N	N	Y: PA Required	
Immune Globulin	Flebogamma DIF	Immune Deficiency; Immune Serums	J1572	N	N	Y: PA Required	
Immune Globulin	Gammagard Liquid	Immune Deficiency; Immune Serums	J1569	N	N	Y: PA Required	
Immune Globulin	Gammagard SD	Immune Deficiency; Immune Serums	90283	N	N	Y: PA Required	
Immune Globulin	Gammagard SD	Immune Deficiency; Immune Serums	J1566	N	N	Y: PA Required	
Immune Globulin	Gammaked	Immune Deficiency; Immune Serums	J1561	N	N	Y: PA Required	

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Immune Globulin	Gammaplex	Immune Deficiency; Immune Serums	J1557	N	N	Y: PA Required	
Immune Globulin	Gamunex-C	Immune Deficiency; Immune Serums	J1561	N	N	Y: PA Required	
Immune Globulin	Hizentra	Immune Deficiency; Immune Serums	90284	N	N	Y: PA Required	
Immune Globulin	Hizentra	Immune Deficiency; Immune Serums	J1559	N	N	Y: PA Required	
Immune Globulin	Hyqvia	Immune Deficiency; Immune Serums	J1575	N	N	Y: PA Required	
Immune Globulin	Octagam	Immune Deficiency; Immune Serums	J1568	N	N	Y: PA Required	
Immune Globulin	Panglobulin NF	Immune Deficiency; Immune Serums	J1566	N	N	Y: PA Required	
Immune Globulin	Panzyga	Immune Deficiency; Immune Serums	J1576	N	N	Y: PA Required	
Immune Globulin	Panzyga	Immune Deficiency; Immune Serums	90283	N	N	Y: PA Required	
Immune Globulin	Privigen	Immune Deficiency; Immune Serums	J1459	N	N	Y: PA Required	
Immune Globulin	Xembify	Immune Deficiency; Immune Serums	90284	N	N	Y: PA Required	
Immune Globulin Infusion - human	Gammagard Liquid ERC	Biologicals	90283	N	N	Y: PA Required	
Immune Globulin Infusion - human	Gammagard Liquid ERC	Biologicals	90284	N	N	Y: PA Required	
Immune Globulin Infusion - human	Gammagard Liquid ERC	Biologicals	J1569	N	N	Y: PA Required	
Immune Globulin intravenous, human - dira	Yimmugo	Immune Deficiency; Immune Serums	J1553	N	N	Y: PA Required	
Immune Globulin intravenous, human - sira	Asceniv	Immune Deficiency; Immune Serums	J1554	N	N	Y: PA Required	
Immune Globulin intravenous, human - kthm	Qivigy	Immune Deficiency; Immune Serums	C9399	N	N	Y: PA Required	
Immune Globulin intravenous, human - kthm	Qivigy	Immune Deficiency; Immune Serums	J3590	N	N	Y: PA Required	
Immune Globulin intravenous, human - stwk	Alyglo	Immune Deficiency; Immune Serums	J1552	N	N	Y: PA Required	
Immune Globulin Subcutaneous, human - klhw	Xembify	Immune Deficiency; Immune Serums	J1558	N	N	Y: PA Required	
Immune Globulin Subcutaneous	Cutaquig	Immune Deficiency; Immune Serums	J1551	N	N	Y: PA Required	
Inclisiran	Leqvio	Lipid Disorders	J1306	N	N	Y: PA Required	
IncobotulinumtoxinA	Xeomin	Neuromuscular Conditions	J0588	N	N	Y: PA Required	
Inebilizumab-cdon	Uplizna	Neurological Conditions	J1823	N	N	Y: PA Required	
Infliximab	Remicade	Inflammatory Conditions	J1745	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Infliximab-abda	Renflexis	Inflammatory Conditions	Q5104	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required	
Infliximab-axxq	Avsola	Inflammatory Conditions	Q5121	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required	
Infliximab-dyyb	Inflectra	Inflammatory Conditions	Q5103	N	Non-Preferred - Avsola Non - Preferred - Renflexis Preferred - infliximab (authorized generic) Preferred - Inflectra Preferred - Remicade	Y: PA Required	
Intra-Articular Hyaluronan Injections	Durolane	Osteoarthritis	J7318	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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
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 One 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	
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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
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 One 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	
Intra-Articular Hyaluronan Injections	Genvisc 850	Osteoarthritis	J7320	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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
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 One 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	
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 One 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	

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Intra-Articular Hyaluronan Injections	Hymovis One	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 One 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	
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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
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 One 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	
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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
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 One 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	
Intra-Articular Hyaluronan Injections	Supartz	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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Intra-Articular Hyaluronan Injections	Supartz FX	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 One 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	
Intra-Articular Hyaluronan Injections	Synojoynt	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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
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 One 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	
Intra-Articular Hyaluronan Injections	Synvisc-One	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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Intra-Articular Hyaluronan Injections	Triluron	Osteoarthritis	J7332	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 One 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	
Intra-Articular Hyaluronan Injections	TriVisc	Osteoarthritis	J7329	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 One 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	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
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 One 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	
Intrauterine copper contraceptive	Miudella	Contraception	J7299	N	N	Y: NO PA Required	
Lanreotide	Somatuline	Endocrine Disorders; Oncology	J1930	Y	N	Y: PA Required	
Lanreotide (Cipla)	Lanreotide (Cipla)	Endocrine Disorders; Oncology	J1932	Y	N	Y: PA Required	
Laronidase	Aldurazyme	Enzyme Deficiencies	J1931	N	N	Y: PA Required	
Lecanemab-irmb	Leqembi	Neurological Conditions	J0174	N	N	Y: PA Required	
Lenacapavir	Sunlenca	HIV	J1961	N	N	Y: PA Required	
Lenacapavir	Yeztugo	HIV PrEP	J0738 injectable, J0752 oral	N	N	Y: PA Required	
Leuprolide acetate	Fensolvi	Endocrine Disorders	J1951	N	N	Y: PA Required	
Leuprolide acetate	Lupron	Endocrine Disorders; Oncology	J1950	Y	N	Y: PA Required	
Levonorgestrel-releasing intrauterine contraceptive system	Kyleena	Contraception	J7296	N	N	Y: NO PA Required	
Levonorgestrel-releasing intrauterine contraceptive system	Liletta	Contraception	J7297	N	N	Y: NO PA Required	
Levonorgestrel-releasing intrauterine contraceptive system	Mirena	Contraception	J7298	N	N	Y: NO PA Required	
Levonorgestrel-releasing intrauterine contraceptive system	Skyla	Contraception	J7301	N	N	Y: NO PA Required	
Liraglutide	Saxenda	Miscellaneous Conditions	J3490	N	N	Y: PA Required	
Lovotibeglogene autotemcel	Lyfgenia	Gene Therapy - Sickle Cell Disease	J3394	N	N	Y: PA Required	Embarc: Inpatient
Lumasiran	Oxlumo	Metabolic Disorders	J0224	N	N	Y: PA Required	
Luspatercept-aamt	Reblozyl	Hematological Agents	J0896	Y	N	Y: PA Required	
Mepolizumab	Nucala	Respiratory Agents	J2182	N	N	Y: PA Required	

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Description	Alt Descriptions	Therapeutic Drug Category	HCP Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Methoxy Polyethylene Glycol-Epoetin Beta	Mircera for NON-ESRD	Blood Cell Deficiency	J0888	N	N	Y: PA Required	
Miglustat	Zavesca	Enzyme Deficiencies	J8499	N/A	N/A	Y: Not Managed by EviCore redirect to 1199 for PA	Not managed by EviCore; added for informational purposes only
Mirikizumab-mrkz	Omvo	Inflammatory Conditions	J2267	N	N	Y: PA Required	
Narsoplimab-wuug	Yartemlea	TBD	C9399	N	N	Y: PA Required	
Narsoplimab-wuug	Yartemlea	TBD	J3590	N	N	Y: PA Required	
Natalizumab	Tysabri	Multiple Sclerosis	J2323	N	N	Y: PA Required	
Natalizumab-sztn	Tyruko	Multiple Sclerosis	Q5134	N	N	Y: PA Required	
Nipocalimab-aahu	Imaavy	Myasthenia Gravis	J9256	N	N	Y: PA Required	
Nusinersen	Spinraza	Muscular Dystrophies	J2326	N	N	Y: PA Required	
Obinutuzumab	Gazyva	Lupus Nephritis	J9301	Y	N	Y: PA Required	
Ocrelizumab	Ocrevus	Multiple Sclerosis	J2350	N	N	Y: PA Required	
Ocrelizumab and Hyaluronidase-ocsq	Ocrevus Zunovo	Multiple Sclerosis	J2351	N	N	Y: PA Required	
Octreotide, Depot	Sandostatin LAR	Endocrine Disorders	J2353	Y	N	Y: PA Required	
Olipudase alfa-rpcp	Xenpozyme	Enzyme Deficiencies	J0218	N	N	Y: PA Required	
Omalizumab	Xolair	Respiratory Agents	J2357	N	N	Y: PA Required	
OnabotulinumtoxinA	Botox	Neuromuscular Conditions	J0585	N	N	Y: PA Required	
Onasemnogen abeparvovec-xioi	Zolgensma	Gene Therapy - Muscular Dystrophies	J3399	N	N	Y: PA Required	Embarc: Outpatient Embarc: Inpatient
Onasemnogene abeoarvovec-brve	Itvisma	Gene Therapy - Muscular Dystrophies	C9399	N	N	Y: PA Required	
Onasemnogene abeoarvovec-brve	Itvisma	Gene Therapy - Muscular Dystrophies	J3590	N	N	Y: PA Required	
onasemnogene abeparvovec-brve	Itvisma	Gene Therapy - Spinal Muscular Atrophy Agents	J3405	N	N	Y: PA Required	Embarc OP; New gene therapy drug for Spinal Muscular Atrophy; effective 7/1/26
Palivizumab	Synagis	Respiratory Syncytial Virus	90378	N	N	Y: PA Required	
Pasireotide	Signifor LAR	Endocrine Disorders	J2502	N	N	Y: PA Required	
Patisiran	Onpattro	Amyloidosis	J0222	N	N	Y: PA Required	
Pegcetaplan	Syfovre	Ophthalmic Conditions	J2781	N	N	Y: PA Required	
Pegloticase	Krystexxa	Gout	J2507	N	N	Y: PA Required	
Pegunigalsidase alfa-iwxj	Elfabrio	Enzyme Deficiencies	J2508	N	N	Y: PA Required	
pegzilarginase-nbln	Loargys	Enzyme Deficiencies	J3590	N	N	Y: PA Required	
pegzilarginase-nbln	Loargys	Enzyme Deficiencies	C9399	N	N	Y: PA Required	
Pimavanserin	Nuplazid	Mental/Neuro Disorders	J8499	N	N	Y: NO PA Required	Mental Health Parity
Plasminogen, human-tvmh	Ryplazim	Seizure Disorders	J2998	N	N	Y: PA Required	
Pozelimab-bbfg	Veopoz	Miscellaneous Conditions	J9376	N	N	Y: PA Required	
Ranibizumab	Lucentis	Ophthalmic Conditions	J2778	N	N	Y: PA Required	
Ranibizumab	Susvimo	Ophthalmic Conditions	J2779	N	N	Y: PA Required	
Ranibizumab-eqrn	Cimerli	Ophthalmic Conditions	Q5128	N	N	Y: PA Required	
Ranibizumab-nuna	Byooviz	Ophthalmic Conditions	Q5124	N	N	Y: PA Required	
Ravulizumab-cwvz	Ultomiris	Blood Modifying	J1303	N	N	Y: PA Required	
Remdesivir	Veklury	Antiviral Agents	J0248	N	N	Y: PA Required	

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Description	Alt Descriptions	Therapeutic Drug Category	HCPSC Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Reslizumab	Cinqair	Respiratory Agents	J2786	N	N	Y: PA Required	
Revakinagene Taroretcel-lwey	Encelto	Miscellaneous Conditions	J3403	N	N	Y: PA Required	
revakinagene taroretcel-lwey	Encelto	Gene Therapy - Ophthalmic Agents	J3403	N	N	Y: PA Required	Embarc OP; New gene therapy drug for Ophthalmic Conditions; effective 7/1/26
Rilonacept	Arcalyst	Inflammatory Conditions	J2793	N	N	Y: PA Required	
RimabotulinumtoxinB	Myobloc	Neuromuscular Conditions	J0587	N	N	Y: PA Required	
Risankizumab-rzaa	Skyrizi	Inflammatory Conditions	J2327	N	N	Y: PA Required	
Risdiplam	Evrysdi	Spinal muscular atrophy	J8499	N/A	N/A	Y: Not Managed by EviCore redirect to 1199 for PA	Not managed by EviCore; added for informational purposes only
Risperidone	Rykindo	Central Nervous System Agents	J2801	N	N	Y: NO PA Required	
Risperidone	Uzedy	Central Nervous System Agents	J2799	N	N	Y: NO PA Required	
Rituximab	Rituxan	Inflammatory Conditions; Oncology	J9312	Y	Preferred - Riabni Preferred - Ruxience Preferred - Truxima Non-Preferred - Rituxan	Y: PA Required	
Rituximab-abbs	Truxima	Inflammatory Conditions; Oncology	Q5115	Y	Preferred - Riabni Preferred - Ruxience Preferred - Truxima Non-Preferred - Rituxan	Y: PA Required	
Rituximab-arrx	Riabni	Inflammatory Conditions; Oncology	Q5123	Y	Preferred - Riabni Preferred - Ruxience Preferred - Truxima Non-Preferred - Rituxan	Y: PA Required	
Rituximab-pvvr	Ruxience	Inflammatory Conditions; Oncology	Q5119	Y	Preferred - Riabni Preferred - Ruxience Preferred - Truxima Non-Preferred - Rituxan	Y: PA Required	
Romiplostim	Nplate	Blood Cell Deficiency	J2802	Y	N	Y: PA Required	
Romozosumab-aqqg	Evenity	Bone Conditions; Osteoporosis	J3111	N	N	Y: PA Required	
Rozanolixizumab-noli	Rystiggo	Miscellaneous Conditions	J9333	N	N	Y: PA Required	
Sebelipase alfa	Kanuma	Enzyme Deficiencies	J2840	N	N	Y: PA Required	
Secukinumab	Cosentyx	Inflammatory Conditions	J3247	N	N	Y: PA Required	
Setmelanotide	Imcivree	Endocrine Disorders	J3490	N/A	N/A	Y: Not Managed by EviCore redirect to 1199 for PA	Not managed by EviCore; added for informational purposes only
Setmelanotide	Imcivree	Endocrine Disorders	J3590	N/A	N/A	Y: Not Managed by EviCore redirect to 1199 for PA	Not managed by EviCore; added for informational purposes only
Spesolimab-sbzo	Spevigo	Inflammatory Conditions	J1747	N	N	Y: PA Required	
Sutimlimab-jome	Enjaymo	Miscellaneous Conditions	J1302	N	N	Y: PA Required	
Taliglucerase Alfa	Elelyso	Enzyme Deficiencies	J3060	N	N	Y: PA Required	
Teplizumab-mzww	Tziold	Endocrine Disorders	J9381	N	N	Y: PA Required	
Teprotumumab-trbw	Tepezza	Ophthalmic Conditions	J3241	N	N	Y: PA Required	
Tezepelumab-ekko	Tezspire	Respiratory Agents	J2356	N	N	Y: PA Required	

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Description	Alt Descriptions	Therapeutic Drug Category	HCP Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Tildrakizumab-asmn	Ilumya	Inflammatory Conditions	J3245	N	N	Y: PA Required	
Tividenofusp alfa-eknm	Avlayah	Enzyme	J3590	N	N/A	Y: PA Required	New Drug for the treatment of neurologic manifestations of Hunter syndrome (Mucopolysaccharidosis type II, MPS II); Effective 3/1/26
Tividenofusp alfa-eknm	Avlayah	Enzyme	C9399	N	N/A	Y: PA Required	New Drug for the treatment of neurologic manifestations of Hunter syndrome (Mucopolysaccharidosis type II, MPS II); Effective 3/1/26
Tocilizumab	Actemra	Inflammatory Conditions	J3262	Y	N	Y: PA Required	
Tocilizumab-aazg	Tyenne	Inflammatory Conditions	Q5135	Y	N	Y: PA Required	
Tocilizumab-anoh	Avtozma	Inflammatory Conditions	Q5156	Y	N	Y: PA Required	
Tocilizumab-bavi	Tofidence	Inflammatory Conditions	Q5133	Y	N	Y: PA Required	
Tofersen	Qalsody	Muscular Dystrophies	J1304	N	N	Y: PA Required	
Travaprost Intracameral Implant	iDose TR	Ophthalmic Conditions	J7355	N	N	Y: PA Required	
Treprostinil	Remodulin	Pulmonary Hypertension	J3285	N	N	Y: PA Required	
Triamcinolone ER	Zilretta	Inflammation	J3304	N	N	Y: PA Required	
Triptorelin ER	Triptodur	Endocrine Disorders	J3316	N	N	Y: PA Required	
Ublituximab-xiiy	Briumvi	Multiple Sclerosis	J2329	N	N	Y: PA Required	
Ustekinumab	Stelara	Inflammatory Conditions	J3358	N	N	Y: PA Required	
Ustekinumab-aauz	Otulfi	Inflammatory Conditions	Q9999	N	N	Y: PA Required	
Ustekinumab-aekn	Selarsdi	Inflammatory Conditions	Q9998	N	N	Y: PA Required	
Ustekinumab-auub	Wezlana	Inflammatory Conditions	Q5138	N	N	Y: PA Required	
Ustekinumab-hmny	Starjemza	Inflammatory Conditions	C9399	N	N	Y: PA Required	
Ustekinumab-hmny	Starjemza	Inflammatory Conditions	J3590	N	N	Y: PA Required	
Ustekinumab-kfce	Yesintek	Inflammatory Conditions	Q5100	N	N	Y: PA Required	
Ustekinumab-srlf	Imuldosa	Inflammatory Conditions	Q5098	N	N	Y: PA Required	
Ustekinumab-stba	Steqeyma	Inflammatory Conditions	Q5099	N	N	Y: PA Required	
Ustekinumab-ttwe	Pyzchiva	Inflammatory Conditions	Q9997	N	N	Y: PA Required	
Valoctocogene Roxaparvovec-rvox	Roctavian	Gene Therapy - Hemophilia	J1412	N	N	Y: PA Required	Embarc: Outpatient
Vedolizumab	Entyvio	Inflammatory Conditions	J3380	N	N	Y: PA Required	
Velaglycerase Alfa	Vpriv	Enzyme Deficiencies	J3385	N	N	Y: PA Required	
Velmanase alfa-tycv	Lamzedo	Enzyme Deficiencies	J0217	N	N	Y: PA Required	
Vestronidase alfa-vjbc	Mepsevii	Enzyme Deficiencies	J3397	N	N	Y: PA Required	
Viltolarsen	Viltepso	Muscular Dystrophies	J1427	N	N	Y: PA Required	
von Willebrand Factor (Recombinant)	Vonvendi	Hematological Agents	J7179	N	N	Y: PA Required	
von Willebrand Factor complex	Humate-P	Hematological Agents	J7187	N	N	Y: PA Required	
von Willebrand Factor complex (human)	Alphanate	Hematological Agents	J7186	N	N	Y: PA Required	
von Willebrand Factor complex (human)	Wilate	Hematological Agents	J7183	N	N	Y: PA Required	
Voretigene Neparvovec-rzyl	Luxturna	Gene Therapy - Ophthalmic Conditions	J3398	N	N	Y: PA Required	Embarc: Outpatient
Vutrusiran	Amvuttra	Amyloidosis	J0225	N	N	Y: PA Required	

Effective Date: 7/1/26

Description	Alt Descriptions	Therapeutic Drug Category	HCPCS Code	Dual Indication	1199 Step Therapy	1199 SEIU National Benefit Fund	Drug Comments
Zoledronic Acid	Reclast	Osteoporosis; Bone Conditions	J3489	Y	N	Y: PA Required	
Zopapogene Imadenovec-drba	Papzimeos	TBD	J3404	N	N	Y: PA Required	