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

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

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J0129	Abatacept	Orencia®	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan. **NOTE:** Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis. **Note**: **Orencia SC** is not required for aGVHD	1/1/2026
J0174	Lecanemab-irmb	Leqembi®		1/1/2026
J0175	Donanemab-azbt	Kisunla™		1/1/2026
J0177	Aflibercept	Eylea® HD	✓ Trial and failure of bevacizumab (**Avastin®**) or a bevacizumab biosimilar	1/1/2026

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J0178	Aflibercept	Eylea®	✓ Trial and failure of bevacizumab (**Avastin®**) or a bevacizumab biosimilar	1/1/2026
J0179	Brolucizumab-dbll	Beovu®	✓ Trial and failure of bevacizumab (**Avastin®**) or a bevacizumab biosimilar	1/1/2026
J0180	Agalsidase beta	Fabrazyme®		1/1/2026
J0217	Velmanase alfa	Lamzede®		1/1/2026
J0219	Avalglucosidase alfa-ngpt (Enzyme Replacement Therapy)	Nexviazyme®		1/1/2026
J0221	Alglucosidase alfa, 10mg (Enzyme Replacement Therapy)	Lumizyme®		1/1/2026
J0222	Patisiran	Onpattro®		1/1/2026
J0223	Givosiran	Givlaari®		1/1/2026
J0224	Lumasiran	Oxlumo®		1/1/2026
J0225	Vutrisiran	Amvuttra®	✓	1/1/2026
J0490	Belimumab	Benlysta®	✓	1/1/2026
J0491	Anifrolumab-fnia	Saphnelo®	✓ Trial and failure of **Benlysta®**	1/1/2026
J0517	Benralizumab	Fasenra®	✓	1/1/2026
J0584	Burosumab-twza	Crysvita®	✓	1/1/2026
J0586	Injection, abobotulinumtoxin A	Dysport®	✓ Trial and failure of **Botox®** and **Xeomin®** These preferred drugs do not require authorization. Note: Step therapy with Xeomin® won't be required for chronic migraines or urinary conditions.	1/1/2026

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J0587	Injection, rimabotulinumtoxin B	Myobloc®	✓ Trial and failure of **Botox®** and **Xeomin®** These preferred drugs do not require authorization. Note: Step therapy with Xeomin® won't be required for chronic migraines or urinary conditions.	1/1/2026
J0589	Daxibotulinumtoxin A	Daxxify®	✓ Trial and failure of **Botox®** and **Xeomin®** These preferred drugs do not require authorization. **Note:** Step therapy with Xeomin® won't be required for chronic migraines or urinary conditions.	1/1/2026
J0598	C-1 esterase inhibitor, human	Cinryze	✓ Trial and failure of **Haegarda®** and **Takhzyro®**	9/1/2026
J0644	Leucovorin calcium	Vykoura	✓ Trial and failure of **generic leucovorin calcium** is required.	12/1/2026
J0717	Certolizumab pegol	Cimzia®	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan. **NOTE:** Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis**.**	1/1/2026
J0791	Crizanlizumab	Adakveo®	✓	1/1/2026

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J0870	Imetalast	Rytelo™		1/1/2026
J0896	Luspatercept-aamt	Reblozyl®	✓	1/1/2026
J0897	Denosumab injection	Prolia®	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby** is the preferred denosumab biosimilar.	1/1/2026
J0897	Denosumab injection	Xgeva®	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	1/1/2026
J1203	Cipaglucosidase alfa-atga	Pombiliti™		1/1/2026
J1289	Narsoplimab-wuug	Yartemlea		2/1/2026
J1299	Eculizumab injection	Soliris®	✓ **For myasthenia gravis**: Trial and failure of **Truxima**, **Ruxience** or **Riabni, Vyvgart** or **Vyvgart Hytrulo, Rystiggo** AND **Epysqli** is required. **For NMOSD:** Trial and failure of **Enspryng®** and **Uplizna®** **For PNH:** Trial and failure of **Empaveli®** and **Epysqli**	1/1/2026
J1301	Edaravone	Radicava®		1/1/2026
J1302	Sutimlimab-jome	Enjaymo®	✓	1/1/2026

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J1303	Ravulizumab-cwvz	Ultomiris®	✓ **For myasthenia gravis**: Trial and failure of **Truxima**, **Ruxience** or **Riabni, Vyvgart** or **Vyvgart Hytrulo, Rystiggo** AND **Epysqli** is required. **For NMOSD:** Trial and failure of **Enspryng®** and **Uplizna®** **For PNH:** Trial and failure of **Empaveli®** and **Epysqli** **For aHUS:** Trial and failure of **Epysqli**	1/1/2026
J1304	Tofersen	Qalsody™		1/1/2026
J1305	Evinacumab-dgnb	Evkeeza®	✓ Trial and failure of a high-intensity statin AND **Praluent® or Repatha®**	1/1/2026
J1306	Inclisiran	Leqvio®	✓ Trial and failure of a high-intensity statin AND **Praluent® or Repatha®**	1/1/2026
J1307	Crovalimab-akkz	PiaSky™	✓	1/1/2026
J1322	Elosulfase Alfa	Vimizim®		1/1/2026
J1325	Epoprostenol	Flolan®, Veletri®		1/1/2026
J1411	Etranacogene dezaparvovec-drlb	Hemgenix®		1/1/2026
J1413	Delandistrogene moxeparvovec-rokl	Elevidys		1/1/2026

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J1437	Ferric derisomaltose (IV Iron Products)	Monoferric®	✓ Try/fail at least TWO of the following preferred medications first: **Ferrlecit®, Feraheme® Venofer®**, or **INFeD®.** These preferred drugs don't require prior authorization. Prior authorization isn't required when medications are received through a dialysis facility.	1/1/2026
J1439	Ferric carboxymaltose (IV Iron Products)	Injectafer®	✓ Try/fail at least TWO of the following preferred medications first: **Ferrlecit®, Feraheme® Venofer®**, or **INFeD®.** These preferred drugs don't require prior authorization. Prior authorization isn't required when medications are received through a dialysis facility.	1/1/2026
J1440	Fecal microbiota, live-jslm	Rebyota™		1/1/2026
J1442	Filgrastim (Short-Acting Colony Stimulating Factors)	Neupogen®	✓ Use both of the following **preferred** filgrastim biosimilar drugs: **Nivestym®** and **Zarxio®**	1/1/2026
J1447	Tbo-filgrastim (Short-Acting Colony Stimulating Factors)	Granix®	✓ Use both of the following **preferred** filgrastim biosimilar drugs: **Nivestym®** and **Zarxio®**	1/1/2026
J1449	Eflapegrastim-xnst	Rolvedon®	✓ Use the following preferred pegfilgrastim drugs first: **Fulphila®** and **Neulasta®** or **Neulasta OnPro**	1/1/2026
J1458	Galsulfase	Naglazyme®		1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J1459	Immune globulin IV (human), 10% liquid	Privigen®	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1551	Immune globulin subcutaneous (human)-hipp	Cutaquig®	✓ Trial and failure of **Gammagard®** or **Octagam®** AND **Hizentra®**	1/1/2026
J1552	Immune globulin intravenous, human-stwk 10%	Alyglo™	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1553	Immune globulin intravenous, human-dira	Yimmugo®	✓ Trial and failure of **Gammagard®** and **Octagam®**	1/1/2026
J1554	Immune globulin Intravenous (human) slra 10%	Asceniv™	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1555	Immune globulin Subcutaneous (Human) 20%	Cuvitru®	✓ Trial and failure of **Gammagard®** or **Octagam®** AND **Hizentra®**	1/1/2026
J1556	Immune globulin Intravenous (human), 10%	Bivigam®	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1557	Immune globulin Intravenous (human)	Gammaplex®	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1558	Immune globulin subcutaneous (human)-klhw	Xembify®	✓ Trial and failure of **Gammagard®** or **Octagam®** AND **Hizentra®**	1/1/2026
J1559	Immune globulin Subcutaneous (human), 20%	Hizentra®	✓ Trial and failure of **Gammagard®** or **Octagam®** **Note: Gammagard®** or **Octagam®** is not required for CIDP	1/1/2026

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J1561	Immune globulin Injection (human), 10%	Gamunex-C®, Gammaked™	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1566	Immune globulin Intravenous (human)	Gammagard S/D® Less IgA	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1568	Immune globulin Intravenous (human)	Octagam®	✓	1/1/2026
J1569	Immune globulin Infusion (human) 10%	Gammagard® Liquid	✓	1/1/2026
J1569	Immune globulin Intravenous (human) 10%	Gammagard Liquid® ERC	✓ Trial and failure of **Gammagard®** and **Octagam**	5/1/2026
J1572	Immune globulin Intravenous (human)	Flebogamma® DIF	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1575	Immune globulin Infusion 10% (human) with recombinant human hyaluronidase	Hyqvia®	✓ Trial and failure of **Gammagard®** or **Octagam®** AND **Hizentra®**	1/1/2026
J1576	Immune globulin Intravenous (human) – ifas 10%	Panzyga®	✓ Trial and failure of **Gammagard®** and **Octagam**	1/1/2026
J1577	Immune globulin Intravenous (human) 10%	Qivigy	✓ Trial and failure of **Gammagard®** and **Octagam**	5/1/2026

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J1602	Golimumab	Simponi Aria®	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan. **NOTE:** Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.	1/1/2026
J1628	Guselkumab	Tremfya® IV	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan.	1/1/2026
J1743	Idursulfase	Elaprase®		1/1/2026
J1745	Infliximab	Remicade®	✓ Use the following preferred medications first: **Inflectra® AND Avsola®**. These preferred drugs don't require authorization.	1/1/2026
J1745	Infliximab	Generic (non-biosimilar)	✓ Use the following preferred medications first: **Inflectra® AND Avsola®**. These preferred drugs don't require authorization.	1/1/2026

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J1746	Ibalizumab-uiyk	Trogarzo®	✓	1/1/2026
J1747	Spesolimab-sbzo	Spevigo® IV	✓	1/1/2026
J1747	Spesolimab-sbzo	Spevigo® SC	✓	1/1/2026
J1757	Tividenofusp alfa-eknm	Avlayah		9/1/2026
J1809	Fosdenopterin	Nulibry®		1/1/2026
J1818	Egzilarginase-nbln	Loargys SC and IV		5/1/2026
J1823	Inebilizumab-cdon	Uplizna®	✓	1/1/2026
J1931	Laronidase	Aldurazyme®		1/1/2026
J2182	Mepolizumab	Nucala®	✓	1/1/2026
J2267	Mirikizumab-mrkz	Omvoh™ IV	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan.	1/1/2026
J2277	Motixafortide	Aphexda		12/1/2026
J2323	Natalizumab	Tysabri	✓ Trial and failure of **dimethyl fumarate**, **glatiramer**, **fingolimod** and **Ocrevus**.	5/1/2026
J2326	Nusinersen	Spinraza®		1/1/2026

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

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J2356	Tezepelumab-ekko	Tezspire®	✓ For eosinophilic asthma: Trial and failure of **Fasenra® or Nucala® AND Dupixent®** For allergic asthma: Trial and failure **of Xolair®** For oral steroid dependent asthma: Trial and failure of **Dupixent®**	1/1/2026
J2357	Omalizumab	Xolair®	✓	1/1/2026
J2361	Depemokimab-ulaa	Exdensur	✓	2/1/2026
J2468	Palonosetron	Posfrea		10/15/2026
J2507	Inj, pegloticase	Krystexxa®	✓	1/1/2026
J2508	Pegunigalsidase alfa-iwxj	Elfabrio®		1/1/2026
J2777	Facricimab-svoa	Vabysmo®	✓ Trial and failure of bevacizumab (**Avastin®**) or a **bevacizumab biosimilar** Trial and failure of **aflibercept**, **ranibizumab**, or **Beovu®** is also required.	1/1/2026
J2778	Ranibizumab injection	Lucentis®	✓ Trial and failure of bevacizumab (**Avastin®**) or a **bevacizumab biosimilar**	1/1/2026
J2781	Pegcetacoplan injection	Syfovre™		1/1/2026
J2782	Avacincaptad pegol	Izervay™	✓ Trial and failure of **Syfovre®**	1/1/2026
J2786	Reslizumab	Cinqair®	✓ Trial and failure of **Fasenra® or Nucala® AND Dupixent®**	1/1/2026
J2793	Rilonacept	Arcalyst®	✓	1/1/2026
J2802	Romiplostim	Nplate®	✓	1/1/2026
J2840	Sebelipase alfa	Kanuma®		1/1/2026

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J3032	Eptinezumab-jjmr (Calcitonin Gene Related Peptide Antagonists)	Vyepti®	✓ Try/fail botulinum toxins AND an oral or subcutaneous CGRP antagonist	1/1/2026
J3060	Taliglucerase alfa	Elelyso®	✓ Trial and failure of **Cerezyme®**. This preferred drug doesn't require prior authorization.	1/1/2026
J3111	Romosozumab-aqqg	Evenity®	✓ **For high-risk osteoporosis:** Trial and failure of oral or IV **bisphosphonates** AND **a denosumab product** **For very high-risk osteoporosis:** Trial and failure of **zoledronate** only or **a denosumab product** only if **zoledronate** is contraindicated	1/1/2026
J3241	Teprotumumab	Tepezza®	✓	1/1/2026
J3245	Tildrakizumab-asmn	Ilumya®	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan.	1/1/2026

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J3247	Secukinumab	Cosentyx® IV	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** and **Cosentyx SC** is also required for members who have an MAPD plan.	1/1/2026
J3262	Tocilizumab	Actemra®	✓ Trial and failure of **Tyenne** AND **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan. **For cytokine release syndrome or giant cell arteritis:** Infliximab, ustekinumab and adalimumab are **not** required. **NOTE:** Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.	1/1/2026
J3285	Treprostinil	Remodulin®		1/1/2026

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J3304	Triamcinolone-acetonide extended release	Zilretta®	✓	1/1/2026
J3358	Ustekinumab	Stelara®	✓ Trial and failure of the following preferred ustekinumab drugs: **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization.	1/1/2026
J3380	Vedolizumab	Entyvio® IV	✓ Trial and failure of **Inflectra or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan.	1/1/2026
J3385	Velaglucerase alfa	VPRIV®	✓ Trial and failure of **Cerezyme®**. This preferred drug doesn't require prior authorization.	1/1/2026
J3386	Etuvetidigene autotemcel	Waskyra		2/1/2026
J3389	Prademagene zamikeracel	Zevaskyn™		1/1/2026
J3392	Exagamglogene autotemcel	Casgevy™	✓	1/1/2026
J3394	Lovotibeglogene autotemcel	Lyfgenia™	✓	1/1/2026
J3397	Vestronidase alfa-vjbk	Mepsevii®		1/1/2026
J3398	Voretigene neparvovec-rzyl	Luxturna®		1/1/2026

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J3399	Onasemnogene abeparvovec-xioi	Zolgensma®		1/1/2026
J3401	Beremagene geperpavec-svdt	Vyjuvek™		1/1/2026
J3402	Remestemcel-L-rknd	Ryoncil®	✓	1/1/2026
J3403	Revakinagene taroretcel-lwey	Encelto™		1/1/2026
J3404	Zopapogene imadenovec-drba	Papzimeos		5/1/2026
J3405	Onasemnogene abeparvovec-brve	Itvisma		2/1/2026
J3490, J3590	Pegcetacoplan	Empaveli®		1/1/2026
J3590	Sotatercept-csrk	Winrevair™	✓	1/1/2026
J3490	Nedosiran	Rivfloza™		1/1/2026
J3490	Eplontersen	Wainua™		1/1/2026
J3490	Lecanemab-irmb	Leqembi Iqlik		1/1/2026
J3490	Fosaprepitant	Navitrux		10/15/2026
J3590	Bevacizumab-tnjn	Avzivi®	✓ Use the following preferred bevacizumab biosimilar drugs: **Mvasi®** and **Zirabev®**	1/1/2026
J3590	Bimekizumab-bkzx	Bimzelx®	✓ Trial and failure of **Inflectra® or Avsola®** AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan.	1/1/2026
J3590	Donislecel-jujn	Lantidra™		1/1/2026

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J3590	Eladocagene exuparvovec-tneq	Kebilidi™		1/1/2026
J3590	Lunstogene parvec-cwha	Otarmeni		9/1/2026
J3590	Marnetegragene autotemcel	Kresladi		9/1/2026
J3590	Veligrotug-vvze	Lumvoa	✓	9/1/2026
J3590	Allogeneic regulatory T cell immunotherapy with HSPC and T cells-vldq	Tregzi		9/1/2026
J3590	Rebisufligene etisparvovec-hopf	Fayuvi ™IV		10/15/2026
J3590	Apitegromab-mstn	Isembyld ™IV		10/15/2026
J3590	Garetosmab-grts	Pasatru		10/15/2026
J3590	Zilganersen	Zanvastro		10/15/2026
J3590	Vusolimogene oderparepvec-wtpg	Tudriqev	✓	12/1/2026
J7170	Emicizumabb-kxwh	Hemlibra®		1/1/2026
J7171	ADAMTS13, recombinant-krhn	Adzynma		1/1/2026
J7172	Marstacimab-hncq	Hympavzi™	✓	1/1/2026
J7174	Fitusiran	Qfitlia®		1/1/2026
J7320	Sodium hyaluronate (Hyaluronic acid drugs)	GenVisc® 850	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026

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J7321	Sodium hyaluronate (Hyaluronic acid drugs)	Visco-3™ Hyalgan®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7322	High Molecular Weight Viscoelastic Hyaluronan (Hyaluronic acid drugs)	Hymovis®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7324	High Molecular Weight Hyaluronan (Hyaluronic acid drugs)	Orthovisc®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7325	Hylan G-F 20 (Hyaluronic acid drugs)	Synvisc®, Synvisc-One®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7326	Sodium hyaluronate (Hyaluronic acid drugs)	Gel-one®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J7327	High Molecular Weight Hyaluronan (Hyaluronic acid drugs)	Monovisc®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7329	Sodium hyaluronate (Hyaluronic acid drugs)	TriVisc®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7331	Sodium hyaluronate (Hyaluronic acid drugs)	Synojoynt®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7332	Sodium hyaluronate (Hyaluronic acid drugs)	Triluron®	✓ Trial and failure of all the following **preferred** hyaluronic acid drugs: **Durolane®**, **Euflexxa®**, **Gelsyn-3®**, and **Supartz FX®**. These preferred drugs don't require authorization.	1/1/2026
J7601	Ensifentrine, inhalation suspension	Ohtuvayre	✓ Trial and failure of **Trelegy** and **roflumilast**	5/1/2026
J7606	Formoterol fumarate inhalation solution	generic	✓ Trial and failure of **arformoterol**	5/1/2026
J7677	Revefenacin, inhalation solution	Yupelri	✓ Trial and failure of **Anoro** and **Stiolto**	5/1/2026
J7686	Treprostinil	Tyvaso®	**Prior authorization is required for Tyvaso® nebulizer.** **Note:** Tyvaso DPI® (J3535) is a pharmacy benefit drug, not a medical benefit drug.	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J9022	Atezolizumab	Tecentriq®		1/1/2026
J9024	Atezolizumab hyaluronidase-tqjs	Tecentriq Hybreza™		1/1/2026
J9026	Tarlatamab-dlle	Imdelltra™		1/1/2026
J9028	Ogapendekin alfa inbakicept-pmln	Anktiva®	✓ For use in BCG-unresponsive non-muscle invasive bladder cancer, must first try and fail **Adstiladrin**	1/1/2026
J9029	Nadofaragene firadenovec-vncg	Adstiladrin®	✓	1/1/2026
J9035	Bevacizumab	Avastin®	✓ Use the following preferred bevacizumab biosimilar drugs: **Mvasi®** and **Zirabev®** These preferred drugs will not require prior authorization. **Prior authorization isn't required for use in retinal disorders.**	1/1/2026
J9038	Axatilimab-csfr	Niktimvo™	✓	1/1/2026
J9119	Cemiplimab-rwlc	Libtayo®		1/1/2026
J9144	Daratumumab and hyaluronidase-fihj	Darzalex Faspro®		1/1/2026
J9145	Daratumumab	Darzalex®		1/1/2026
J9161	Denileukin diftitox-cxdl	Lymphir™		1/1/2026
J9173	Durvalumab	Imfinzi®		1/1/2026
J9176	Elotuzumab	Empliciti®		1/1/2026
J9186	Etoposide	Avopef	✓ Trial and failure of generic **etoposide** is required.	12/1/2026
J9191	Fluorouracil	Favlyxa	✓ Trial and failure of generic **fluorouracil** is required.	12/1/2026
J9228	Ipilimumab	Yervoy®		1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J9256	Nipocalimab-aahu	Imaavy™	✓ Trial and failure of **Truxima**, **Ruxience®** or **Riabni®** These preferred products do not require prior authorization.	1/1/2026
J9271	Pembrolizumab	Keytruda®	✓ For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**	1/1/2026
J9289	Nivolumab and hyaluronidase-nvhy	Opdivo Qvantig™	✓ For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**	1/1/2026
J9299	Nivolumab	Opdivo®	✓ For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**	1/1/2026
J9304	Pemetrexed	Pemfexy®	✓ Must try and fail one of the following: **Alimta or generic pemetrexed.** These preferred products do not require prior authorization.	1/1/2026
J9311	Rituximab-hyaluronidase human	Rituxan Hycela®	✓ Use both of the following preferred rituximab biosimilar drugs: **Truxima, Riabni®** AND **Ruxience®**. These preferred drugs don't require authorization.	1/1/2026
J9312	Rituximab	Rituxan®	✓ Use both of the following preferred rituximab biosimilar drugs: **Truxima, Riabni®** AND **Ruxience®**. These preferred drugs don't require authorization.	1/1/2026
J9321	Epcoritamab-bysp	Epkinly		1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J9332	Efgartigimod alfa-fcab	Vyvgart®	✓ Trial and failure of **Truxima, Ruxience®** or **Riabni®** These preferred products do not require prior authorization.	1/1/2026
J9333	Rozanolixizumab-noli	Rystiggo®	✓ Trial and failure of **Truxima, Ruxience®** or **Riabni®** These preferred products do not require prior authorization.	1/1/2026
J9334	Efgartigimod alfa and hyaluronidase-qvfc	Vyvgart® Hytrulo	✓ Trial and failure of **Truxima, Ruxience®** or **Riabni®** is required for myasthenia gravis. These preferred products do not require prior authorization. For CIDP: Trial and failure of **Gammagard** or **Octagam** is required	1/1/2026
J9355	Trastuzumab	Herceptin®	✓ Use both preferred trastuzumab biosimilars first: **Ontruzant** and **Trazimera®**	1/1/2026
J9361	Efbemalenograstim alfa-vuxw	Ryzneuta®	✓ Use the following preferred pegfilgrastim drugs first: **Fulphila®** and **Neulasta or Neulasta OnPro®**. These preferred drugs don't require prior authorization.	1/1/2026
J9362	Trabectedin	Yondelis®	✓ Must try and fail **Halaven®** for treatment of liposarcoma.	12/1/2026
J9376	Pozelimab-bbfg	Veopoz™	✓	1/1/2026
J9380	Teclistamab-cqyv	Tecvayli™		1/1/2026
J9381	Teplizumab-mzwv	Tzield®		1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
J9999	Lifileucel	Amtagvi™		1/1/2026
J9999	Pivekimab sunirine-pvzy	Decnupaz		10/15/2026
J9999	Gedatolisib	Revtorpyk		10/15/2026
J9999	Isatuximab-irfc	Sarclisa Escena		10/15/2026
J9999	Trabectedin	Evdi		12/1/2026
Q2041	Axicabtagene ciloleucel	Yescarta®		1/1/2026
Q2042	Tisagenlecleucel	Kymriah®		1/1/2026
Q2053	Brexucabtagene autoleucel	Tecartus®		1/1/2026
Q2054	Lisocabtagene maraleucel	Breyanzi™		1/1/2026
Q2055	Idecabtagene vicleucel	Abecma™		1/1/2026
Q2056	Ciltacabtagene autoleucel	Carvykti®		1/1/2026
Q2057	Afamitresgene autoleucel	Tecelra®	✓	1/1/2026
Q2058	Obecabtagene autoleucel	Aucatzyl™		1/1/2026
Q5098	Ustekinumab-srlf	Imuldosa® IV	✓ Use all the following preferred ustekinumab drugs: **Steqeyma, Pyzchiva** and **Wezlana** These preferred drugs don't require authorization.	1/1/2026
Q5100	Ustekinumab-kfce	Yesintek® IV	✓ Use all the following preferred ustekinumab drugs: **Steqeyma, Pyzchiva** and **Wezlana** These preferred drugs don't require authorization.	1/1/2026
Q5104	Infliximab-abda	Renflexis®	✓ Trial and failure of **Inflectra** and **Avsola** These preferred drugs don't require authorization.	5/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5104	Infliximab-abda	Unbranded biosimilar	✓ Trial and failure of **Inflectra** and **Avsola** These preferred drugs don't require authorization.	5/1/2026
Q5111	Pegfilgrastim-cbqv (Long-Acting Colony Stimulating Factors)	Udenyca®	✓ Use the following preferred pegfilgrastim drugs first: **Fulphila®** and **Neulasta or Neulasta OnPro®**. These preferred drugs don't require prior authorization.	1/1/2026
Q5111	Pegfilgrastim-cbqv (Long-Acting Colony Stimulating Factors)	Udenyca® Onbody	✓ Use the following preferred pegfilgrastim drugs first: **Fulphila®** and **Neulasta or Neulasta OnPro®**. These preferred drugs don't require prior authorization.	1/1/2026
Q5113	Trastuzumab-pkrb (Trastuzumab)	Herzuma®	✓ Use both preferred trastuzumab biosimilars first: **Ontruzant** and **Trazimera®**	1/1/2026
Q5114	Trastuzumab-dkst	Ogivri®	✓ Use both preferred trastuzumab biosimilars first: **Ontruzant** and **Trazimera®**	1/1/2026
Q5117	Trastuzumab-anns	Kanjinti®	✓ Use both preferred trastuzumab biosimilars first: **Ontruzant** and **Trazimera®**	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5120	Pegfilgrastim-bmez	Ziextenzo®	✓ Use the following preferred pegfilgrastim drugs first: **Fulphila®** and **Neulasta or Neulasta OnPro®**. These preferred drugs don't require prior authorization.	1/1/2026
Q5124	Ranibizumab-nuna	Byooviz™	✓ Trial and failure of bevacizumab (**Avastin®**) or a bevacizumab biosimilar	1/1/2026
Q5125	Filgrastim-ayow (Short-Acting Colony Stimulating Factors)	Releuko®	✓ Use all the following **preferred** filgrastim biosimilar drugs: **Nivestym®** and **Zarxio®**. These preferred drugs don't require prior authorization.	1/1/2026
Q5126	Bevacizumab-maly	Alymsys®	✓ Use the following preferred bevacizumab biosimilar drugs: **Mvasi®** and **Zirabev®** These preferred drugs will not require prior authorization.	1/1/2026
Q5127	Pegfilgrastim-fpgk	Stimufend®	✓ Use the following preferred pegfilgrastim drugs first: **Fulphila®** and **Neulasta or Neulasta OnPro®**. These preferred drugs don't require prior authorization.	1/1/2026
Q5128	Ranibizumab_eqrn	Cimerli™	✓ Trial and failure of bevacizumab (**Avastin®**) or a bevacizumab biosimilar	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5129	Bevacizumab-adcd	Vegzelma®	✓ Use the following preferred bevacizumab biosimilar drugs: **Mvasi®** and **Zirabev®** These preferred drugs will not require prior authorization.	1/1/2026
Q5130	Pegfilgrastim-pbbk	Fylnetra®	✓ Use the following preferred pegfilgrastim drugs first: **Fulphila®** and **Neulasta or Neulasta OnPro®**. These preferred drugs don't require prior authorization.	1/1/2026

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

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5135	Tocilizumab-aazg	Tyenne®	✓ Trial and failure of **Inflectra** or **Avsola®**. AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require prior authorization. Trial and failure of **adalimumab** and **Tyenne SC** is also required for members who have an MAPD plan. **Note**: **Tyenne SC** is not required for cytokine release syndrome and COVID-19 For cytokine release syndrome or giant cell arteritis: Infliximab, ustekinumab and adalimumab are not required	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5135	Tocilizumab-aazg	Unbranded biosimilar	Trial and failure of **Tyenne** AND **Inflectra®** or **Avsola®**. AND **Steqeyma®, Pyzchiva®** or **Wezlana®** These preferred drugs don't require prior authorization. Trial and failure of **adalimumab** and **Tyenne SC** is also required for members who have an MAPD plan. **Note**: **Tyenne SC** is not required for cytokine release syndrome and COVID-19 **For cytokine release syndrome or giant cell arteritis:** Infliximab, ustekinumab and adalimumab are **not** required. **NOTE: Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.**	1/1/2026
Q5136	Denosumab-bbdz	Jubbonti®	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby** is the preferred denosumab biosimilar.	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5136	Denosumab-bbdz	Wyost®	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026: Xtrenbo®** is the preferred denosumab biosimilar	1/1/2026
Q5146	Trastuzumab-strf	Hercessi®	✓ Use the **preferred** trastuzumab biosimilars **Ontruzant®** AND **Trazimera®** This preferred drug does not require prior authorization.	1/1/2026
Q5147	Aflibercept-ayyh	Pavblu™	✓ Trial and failure of **bevacizumab (Avastin®)** or a **bevacizumab biosimilar**	1/1/2026
Q5148	Filgrastim-txid	Nypozi™	✓ Use both of the following **preferred** filgrastim biosimilar drugs: **Nivestym®** and **Zarxio®**. These preferred drugs don't require prior authorization.	1/1/2026
Q5149	Aflibercept-abzv	Enzeevu™	✓ Trial and failure of **bevacizumab (Avastin®)** or a **bevacizumab biosimilar**	1/1/2026
Q5150	Aflibercept-mrbb	Ahzantive®	✓ Trial and failure of **bevacizumab (Avastin®)** or a **bevacizumab biosimilar**	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5151	Eculizumab-aagh	Epysqli®	✓ For Myasthenia Gravis: Trial and failure of **Truxima, Ruxience® or Riabni®,** AND **Rystiggo®** AND **Vyvgart®** or **Vyvgart® Hytrulo** is required. For NMOSD: Trial and failure of **Enspryng®** and **Uplizna®** **For PNH:** Trial and failure of **Empaveli®**	1/1/2026
Q5152	Eculizumab-aeeb	Bkemv™	✓ For Myasthenia Gravis: Trial and failure of **Truxima, Ruxience® or Riabni®,** AND **Rystiggo®** AND **Vyvgart®** or **Vyvgart® Hytrulo** is required. For NMOSD: Trial and failure of **Enspryng®** and **Uplizna®** For PNH: Trial and failure of Empaveli® AND Epysqli	1/1/2026
Q5153	Aflibercept-yszy	Opuviz™	✓ Trial and failure of bevacizumab (**Avastin®**) or a **bevacizumab biosimilar**	1/1/2026
Q5153	Aflibercept-yszy	Unbranded biosimilar	✓ Trial and failure of bevacizumab (**Avastin®**) or a **bevacizumab biosimilar**	1/1/2026
Q5154	Omalizumab-igec	Omlyclo®	✓	1/1/2026
Q5154	Omalizumab-igec	Unbranded biosimilar	✓	1/1/2026
Q5155	Aflibercept-jbvf	Yesafili™	✓	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5156	Tocilizumab-anoh	Avtozma®	✓ Trial and failure of **Tyenne** AND **Inflectra®** or **Avsola®** AND **Steqeyma, Pyzchiva, or Wezlana** These preferred drugs don't require prior authorization. Trial and failure of **adalimumab** is also required for members who have an MAPD plan. **For cytokine release syndrome or giant cell arteritis:** Infliximab, ustekinumab and adalimumab are **not** required. **NOTE: Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.**	1/1/2026
Q5157	Denosumab-bmwo	Stoboclo®	✓	1/1/2026
Q5157	Denosumab-bmwo	Unbranded biosimilar	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5157	Denosumab-bmwo	Osenvelt	✓ **EFFECTIVE 12/1/2026**: Use the preferred denosumab biosimilar **Xtrenbo®** This preferred drug doesn't require prior authorization.	12/1/2026
Q5158	Denosumab-bnht	Conexxence®	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby i**s the preferred denosumab biosimilar.	1/1/2026
Q5158	Denosumab-bnht	Bomyntra®	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	1/1/2026
Q5159	Denosumab-dssb	Ospomyv™	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby i**s the preferred denosumab biosimilar.	1/1/2026
Q5159	Denosumab-dssb	Xbryk™	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5161	Denosumab-kyqq	Bosaya™	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby i**s the preferred denosumab biosimilar.	5/1/2026
Q5161	Denosumab-kyqq	Aukelso™	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	5/1/2026
Q5162	Denosumab-nxxp	Bildyos®	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby i**s the preferred denosumab biosimilar.	2/1/2026
Q5162	Denosumab-nxxp	Bilprevda®	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	2/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5164	Ustekinumab-hmny	Starjemza® IV	✓ Use all the following preferred ustekinumab drugs: **Steqeyma**, **Pyzchiva** and **Wezlana** These preferred drugs don't require authorization.	5/1/2026
Q5165	Denosumab-mobz	Oziltus	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	9/1/2026
Q5166	Denosumab-desu	Osyvyrti	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby i**s the preferred denosumab biosimilar.	9/1/2026
Q5166	Denosumab-desu	Jubereq	✓ Use a preferred denosumab biosimilar: **Xtrenbo® or Osenvelt®** The preferred drugs do not require prior authorization. **EFFECTIVE 12/1/2026**: **Xtrenbo®** is the preferred denosumab biosimilar	9/1/2026
Q5168	Ranibizumab-leyk	Nufymco	✓ Trial and failure of bevacizumab (**Avastin®**) or a bevacizumab biosimilar	9/1/2026
Q5170	Aflibercept-boav	Eydenzelt	✓ Trial and failure of bevacizumab (**Avastin®**) or a bevacizumab biosimilar	9/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q5171	Denosumab-mobz	Boncresa	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby i**s the preferred denosumab biosimilar.	9/1/2026
Q5172	Filgrastim-laha	Filkri		10/15/2026
Q5173	Denosumab-adet	Ponlimsi	✓ Use a preferred denosumab biosimilar: **Enoby®** or **Stoboclo®** **Enoby** does not require prior authorization; **Stoboclo** continues to require prior authorization. **Effective 12/1/2026: Enoby** is the preferred denosumab biosimilar.	10/15/2026
Q9998	Ustekinumab-aekn	Selarsdi™ IV	✓ Trial and failure of the following preferred ustekinumab drugs: **Steqeyma, Pyzchiva** and **Wezlana** These preferred drugs don't require authorization.	1/1/2026
Q9998	Ustekinumab-aekn	Unbranded biosimilar IV	✓ Trial and failure of the following preferred ustekinumab drugs: **Steqeyma, Pyzchiva** and **Wezlana** These preferred drugs don't require authorization.	1/1/2026

HCPCS	Generic Name	Trade Name	Step Therapy Requirement	Initial Effective Date
Q9999	Ustekinumab-aauz	Otulfi® IV	✓ Trial and failure of the following preferred ustekinumab drugs: **Steqeyma, Pyzchiva** and **Wezlana** These preferred drugs don't require authorization.	1/1/2026
Q9999	Ustekinumab-aauz	Unbranded biosimilar IV	✓ Trial and failure of the following preferred ustekinumab drugs: **Steqeyma, Pyzchiva** and **Wezlana** These preferred drugs don't require authorization.	1/1/2026

Revision history

Date	Revisions
10/07/2026	• **Code updates effective 10/1/2026:** J1757 Avlayah, J1818 Loargys • **Authorization requirement effective 10/15/2026:** Ponlimsi Q5173, Zanvastro J3590, Isembyld J3590, Fayuvi J3590, Decnupaz J9999, Filkri Q5172, Navitrux J3490, Posfrea J2468, Sarclisa Escena J9999, Revtorpyk J9999, Pasatru J3590 • **Authorization requirement effective 12/01/2026:** Osenvelt Q5157, Vykoura J0644, Tudriqev J3590, Yondelis J9362, Favlyxa J9191, Avopef J9186, Aphexda J2277, Evdi J9999 • **Updates made to highlight changes to preferred Denosumab agents effective 10/15/2026 and 12/1/2026** • **Authorization requirement removed effective 10/15/2026:** Q5167 Enoby, Q5167 Xtrenbo
8/21/2026	• **Code updates effective 7/1/2026:** J3405 Itvisma, Q5164 Starjemza, J1577 Qivigy, Q5167 Enoby, Q5167 Xtrenbo, J2361 Exdensur, J3386 Waskyra, J1289 Yartemlea • **Code correction:** Amtagvi J9999 • **Authorization requirement removed effective 7/1/2026:** J0565 Zinplava (drug removed from market) • **Authorization requirement effective 9/1/2026:** Q5168 Nufymco, Q5170 Eydenzelt, Q5165 Oziltus, Q5171 Boncresa, Q5166 Osvyrti, Q5166 Jubereq, J3590 Lumvoa, J3590 Tregzi, J0598 Cinryze, J3590 Otarmeni, J3590 Avlayah, J3590 Kresladi

4/22/2026	• **Authorization requirement effective 5/1/2026:** J1569 Gammagard Liquid ERC, J1599 Qivigy, J2323 Tysabri, v, Briumvi, J2350 Ocrevus, J2351 Ocrevus Zunovo, J3404 Papzimeos, J3590 Xtrenbo, J3590 Enoby, J3590 Starjemza® IV, J3590 Loargys SC and IV, J7601 Ohtuvayre, J7606 Formoterol, J7677 Yuperli, Q5134 Tyruko, Q5161 Aukelso, and Q5161 Bosaya • **Step therapy requirements added for Izervay effective 5/1/2026** • **Updates made to step therapy requirements for Vyvgart Hytrulo effective 5/1/2026** • **Authorization requirement removed effective 5/1/2026:** J1412 Roctavian (withdrawn from U.S. market by manufacturer) • **Code updates effective: 4/1/2026:** J1553 Yimmugo, Q5162 Bildyos, Q5162 Bilprevda
2/27/2026	• **Correction made to J1745:** Infliximab Step Therapy – must use the following medications first: Inflectra **AND** Avsola
1/26/2026	• **Authorization requirement effective 2/1/2026:** J3590 Exdensur, J3590 Yartemlea, J3590 Bildyos, J3590 Bilprevda, J3590 Waskyra, J3590 Itvisma • **Updates made step therapy requirements effective 2/1/2026 for:** Orencia, Cosentyx IV, Tofidence, Tyenne, and Tocilizumab unbranded biosimilar • **Authorization requirement effective 1/1/2026**: Q5136 unbranded Jubbonti • **Authorization requirement effective 5/1/2026:** Q5104 unbranded Renflexis, Q5104 Renflexis • Added preferred eculizumab product effective 2/1/2026 • Added preferred tocilizumab product effective 2/1/2026 • Updates made to highlight changes to preferred agents effective 2/1/2026 • **Authorization requirement removed 1/1/2026:** Q5112 Ontruzant