

## 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.

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

| HCPs  | Generic Name                                              | Trade Name | Step Therapy Requirement                                                                                                                                                                                                       | Initial Effective Date |
|-------|-----------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J0178 | Aflibercept                                               | Eylea®     | ✓<br>Trial and failure of bevacizumab ( <b>Avastin</b> ®)<br>or a bevacizumab biosimilar                                                                                                                                       | 1/1/2026               |
| J0179 | Brolucizumab-dbl                                          | Beovu®     | ✓<br>Trial and failure of bevacizumab ( <b>Avastin</b> ®)<br>or a bevacizumab biosimilar                                                                                                                                       | 1/1/2026               |
| J0180 | Agalsidase beta                                           | Fabrazyme® |                                                                                                                                                                                                                                | 1/1/2026               |
| J0217 | Velmanase alfa                                            | Lamzed®    |                                                                                                                                                                                                                                | 1/1/2026               |
| J0219 | Avalglucosidase alfa-ngpt<br>(Enzyme Replacement Therapy) | Nexvazyme® |                                                                                                                                                                                                                                | 1/1/2026               |
| J0221 | Alglucosidase alfa, 10mg<br>(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®  | ✓<br>Trial and failure of <b>Benlysta</b> ®                                                                                                                                                                                    | 1/1/2026               |
| J0517 | Benralizumab                                              | Fasenra®   | ✓                                                                                                                                                                                                                              | 1/1/2026               |
| J0584 | Burosumab-twza                                            | Crysvita®  | ✓                                                                                                                                                                                                                              | 1/1/2026               |
| J0586 | Injection, abobotulinumtoxin A                            | Dysport®   | ✓<br>Trial and failure of <b>Botox</b> ® and <b>Xeomin</b> ®<br>These preferred drugs do not require<br>authorization.<br>Note: Step therapy with Xeomin® won't be<br>required for chronic migraines or urinary<br>conditions. | 1/1/2026               |

| HPCS  | Generic Name                    | Trade Name | Step Therapy Requirement                                                                                                                                                                                                                                                                                                                                                                                            | Initial Effective Date |
|-------|---------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J0587 | Injection, rimabotulinumtoxin B | Myobloc®   | <p>✓</p> <p>Trial and failure of <b>Botox®</b> and <b>Xeomin®</b><br/> These preferred drugs do not require authorization.</p> <p>Note: Step therapy with Xeomin® won't be required for chronic migraines or urinary conditions.</p>                                                                                                                                                                                | 1/1/2026               |
| J0589 | Daxibotulinumtoxin A            | Daxxify®   | <p>✓</p> <p>Trial and failure of <b>Botox®</b> and <b>Xeomin®</b><br/> These preferred drugs do not require authorization.</p> <p><b>Note:</b> Step therapy with Xeomin® won't be required for chronic migraines or urinary conditions.</p>                                                                                                                                                                         | 1/1/2026               |
| J0598 | C-1 esterase inhibitor, human   | Cinryze    | <p>✓</p> <p>Trial and failure of <b>Haegarda®</b> and <b>Takhzyro®</b></p>                                                                                                                                                                                                                                                                                                                                          | 9/1/2026               |
| J0717 | Certolizumab pegol              | Cimzia®    | <p>✓</p> <p>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b><br/> AND<br/> <b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b><br/> These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p> <p><b>NOTE:</b> Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.</p> | 1/1/2026               |
| J0791 | Crizanlizumab                   | Adakveo®   | ✓                                                                                                                                                                                                                                                                                                                                                                                                                   | 1/1/2026               |
| J0870 | Imetalast                       | Rytelo™    |                                                                                                                                                                                                                                                                                                                                                                                                                     | 1/1/2026               |
| J0896 | Luspatercept-aamt               | Reblozyl®  | ✓                                                                                                                                                                                                                                                                                                                                                                                                                   | 1/1/2026               |

| HCPs  | Generic Name              | Trade Name | Step Therapy Requirement                                                                                                                                                                                                                                                                                                                                                           | Initial Effective Date |
|-------|---------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J0897 | Denosumab injection       | Prolia®    | ✓<br>Use the preferred denosumab biosimilar Stoboclo®                                                                                                                                                                                                                                                                                                                              | 1/1/2026               |
| J0897 | Denosumab injection       | Xgeva®     | ✓<br>Use the preferred denosumab biosimilar Osenvelt®<br><br>This preferred drug doesn't require prior authorization.                                                                                                                                                                                                                                                              | 1/1/2026               |
| J1203 | Cipaglucosidase alfa-atga | Pombiliti™ |                                                                                                                                                                                                                                                                                                                                                                                    | 1/1/2026               |
| J1289 | Narsoplimab-wuug          | Yartemlea  |                                                                                                                                                                                                                                                                                                                                                                                    | 2/1/2026               |
| J1299 | Eculizumab injection      | Soliris®   | ✓<br><b>For myasthenia gravis:</b><br>Trial and failure of <b>Truxima</b> , <b>Ruxience</b> or <b>Riabni</b> , <b>Vyvgart</b> or <b>Vyvgart Hytrulo</b> , <b>Rystiggo</b> AND <b>Epysqli</b> is required.<br><br><b>For NMOSD:</b><br>Trial and failure of <b>Enspryng®</b> and <b>Uplizna®</b><br><br><b>For PNH:</b><br>Trial and failure of <b>Empaveli®</b> and <b>Epysqli</b> | 1/1/2026               |
| J1301 | Edaravone                 | Radicava®  |                                                                                                                                                                                                                                                                                                                                                                                    | 1/1/2026               |
| J1302 | Sutimlimab-jome           | Enjaymo®   | ✓                                                                                                                                                                                                                                                                                                                                                                                  | 1/1/2026               |

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

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

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

| HPCS  | Generic Name                                                                 | Trade Name               | Step Therapy Requirement                                                               | Initial Effective Date |
|-------|------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------|------------------------|
| J1561 | Immune globulin Injection (human), 10%                                       | Gamunex-C®,<br>Gammaked™ | ✓<br>Trial and failure of <b>Gammagard®</b> and<br><b>Octagam</b>                      | 1/1/2026               |
| J1566 | Immune globulin Intravenous (human)                                          | Gammagard S/D® Less IgA  | ✓<br>Trial and failure of <b>Gammagard®</b> and<br><b>Octagam</b>                      | 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    | ✓<br>Trial and failure of <b>Gammagard®</b> and<br><b>Octagam</b>                      | 5/1/2026               |
| J1572 | Immune globulin Intravenous (human)                                          | Flebogamma® DIF          | ✓<br>Trial and failure of <b>Gammagard®</b> and<br><b>Octagam</b>                      | 1/1/2026               |
| J1575 | Immune globulin Infusion 10% (human) with<br>recombinant human hyaluronidase | Hyqvia®                  | ✓<br>Trial and failure of <b>Gammagard®</b> or<br><b>Octagam®</b> AND <b>Hizentra®</b> | 1/1/2026               |
| J1576 | Immune globulin Intravenous (human) – ifas<br>10%                            | Panzyga®                 | ✓<br>Trial and failure of <b>Gammagard®</b> and<br><b>Octagam</b>                      | 1/1/2026               |
| J1577 | Immune globulin Intravenous (human) 10%                                      | Qivigy                   | ✓<br>Trial and failure of <b>Gammagard®</b> and<br><b>Octagam</b>                      | 5/1/2026               |

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

| HCPs  | Generic Name      | Trade Name  | Step Therapy Requirement                                                                                                                                                                                                                                                       | Initial Effective Date |
|-------|-------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J1746 | Ibalizumab-uiyk   | Trogarzo®   | ✓                                                                                                                                                                                                                                                                              | 1/1/2026               |
| J1747 | Spesolimab-sbzo   | Spevigo® IV | ✓                                                                                                                                                                                                                                                                              | 1/1/2026               |
| J1747 | Spesolimab-sbzo   | Spevigo® SC | ✓                                                                                                                                                                                                                                                                              | 1/1/2026               |
| J1809 | Fosdenopterin     | Nulibry®    |                                                                                                                                                                                                                                                                                | 1/1/2026               |
| J1823 | Inebilizumab-cdon | Uplizna®    | ✓                                                                                                                                                                                                                                                                              | 1/1/2026               |
| J1931 | Laronidase        | Aldurazyme® |                                                                                                                                                                                                                                                                                | 1/1/2026               |
| J2182 | Mepolizumab       | Nucala®     | ✓                                                                                                                                                                                                                                                                              | 1/1/2026               |
| J2267 | Mirikizumab-mrkz  | Omvo™ IV    | ✓<br>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b><br>AND<br><b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b><br>These preferred drugs don't require authorization.<br><br>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan. | 1/1/2026               |
| J2323 | Natalizumab       | Tysabri     | ✓<br>Trial and failure of <b>dimethyl fumarate, glatiramer, fingolimod</b> and <b>Ocrevus</b> .                                                                                                                                                                                | 5/1/2026               |
| J2326 | Nusinersen        | Spinraza®   |                                                                                                                                                                                                                                                                                | 1/1/2026               |

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

| HPCS  | Generic Name              | Trade Name | Step Therapy Requirement                                                                                                                                                                                                                            | Initial Effective Date |
|-------|---------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J2356 | Tezepelumab-ekko          | Tezspire®  | <div>✓</div> For eosinophilic asthma: Trial and failure of <b>Fasenra® or Nucala® AND Dupixent®</b><br><br>For allergic asthma: Trial and failure of <b>Xolair®</b><br><br>For oral steroid dependent asthma: Trial and failure of <b>Dupixent®</b> | 1/1/2026               |
| J2357 | Omalizumab                | Xolair®    | ✓                                                                                                                                                                                                                                                   | 1/1/2026               |
| J2361 | Depemokimab-ulaa          | Exdensur   | ✓                                                                                                                                                                                                                                                   | 2/1/2026               |
| J2507 | Inj, pegloticase          | Krystexxa® | ✓                                                                                                                                                                                                                                                   | 1/1/2026               |
| J2508 | Pegunigalsidase alfa-iwxj | Elfabrio®  |                                                                                                                                                                                                                                                     | 1/1/2026               |
| J2777 | Facricimab-svoa           | Vabysmo®   | <div>✓</div> Trial and failure of bevacizumab ( <b>Avastin®</b> ) or a <b>bevacizumab biosimilar</b><br>Trial and failure of <b>aflibercept, ranibizumab, or Beovu®</b> is also required.                                                           | 1/1/2026               |
| J2778 | Ranibizumab injection     | Lucentis®  | <div>✓</div> Trial and failure of bevacizumab ( <b>Avastin®</b> ) or a <b>bevacizumab biosimilar</b>                                                                                                                                                | 1/1/2026               |
| J2781 | Pegcetacoplan injection   | Syfovre™   |                                                                                                                                                                                                                                                     | 1/1/2026               |
| J2782 | Avacincaptad pegol        | Izervay™   | <div>✓</div> Trial and failure of <b>Syfovre®</b>                                                                                                                                                                                                   | 1/1/2026               |
| J2786 | Reslizumab                | Cinqair®   | <div>✓</div> Trial and failure of <b>Fasenra® or Nucala® AND Dupixent®</b>                                                                                                                                                                          | 1/1/2026               |
| J2793 | Rilonacept                | Arcalyst®  | ✓                                                                                                                                                                                                                                                   | 1/1/2026               |
| J2802 | Romiplostim               | Nplate®    | ✓                                                                                                                                                                                                                                                   | 1/1/2026               |
| J2840 | Sebelipase alfa           | Kanuma®    |                                                                                                                                                                                                                                                     | 1/1/2026               |

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

| HCPs  | Generic Name | Trade Name   | Step Therapy Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Initial Effective Date |
|-------|--------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J3247 | Secukinumab  | Cosentyx® IV | <p>✓</p> <p>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b></p> <p>AND</p> <p><b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b></p> <p>These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> and <b>Cosentyx SC</b> is also required for members who have an MAPD plan.</p>                                                                                                                                                                                                                                                                   | 1/1/2026               |
| J3262 | Tocilizumab  | Actemra®     | <p>✓</p> <p>Trial and failure of <b>Tyenne</b></p> <p>AND</p> <p><b>Inflectra®</b> or <b>Avsola®</b></p> <p>AND</p> <p><b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b></p> <p>These preferred drugs don't require authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p> <p><b>For cytokine release syndrome or giant cell arteritis:</b> Infliximab, ustekinumab and adalimumab are <b>not</b> required.</p> <p><b>NOTE:</b> Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.</p> | 1/1/2026               |
| J3285 | Treprostinil | Remodulin®   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2026               |

| HPCPS | Generic Name                             | Trade Name  | Step Therapy Requirement                                                                                                                                                                                                                                        | Initial Effective Date |
|-------|------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J3304 | Triamcinolone-acetonide extended release | Zilretta®   | ✓                                                                                                                                                                                                                                                               | 1/1/2026               |
| J3358 | Ustekinumab                              | Stelara®    | ✓<br>Trial and failure of the following preferred ustekinumab drugs:<br><b>Steqeyma®, Pyzchiva® or Wezlana®</b><br>These preferred drugs don't require authorization.                                                                                           | 1/1/2026               |
| J3380 | Vedolizumab                              | Entyvio® IV | ✓<br>Trial and failure of <b>Inflectra or Avsola®</b><br>AND<br><b>Steqeyma®, Pyzchiva® or Wezlana®</b><br>These preferred drugs don't require authorization.<br><br>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan. | 1/1/2026               |
| J3385 | Velaglucerase alfa                       | VPRIV®      | ✓<br>Trial and failure of <b>Cerezyme®</b> .<br>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                 | Casgevvy™   | ✓                                                                                                                                                                                                                                                               | 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               |

| HPCPS           | Generic Name                  | Trade Name    | Step Therapy Requirement                                                                                                                                                                                                                                                       | Initial Effective Date |
|-----------------|-------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 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,<br>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               |
| J3590           | Bevacizumab-tnjn              | Avzivi®       | ✓<br>Use the following preferred bevacizumab biosimilar drugs: <b>Mvasi®</b> and <b>Zirabev®</b>                                                                                                                                                                               | 1/1/2026               |
| J3590           | Bimekizumab-bkzx              | Bimzelx®      | ✓<br>Trial and failure of <b>Inflectra®</b> or <b>Avsola®</b><br>AND<br><b>Steqeyma®, Pyzchiva®</b> or <b>Wezlana®</b><br>These preferred drugs don't require authorization.<br><br>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan. | 1/1/2026               |
| J3590           | Donislecel-jujn               | Lantidra™     |                                                                                                                                                                                                                                                                                | 1/1/2026               |

| HCPs  | Generic Name                                                             | Trade Name           | Step Therapy Requirement                                                                                                                                                                                                             | Initial Effective Date |
|-------|--------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J3590 | Eladocogene<br>exuparvovec-tneq                                          | Kebilidi™            |                                                                                                                                                                                                                                      | 1/1/2026               |
| J3590 | Egzilarginase-nbln                                                       | Loargys SC and IV    |                                                                                                                                                                                                                                      | 5/1/2026               |
| J3590 | Lunstogene parvec-cwha                                                   | Otarmeni             |                                                                                                                                                                                                                                      | 9/1/2026               |
| J3590 | Marnetegrage autotemcel                                                  | Kresladi             |                                                                                                                                                                                                                                      | 9/1/2026               |
| J3590 | Tividenofusp alfa-eknm                                                   | Avlayah              |                                                                                                                                                                                                                                      | 9/1/2026               |
| J3590 | Veligrotug-vvze                                                          | Lumvoa               | ✓                                                                                                                                                                                                                                    | 9/1/2026               |
| J3590 | Allogeneic regulatory T cell immunotherapy with<br>HSPC and T cells-vldq | Tregzi               |                                                                                                                                                                                                                                      | 9/1/2026               |
| 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<br>(Hyaluronic acid drugs)                            | GenVisc® 850         | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7321 | Sodium hyaluronate<br>(Hyaluronic acid drugs)                            | Visco-3™<br>Hyalgan® | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |

| HCPs  | Generic Name                                                             | Trade Name                | Step Therapy Requirement                                                                                                                                                                                                             | Initial Effective Date |
|-------|--------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J7322 | High Molecular Weight Viscoelastic Hyaluronan<br>(Hyaluronic acid drugs) | Hymovis®                  | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7324 | High Molecular Weight Hyaluronan<br>(Hyaluronic acid drugs)              | Orthovisc®                | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7325 | Hylan G-F 20<br>(Hyaluronic acid drugs)                                  | Synvisc®,<br>Synvisc-One® | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7326 | Sodium hyaluronate<br>(Hyaluronic acid drugs)                            | Gel-one®                  | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7327 | High Molecular Weight Hyaluronan<br>(Hyaluronic acid drugs)              | Monovisc®                 | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |

| HPCS  | Generic Name                                  | Trade Name         | Step Therapy Requirement                                                                                                                                                                                                             | Initial Effective Date |
|-------|-----------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J7329 | Sodium hyaluronate<br>(Hyaluronic acid drugs) | TriVisc®           | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7331 | Sodium hyaluronate<br>(Hyaluronic acid drugs) | Synojoynt®         | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7332 | Sodium hyaluronate<br>(Hyaluronic acid drugs) | Triluron®          | ✓<br>Trial and failure of all the following<br><b>preferred</b> hyaluronic acid drugs: <b>Durolane®</b> ,<br><b>Euflexxa®</b> , <b>Gelsyn-3®</b> , and <b>Supartz FX®</b> .<br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| J7601 | Ensifentrine, inhalation suspension           | Ohtuvayre          | ✓<br>Trial and failure of <b>Trelegy</b> and <b>roflumilast</b>                                                                                                                                                                      | 5/1/2026               |
| J7606 | Formoterol fumarate inhalation solution       | generic            | ✓<br>Trial and failure of <b>arformoterol</b>                                                                                                                                                                                        | 5/1/2026               |
| J7677 | Revefenacin, inhalation solution              | Yupelri            | ✓<br>Trial and failure of <b>Anoro</b> and <b>Stiolto</b>                                                                                                                                                                            | 5/1/2026               |
| J7686 | Treprostinil                                  | Tyvaso®            | <b>Prior authorization is required for Tyvaso®<br/>nebulizer.</b><br><b>Note:</b> Tyvaso DPI® (J3535) is a pharmacy<br>benefit drug, not a medical benefit drug.                                                                     | 1/1/2026               |
| J9022 | Atezolizumab                                  | Tecentriq®         |                                                                                                                                                                                                                                      | 1/1/2026               |
| J9024 | Atezolizumab hyaluronidase-tqjs               | Tecentriq Hybreza™ |                                                                                                                                                                                                                                      | 1/1/2026               |
| J9026 | Tarlatamab-dlle                               | Imdelltra™         |                                                                                                                                                                                                                                      | 1/1/2026               |

| HPCS  | Generic Name                       | Trade Name       | Step Therapy Requirement                                                                                                                                                                                                                   | Initial Effective Date |
|-------|------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J9028 | Ogapendekin alfa inbakicept-pmln   | Anktiva®         | ✓<br>For use in BCG-unresponsive non-muscle invasive bladder cancer, must first try and fail <b>Adstiladrin</b>                                                                                                                            | 1/1/2026               |
| J9029 | Nadofaragene firadenovec-vncg      | Adstiladrin®     | ✓                                                                                                                                                                                                                                          | 1/1/2026               |
| J9035 | Bevacizumab                        | Avastin®         | ✓<br>Use the following preferred bevacizumab biosimilar drugs: <b>Mvasi®</b> and <b>Zirabev®</b><br>These preferred drugs will not require prior authorization.<br><b>Prior authorization isn't required for use in retinal disorders.</b> | 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               |
| J9228 | Ipilimumab                         | Yervoy®          |                                                                                                                                                                                                                                            | 1/1/2026               |
| J9256 | Nipocalimab-aahu                   | Imaavy™          | ✓<br>Trial and failure of <b>Truxima</b> , <b>Ruxience®</b> or <b>Riabni®</b><br>These preferred products do not require prior authorization.                                                                                              | 1/1/2026               |
| J9271 | Pembrolizumab                      | Keytruda®        | ✓<br>For use in nasopharyngeal cancer, must first try and fail <b>Loqtorzi</b>                                                                                                                                                             | 1/1/2026               |

| HPCS  | Generic Name                     | Trade Name      | Step Therapy Requirement                                                                                                                                          | Initial Effective Date |
|-------|----------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J9289 | Nivolumab and hyaluronidase-nvhy | Opdivo Qvantig™ | ✓<br>For use in nasopharyngeal cancer, must first try and fail <b>Loqtorzi</b>                                                                                    | 1/1/2026               |
| J9299 | Nivolumab                        | Opdivo®         | ✓<br>For use in nasopharyngeal cancer, must first try and fail <b>Loqtorzi</b>                                                                                    | 1/1/2026               |
| J9304 | Pemetrexed                       | Pemfexy®        | ✓<br>Must try and fail one of the following:<br><b>Alimta or generic pemetrexed.</b><br>These preferred products do not require prior authorization.              | 1/1/2026               |
| J9311 | Rituximab-hyaluronidase human    | Rituxan Hycela® | ✓<br>Use both of the following preferred rituximab biosimilar drugs: <b>Truxima, Riabni® AND Ruxience®.</b><br>These preferred drugs don't require authorization. | 1/1/2026               |
| J9312 | Rituximab                        | Rituxan®        | ✓<br>Use both of the following preferred rituximab biosimilar drugs: <b>Truxima, Riabni® AND Ruxience®.</b><br>These preferred drugs don't require authorization. | 1/1/2026               |
| J9321 | Epcoritamab-bysp                 | Epkinly         |                                                                                                                                                                   | 1/1/2026               |
| J9332 | Efgartigimod alfa-fcab           | Vyvgart®        | ✓<br>Trial and failure of <b>Truxima, Ruxience® or Riabni®</b><br>These preferred products do not require prior authorization.                                    | 1/1/2026               |
| J9333 | Rozanolixizumab-noli             | Rystiggo®       | ✓<br>Trial and failure of <b>Truxima, Ruxience® or Riabni®</b><br>These preferred products do not require prior authorization.                                    | 1/1/2026               |

| HPCS  | Generic Name                             | Trade Name       | Step Therapy Requirement                                                                                                                                                                                                                                         | Initial Effective Date |
|-------|------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| J9334 | Efgartigimod alfa and hyaluronidase-qvfc | Vyvgart® Hytrulo | ✓<br>Trial and failure of <b>Truxima</b> , <b>Ruxience</b> ® or <b>Riabni</b> ® is required for myasthenia gravis. These preferred products do not require prior authorization.<br>For CIDP: Trial and failure of <b>Gammagard</b> or <b>Octagam</b> is required | 1/1/2026               |
| J9355 | Trastuzumab                              | Herceptin®       | ✓<br>Use both preferred trastuzumab biosimilars first: <b>Ontruzant</b> and <b>Trazimera</b> ®                                                                                                                                                                   | 1/1/2026               |
| J9361 | Efbemalenograstim alfa-vuxw              | Ryzneuta®        | ✓<br>Use the following preferred pegfilgrastim drugs first: <b>Fulphila</b> ® and <b>Neulasta</b> or <b>Neulasta OnPro</b> ®. These preferred drugs don't require prior authorization.                                                                           | 1/1/2026               |
| J9376 | Pozelimab-bbfg                           | Veopoz™          | ✓                                                                                                                                                                                                                                                                | 1/1/2026               |
| J9380 | Teclistamab-cqyv                         | Tecvayli™        |                                                                                                                                                                                                                                                                  | 1/1/2026               |
| J9381 | Teplizumab-mzwv                          | Tzield®          |                                                                                                                                                                                                                                                                  | 1/1/2026               |
| J9999 | Lifileucel                               | Amtagvi™         |                                                                                                                                                                                                                                                                  | 1/1/2026               |
| 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               |

| HPCS  | Generic Name                                                   | Trade Name           | Step Therapy Requirement                                                                                                                                                                  | Initial Effective Date |
|-------|----------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5098 | Ustekinumab-srlf                                               | Imuldosa® IV         | ✓<br>Use all the following preferred ustekinumab drugs: <b>Steqeyma</b> , <b>Pyzchiva</b> and <b>Wezlana</b><br>These preferred drugs don't require authorization.                        | 1/1/2026               |
| Q5100 | Ustekinumab-kfce                                               | Yesintek® IV         | ✓<br>Use all the following preferred ustekinumab drugs: <b>Steqeyma</b> , <b>Pyzchiva</b> and <b>Wezlana</b><br>These preferred drugs don't require authorization.                        | 1/1/2026               |
| Q5104 | Infliximab-abda                                                | Renflexis®           | ✓<br>Trial and failure of <b>Inflectra</b> and <b>Avsola</b><br>These preferred drugs don't require authorization.                                                                        | 5/1/2026               |
| Q5104 | Infliximab-abda                                                | Unbranded biosimilar | ✓<br>Trial and failure of <b>Inflectra</b> and <b>Avsola</b><br>These preferred drugs don't require authorization.                                                                        | 5/1/2026               |
| Q5111 | Pegfilgrastim-cbqv<br>(Long-Acting Colony Stimulating Factors) | Udenyca®             | ✓<br>Use the following preferred pegfilgrastim drugs first: <b>Fulphila</b> ® and <b>Neulasta</b> or <b>Neulasta OnPro</b> ®.<br>These preferred drugs don't require prior authorization. | 1/1/2026               |
| Q5111 | Pegfilgrastim-cbqv<br>(Long-Acting Colony Stimulating Factors) | Udenyca® Onbody      | ✓<br>Use the following preferred pegfilgrastim drugs first: <b>Fulphila</b> ® and <b>Neulasta</b> or <b>Neulasta OnPro</b> ®.<br>These preferred drugs don't require prior authorization. | 1/1/2026               |

| HPCS  | Generic Name                                                 | Trade Name | Step Therapy Requirement                                                                                                                                                                               | Initial Effective Date |
|-------|--------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5113 | Trastuzumab-pkrb<br>(Trastuzumab)                            | Herzuma®   | ✓<br>Use both preferred trastuzumab biosimilars<br>first: <b>Ontruzant</b> and<br><b>Trazimera</b> ®                                                                                                   | 1/1/2026               |
| Q5114 | Trastuzumab-dkst                                             | Ogivri®    | ✓<br>Use both preferred trastuzumab biosimilars<br>first: <b>Ontruzant</b> and<br><b>Trazimera</b> ®                                                                                                   | 1/1/2026               |
| Q5117 | Trastuzumab-anns                                             | Kanjinti®  | ✓<br>Use both preferred trastuzumab biosimilars<br>first: <b>Ontruzant</b> and<br><b>Trazimera</b> ®                                                                                                   | 1/1/2026               |
| Q5120 | Pegfilgrastim-bmez                                           | Ziextenzo® | ✓<br>Use the following preferred pegfilgrastim<br>drugs first: <b>Fulphila</b> ® and <b>Neulasta</b> or<br><b>Neulasta OnPro</b> ®.<br><br>These preferred drugs don't require prior<br>authorization. | 1/1/2026               |
| Q5124 | Ranibizumab-nuna                                             | Byooviz™   | ✓<br>Trial and failure of bevacizumab ( <b>Avastin</b> ®)<br>or a bevacizumab biosimilar                                                                                                               | 1/1/2026               |
| Q5125 | Filgrastim-ayow<br>(Short-Acting Colony Stimulating Factors) | Releuko®   | ✓<br>Use all the following <b>preferred</b> filgrastim<br>biosimilar drugs: <b>Nivestym</b> ® and <b>Zarxio</b> ®.<br>These preferred drugs don't require prior<br>authorization.                      | 1/1/2026               |
| Q5126 | Bevacizumab-maly                                             | Alymsys®   | ✓<br>Use the following preferred bevacizumab<br>biosimilar drugs: <b>Mvasi</b> ® and <b>Zirabev</b> ®<br>These preferred drugs will not require prior<br>authorization.                                | 1/1/2026               |

| HPCS  | Generic Name       | Trade Name | Step Therapy Requirement                                                                                                                                                                               | Initial Effective Date |
|-------|--------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5127 | Pegfilgrastim-fpgk | Stimufend® | <p>✓</p> <p>Use the following preferred pegfilgrastim drugs first: <b>Fulphila®</b> and <b>Neulasta</b> or <b>Neulasta OnPro®</b>.</p> <p>These preferred drugs don't require prior authorization.</p> | 1/1/2026               |
| Q5128 | Ranibizumab_eqrn   | Cimerli™   | <p>✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>                                                                                                         | 1/1/2026               |
| Q5129 | Bevacizumab-adcd   | Vegzelma®  | <p>✓</p> <p>Use the following preferred bevacizumab biosimilar drugs: <b>Mvasi®</b> and <b>Zirabev®</b></p> <p>These preferred drugs will not require prior authorization.</p>                         | 1/1/2026               |
| Q5130 | Pegfilgrastim-pbbk | Fylnetra®  | <p>✓</p> <p>Use the following preferred pegfilgrastim drugs first: <b>Fulphila®</b> and <b>Neulasta</b> or <b>Neulasta OnPro®</b>.</p> <p>These preferred drugs don't require prior authorization.</p> | 1/1/2026               |

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

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

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

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

| HPCS  | Generic Name     | Trade Name           | Step Therapy Requirement                                                                                                                                                                                                                                                                                                                                  | Initial Effective Date |
|-------|------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5151 | Eculizumab-aagh  | Epysqli®             | <p>✓</p> <p>For Myasthenia Gravis: Trial and failure of <b>Truxima</b>, <b>Ruxience®</b> or <b>Riabni®</b>, AND <b>Rystiggo®</b> AND <b>Vyvgart®</b> or <b>Vyvgart® Hytrulo</b> is required.</p> <p>For NMOSD: Trial and failure of <b>Enspryng®</b> and <b>Uplizna®</b></p> <p>For PNH: Trial and failure of <b>Empaveli®</b></p>                        | 1/1/2026               |
| Q5152 | Eculizumab-aeeb  | Bkemv™               | <p>✓</p> <p>For Myasthenia Gravis: Trial and failure of <b>Truxima</b>, <b>Ruxience®</b> or <b>Riabni®</b>, AND <b>Rystiggo®</b> AND <b>Vyvgart®</b> or <b>Vyvgart® Hytrulo</b> is required.</p> <p>For NMOSD: Trial and failure of <b>Enspryng®</b> and <b>Uplizna®</b></p> <p>For PNH:<br/>Trial and failure of <b>Empaveli®</b> AND <b>Epysqli</b></p> | 1/1/2026               |
| Q5153 | Aflibercept-yszy | Opuviz™              | <p>✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>                                                                                                                                                                                                                                                            | 1/1/2026               |
| Q5153 | Aflibercept-yszy | Unbranded biosimilar | <p>✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>                                                                                                                                                                                                                                                            | 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               |

| HPCS  | Generic Name     | Trade Name           | Step Therapy Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Initial Effective Date |
|-------|------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5156 | Tocilizumab-anoh | Avtozma®             | <p>✓</p> <p>Trial and failure of <b>Tyenne</b></p> <p>AND</p> <p><b>Inflectra®</b> or <b>Avsola®</b></p> <p>AND</p> <p><b>Steqeyma, Pyzchiva, or Wezlana</b></p> <p>These preferred drugs don't require prior authorization.</p> <p>Trial and failure of <b>adalimumab</b> is also required for members who have an MAPD plan.</p> <p><b>For cytokine release syndrome or giant cell arteritis:</b> Infliximab, ustekinumab and adalimumab are <b>not</b> required.</p> <p><b>NOTE: Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is not required for rheumatoid arthritis.</b></p> | 1/1/2026               |
| Q5157 | Denosumab-bmwo   | Stoboclo®            | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1/1/2026               |
| Q5157 | Denosumab-bmwo   | Unbranded biosimilar | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Stoboclo®</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1/1/2026               |
| Q5158 | Denosumab-bnht   | Conexxence®          | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Stoboclo®</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1/1/2026               |
| Q5158 | Denosumab-bnht   | Unbranded biosimilar | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Stoboclo®</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1/1/2026               |

| HPCS  | Generic Name   | Trade Name           | Step Therapy Requirement                                                                                                    | Initial Effective Date |
|-------|----------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5158 | Denosumab-bnht | Bomyntra®            | ✓<br>Use the preferred denosumab biosimilar<br><b>Osenvelt®</b><br>This preferred drug doesn't require prior authorization. | 1/1/2026               |
| Q5159 | Denosumab-dssb | Ospomyv™             | ✓<br>Use the preferred denosumab biosimilar<br><b>Stoboclo®</b>                                                             | 1/1/2026               |
| Q5159 | Denosumab-dssb | Unbranded biosimilar | ✓<br>Use the preferred denosumab biosimilar<br><b>Stoboclo®</b>                                                             | 1/1/2026               |
| Q5159 | Denosumab-dssb | Zbryk™               | ✓<br>Use the preferred denosumab biosimilar<br><b>Osenvelt®</b><br>This preferred drug doesn't require prior authorization. | 1/1/2026               |
| Q5161 | Denosumab-kyqq | Bosaya™              | ✓<br>Use the preferred denosumab biosimilar<br><b>Stoboclo®</b>                                                             | 5/1/2026               |
| Q5161 | Denosumab-kyqq | Aukelso™             | ✓<br>Use the preferred denosumab biosimilar<br><b>Osenvelt®</b><br>This preferred drug doesn't require prior authorization. | 5/1/2026               |
| Q5162 | Denosumab-nxxp | Bildyos®             | ✓<br>Use the preferred denosumab biosimilar<br><b>Stoboclo®</b>                                                             | 2/1/2026               |
| Q5162 | Denosumab-nxxp | Bilprevda®           | ✓<br>Use the preferred denosumab biosimilar<br><b>Osenvelt®</b><br>This preferred drug doesn't require authorization.       | 2/1/2026               |

| HPCS  | Generic Name     | Trade Name    | Step Therapy Requirement                                                                                                                                                         | Initial Effective Date |
|-------|------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5164 | Ustekinumab-hmny | Starjemza® IV | <p>✓</p> <p>Use all the following preferred ustekinumab drugs: <b>Steqeyma</b>, <b>Pyzchiva</b> and <b>Wezlana</b></p> <p>These preferred drugs don't require authorization.</p> | 5/1/2026               |
| Q5165 | Denosumab-mobz   | Oziltus       | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Osenvelt®</b></p> <p>This preferred drug doesn't require authorization.</p>                                                | 9/1/2026               |
| Q5166 | Denosumab-desu   | Osyvyrti      | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Stoboclo®</b></p>                                                                                                          | 9/1/2026               |
| Q5166 | Denosumab-desu   | Jubereq       | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Osenvelt®</b></p> <p>This preferred drug doesn't require authorization.</p>                                                | 9/1/2026               |
| Q5167 | Denosumab-qbde   | Enoby         | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Stoboclo®</b></p>                                                                                                          | 5/1/2026               |
| Q5167 | Denosumab-qbde   | Xtrenbo       | <p>✓</p> <p>Use the preferred denosumab biosimilar <b>Osenvelt®</b></p> <p>This preferred drug doesn't require authorization.</p>                                                | 5/1/2026               |
| Q5168 | Ranibizumab-leyk | Nufymco       | <p>✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>                                                                                   | 9/1/2026               |
| Q5170 | Aflibercept-boav | Eydenzelt     | <p>✓</p> <p>Trial and failure of bevacizumab (<b>Avastin®</b>) or a bevacizumab biosimilar</p>                                                                                   | 9/1/2026               |

| HPCS  | Generic Name     | Trade Name              | Step Therapy Requirement                                                                                                                                                             | Initial Effective Date |
|-------|------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Q5171 | Denosumab-mobz   | Boncrea                 | ✓<br>Use the preferred denosumab biosimilar<br><b>Stoboclo®</b>                                                                                                                      | 9/1/2026               |
| Q9998 | Ustekinumab-aekn | Selarsdi™ IV            | ✓<br>Trial and failure of the following preferred<br>ustekinumab drugs: <b>Steqeyma, Pyzchiva</b><br>and <b>Wezlana</b><br><br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| Q9998 | Ustekinumab-aekn | Unbranded biosimilar IV | ✓<br>Trial and failure of the following preferred<br>ustekinumab drugs: <b>Steqeyma, Pyzchiva</b><br>and <b>Wezlana</b><br><br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| Q9999 | Ustekinumab-aauz | Otulf® IV               | ✓<br>Trial and failure of the following preferred<br>ustekinumab drugs: <b>Steqeyma, Pyzchiva</b><br>and <b>Wezlana</b><br><br>These preferred drugs don't require<br>authorization. | 1/1/2026               |
| Q9999 | Ustekinumab-aauz | Unbranded biosimilar IV | ✓<br>Trial and failure of the following preferred<br>ustekinumab drugs: <b>Steqeyma, Pyzchiva</b><br>and <b>Wezlana</b><br><br>These preferred drugs don't require<br>authorization. | 1/1/2026               |

## Revision history

| Date      | Revisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8/21/2026 | <ul style="list-style-type: none"> <li>• <b>Code updates effective 7/1/2026:</b> J3405 Itvisma, Q5164 Starjemza, J1577 Qivigy, Q5167 Enoby, Q5167 Xtrenbo, J2361 Exdensur, J3386 Waskyra, J1289 Yartemlea</li> <li>• <b>Code correction:</b> Amtagvi J9999</li> <li>• <b>Authorization requirement removed effective 7/1/2026:</b> J0565 Zinplava (drug removed from market)</li> <li>• <b>Authorization requirement effective 9/1/2026:</b> Q5168 Nufymco, Q5170 Eydenzelt, Q5165 Oziltus, Q5171 Boncresa, Q5166 Osvyrti, Q5166 Jubereq, J3590 Lumvoa, J3590 Tregzi, J0598 Cinryze, J3590 Otarmeni, J3590 Avlayah, J3590 Kresladi</li> </ul>                                                                                                                                                                                            |
| 4/22/2026 | <ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 5/1/2026:</b> 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</li> <li>• <b>Step therapy requirements added for Izervay effective 5/1/2026</b></li> <li>• <b>Updates made to step therapy requirements for Vyvgart Hytrulo effective 5/1/2026</b></li> <li>• <b>Authorization requirement removed effective 5/1/2026:</b> J1412 Roctavian (withdrawn from U.S. market by manufacturer)</li> <li>• <b>Code updates effective: 4/1/2026:</b> J1553 Yimmugo, Q5162 Bildyos, Q5162 Bilprevda</li> </ul> |
| 2/27/2026 | <ul style="list-style-type: none"> <li>• <b>Correction made to J1745:</b> Infliximab Step Therapy – must use the following medications first: Inflectra <b>AND</b> Avsola</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1/26/2026 | <ul style="list-style-type: none"> <li>• <b>Authorization requirement effective 2/1/2026:</b> J3590 Exdensur, J3590 Yartemlea, J3590 Bildyos, J3590 Bilprevda, J3590 Waskyra, J3590 Itvisma</li> <li>• <b>Updates made step therapy requirements effective 2/1/2026 for:</b> Orenicia, Cosentyx IV, Tofidence, Tyenne, and Tocilizumab unbranded biosimilar</li> <li>• <b>Authorization requirement effective 1/1/2026:</b> Q5136 unbranded Jubbonti</li> <li>• <b>Authorization requirement effective 5/1/2026:</b> Q5104 unbranded Renflexis, Q5104 Renflexis</li> <li>• Added preferred eculizumab product effective 2/1/2026</li> <li>• Added preferred tocilizumab product effective 2/1/2026</li> </ul>                                                                                                                            |

|  |                                                                                                                                                                                                         |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"><li>• Updates made to highlight changes to preferred agents effective 2/1/2026</li><li>• <b>Authorization requirement removed 1/1/2026:</b> Q5112 Ontruzant</li></ul> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|