

INJECTABLE MEDICINES

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Updated: 11/01/2021

Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form
Medical	J9190	5-FU	fluorouracil	None.		
Medical	J0401	ABILIFY MAINTENA	aripiprazole i.v.	Yes, through Navitus. Restricted to (in at least consultation with) Psychiatrist specialist with authorization.	ABILIFY MAINTENA (aripiprazole)	ABILIFY MAINTENA (aripiprazole)
Medical	J9264	ABRAXANE	paclitaxel protein bound	Yes, through Navitus. Restricted to Oncologist specialist with prior authorization.	ABRAXANE (paclitaxel protein bound)	ABRAXANE (paclitaxel protein bound)
Medical OR Pharmacy	J3262	ACTEMRA	tocilizumab	Yes, through Navitus. Restricted to Rheumatology specialists with prior authorization for the indications of PJA or SJA. No specialist requirement for cytokine release syndrome.	ACTEMRA IV (tocilizumab)	ACTEMRA IV (tocilizumab)
Medical	J0800	ACTHAR GEL	repository corticotropin injection	Yes, through Navitus. Restricted to (in at least consultation with) Neurologist specialist with authorization.	ACTHAR GEL (repository corticotropin injection)	ACTHAR GEL (repository corticotropin injection)
Medical	J2997	ACTIVASE	alteplase	None.		
Medical	J0791	ADAKVEO	crizanlizumab-tmca	EFFECTIVE 11/01/2021: Yes, through Navitus. Restricted to Hematology specialist with authorization.	ADAKVEO (crizanlizumab-tmca)	ADAKVEO (crizanlizumab-tmca)
Medical	J9042	ADCETRIS	brentuximab vedotin	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ADCETRIS (brentuximab vedotin)	ADCETRIS (brentuximab vedotin)
Medical	J9000	ADRIAMYCIN	doxorubicin hydrochloride	None.		
Medical	J1931	ALDURAZYME	laronidase	Yes, through Navitus.	ALDURAZYME (laronidase)	ALDURAZYME (laronidase)
Medical	J9305	ALIMTA	pemetrexed	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ALIMTA (pemetrexed)	ALIMTA (pemetrexed)
Medical	J2469	ALOXI	palonosetron	None.		
Medical	J3490	AMONDYS	casimersen	EFFECTIVE 11/01/2021: None. Not Covered.	AMONDYS (casimersen)	
Medical	J7169	ANDEXXA	andexant alfa	None. Please see attached policy for criteria.	ANDEXXA (andexant alfa)	
Medical	J0583	ANGIOMAX	bivalirudin	None.		
Medical	J7175, J7178, J7179, J7180, J7181, J7188, J7189, J7198, J7212	Antihemophilia Factor and Clotting Factors (Coagadex, RiaSTAP, Vonvendi, Corifact, Tretten, Obizur, Novoseven RT, Feiba NF, Sevenfact)	(coagulation factor x (human), fibrinogen concentrate (human), von Willebrand Factor (recombinant), factor XIII concentrate (human), coagulation factor XIII A-subunit (recombinant), antihemophilic factor (porcine), coagulation factor VIIa (recombinant), antiinhibitor coagulant complex, Coagulation factor VIIa (recombinant)-jncw)	Yes, through Dean Health Plan Utilization Management Department. Restricted to Hematology specialist with authorization.	Antihemophilia Factors and Clotting Factors	Utilization Management Authorization Form
Medical	J7182, J7183, J7185, J7186, J7187, J7190, J7192, J7204, J7205, J7207, J7208, J7209, J7210, J7211	Antihemophilic Factor VIII (Novoeight, Wilate, Xyntha, Alphanate, Humate-P, Hemofil M, Koate-DVI, Advate, Kogenate FS, Recombinate, Esperoct, Afstyla, Elocate, Adynovate, Jivi, Nuwiq, Kovaltry)	(antihemophilic factor (recombinant), von Willebrand factor/coagulation factor VIII complex (human), antihemophilic factor (recombinant), antihemophilic factor/von Willebrand factor complex (human), antihemophilic factor (human), antihemophilic factor (human), antihemophilic factor (recombinant), antihemophilic factor (recombinant), antihemophilic factor (recombinant) glycol-pegylated, antihemophilic factor (recombinant) single chain, antihemophilic factor (recombinant), antihemophilic factor (recombinant) pegylated, antihemophilic factor (recombinant) human, antihemophilic factor (recombinant))	Yes, through Dean Health Plan Utilization Management Department. Restricted to Hematology specialist with authorization.	Antihemophilic Factor VIII	Utilization Management Authorization Form
Medical	J7193, J7194, J7195, J7200, J7201, J7202, J7203	Antihemophilic Factor IX (Alphanine SD, Mononine, Profiline, Benefix, Ixinity, Ribubis, Alprolix, Idelvion, Rebinyn)	(coagulation Factor IX, coagulation Factor IX, factor IX complex, coagulation factor IX (recombinant), coagulation factor IX (recombinant), coagulation factor IX (recombinant), coagulation factor IX (recombinant), fc fusion protein, coagulation factor IX (recombinant), human, coagulation factor IX (recombinant), glycopegylated)	Yes, through Dean Health Plan Utilization Management Department. Restricted to Hematology specialist with authorization.	Antihemophilic Factor IX	Utilization Management Authorization Form
Medical	J0256	ARALAST NP	alpha-1-proteinase inhibitor (human)	Yes, through Navitus. Restricted to Pulmonology specialist with authorization.	Alpha 1-Antitrypsin Inhibitor	Coming Soon!
Medical	J0881, J0882	ARANESP	darbepoetin alpha	Yes, through Navitus. Restricted to (in at least consultation with) Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	ARANESP (darbepoetin alpha)	ARANESP (darbepoetin alpha)
Medical	J2430	AREZIA	pamidronate disodium /30 mg	None.		
Medical	J9302	ARZERRA	ofatumumab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ARZERRA (ofatumumab)	ARZERRA (ofatumumab)
Medical	C9072	Asceniv -non-preferred	immune globulin (Human)	Yes, through Navitus requiring a failed trial or contraindication of all other immune globulin products.	Asceniv (immune globulin) (Human)	Coming Soon!
Medical	J9118	ASPARLAS	calaspargase pegol	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ASPARLAS (calaspargase pegol)	Coming Soon!

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Medical	J7644	ATROVENT	ipratropium bromide	None.		
Medical	J9035	AVASTIN - non-preferred	bevacizumab	MVASI and ZIRABEV will be the preferred bevacizumab products. No prior authorization required. Please see attached policy for criteria.	AVASTIN (bevacizumab)	
Medical	Q5121	AVSOLA - non-preferred	infliximab-axxq	Yes, through Navitus after failed trial of RENFLEXIS. Restricted to Dermatology, Rheumatology, or Gastroenterology specialists with authorization.	AVSOLA (infliximab-axxq)	AVSOLA (infliximab-axxq)
Medical	J9023	BAVENCIO	avelumab	Yes, through Navitus. Restricted to (in at least consultation with) Oncologist specialist with authorization.	BAVENCIO (avelumab)	BAVENCIO (avelumab)
Medical	J9030	BCG, TICE, THERACYS	bcg live intravesical vac	None.		
Medical	J9032	BELEODAQ	belinostat	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BELEODAQ (belinostat)	BELEODAQ (belinostat)
Medical	J9036	BELRAPZO	bendamustine	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BELRAPZO (bendamustine)	BELRAPZO (bendamustine)
Medical	J9034	BENDEKA	bendamustine	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BENDEKA (bendamustine)	BENDEKA (bendamustine)
Medical OR Pharmacy	J0490	BENLYSTA	belimumab	Yes, through Navitus. Restricted to (in at least consultation with) Rheumatology, Dermatology, or Nephrology specialists with authorization.	BENLYSTA (belimumab)	BENLYSTA (belimumab)
Medical	J0179	BEOVU	brolocizumab-dbil	None. Please see attached policy for criteria.	BEOVU (brolocizumab-dbil)	
Medical	J9229	BESPONSA	inotuzumab ozogamicin	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BESPONSA (inotuzumab ozogamicin)	BESPONSA (inotuzumab ozogamicin)
Medical	J1556	BIVIGAM, IMMUNE GLOBULIN	immune globulin (bivigam)	Yes, through Navitus.	BIVIGAM (Immune Globulin)	BIVIGAM (Immune Globulin)
Medical	J9040	BLENOXANE	bleomycin sulfate	None.		
Medical	J9037	BLNREP	belantamab mafodotin-bimf	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BLNREP (belantamab mafodotin-bimf)	BLNREP (belantamab mafodotin-bimf)
Medical	J9039	BLINCYTO	blinatumomab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	BLINCYTO (blinatumomab)	BLINCYTO (blinatumomab)
Medical	J0585	BOTOX	onabotulinumtoxin	Yes, through Navitus.	BOTOX (onabotulinumtoxin)	BOTOX (onabotulinumtoxin)
Medical	J9206	CAMPTOSAR	irinotecan, 20mg	None.		
Medical	J1786	CEREZYME	imiglucerase	Yes, through Navitus. Restricted to (in at least consultation with) Medical Geneticist or other prescriber specialized in the treatment of Gaucher DX with authorization.	CEREZYME (imiglucerase) (Intravenous)	CEREZYME (imiglucerase) (Intravenous)
Medical	J2786	CINQAIR	reslizumab	Yes, through Navitus. Restricted to Pulmonology, Allergy, and Immunology specialists with authorization.	CINQAIR (reslizumab)	CINQAIR (reslizumab)
Medical	J9060	CISPLATIN	cisplatin	None.		
Medical	J0834	CORTROSYN	cosyntropin (cortrosyn)	None.		
Medical	J1448	COSELA	trilaciclib	EFFECTIVE 11/01/2021: Yes, through Navitus. Restricted to (in at least consultation with) an Oncology or Hematologist specialist with authorization.	COSELA (trilaciclib)	Coming Soon!
Medical	J9120	COSMEGEN	dactinomycin	Yes, through Navitus. Restricted to (in at least consultation with) an Oncology specialist with authorization.	COSMEGEN (dactinomycin)	COSMEGEN (dactinomycin)
Medical	J0584	CRYSVITA	burosomab	Yes, through Navitus. Restricted to Endocrinologist or Specialist experienced in treatment of Metabolic Bone Disorders with authorization.	CRYSVITA (burosomab)	CRYSVITA (burosomab)
Medical	J0878	CUBICIN	daptomycin injection	None.		
Medical	J1555	CUVITRU, IMMUNE GLOBULIN	immune globulin (cuvitru)	Yes, through Navitus.	CUVITRU (immune globulin)	CUVITRU (immune globulin)
Medical	J9308	CYRAMZA	ramucirumab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	CYRAMZA (ramucirumab)	CYRAMZA (ramucirumab)
Medical	J9100	CYTARABINE	cytarabine	None.		
Medical	J9070	CYTOXAN	cyclophosphamide	None.		
Medical	J0894	DACOGEN	decitabine injection	None.		

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Medical	J9348	DANYELZA	naxitamab	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	DANYELZA (naxitamab)	Coming Soon!
Medical	J9145	DARZALEX	daratumumab	Yes, through Navitus. Restricted to (in at least consultation) an Oncology or hematologist specialist with authorization.	DARZALEX (daratumumab)	DARZALEX (daratumumab)
Medical	J9144, C9062	DARZALEX FASPRO	daratumumab and hyaluronidase-fihj	Yes, through Navitus. Restricted to (in at least consultation) an Oncology or hematologist specialist with authorization.	DARZALEX FASPRO (daratumumab/hyaluronidase)	DARZALEX FASPRO (daratumumab/hyaluronidase)
Medical	J2597	DDAVP	desmopressin acetate	None.		
Medical	J1050	DEPO-PROVERA	medroxyprogesterone acetate, for contraceptive use 150mg	None.		
Medical	J1100	dexamethasone		None.		
Medical	J1110	DHE	dihydroergotamine	None.		
Medical	Q2050	DOXIL	doxorubicin hcl liposome	None.		
Medical	J9130	DTIC	dacarbazine	None.		
Medical	J7318	DUROLANE - non-preferred	sodium hyaluronate	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of DUROLANE requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports medicine, or Pain Medicine specialist with authorization.	DUROLANE (sodium hyaluronate)	DUROLANE (sodium hyaluronate)
Medical	J0586	DYSPORT	abobotulinumtoxinA	Yes, through Navitus.	DYSPORT (abotulinumtoxinA)	DYSPORT (abotulinumtoxinA)
Medical	J1743	ELAPRASE	idursulfase (Intravenous)	Yes, through Navitus. Restricted to (in at least consultation with) Medical Geneticist or other prescriber specialized in the treatment of Mucopolysaccharidosis II with authorization.	ELAPRASE (idursulfase) (Intravenous)	ELAPRASE (idursulfase) (Intravenous)
Medical	J3060	ELELYSO	taliglucerase alfa (Intravenous)	Yes, through Navitus. Restricted to (in at least consultation with) Medical Geneticist or other prescriber specialized in the treatment of Gaucher 1 DX with authorization.	ELELYSO (taliglucerase alfa) (Intravenous)	ELELYSO (taliglucerase alfa) (Intravenous)
Medical	J9263	ELOXATIN	oxaliplatin	None.		
Medical	J9020	ELSPAR	asparaginase injection	None.		
Medical	J9269	ELZONRIS	tagraxofusp-erzs	Yes, through Navitus. Restricted to (in at least consultation with) Oncology or Hematology specialists with authorization.	ELZONRIS (tagraxofusp-erzs)	ELZONRIS (tagraxofusp-erzs)
Medical	J1453	EMEND	fosaprepitant	None.		
Medical	J9176	EMPLICITI	elotuzumab	Yes, through Navitus. Restricted to (in at least consultation with) Oncology specialist with authorization.	EMPLICITI (elotuzumab)	EMPLICITI (elotuzumab)
Medical	J9358	ENHERTU	fam-trastuzumab deruxtecan-nxki	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ENHERTU (fam-trastuzumab deruxtecan-nxki)	ENHERTU (fam-trastuzumab deruxtecan-nxki)
Medical	J3380	ENTYVIO	vedolizumab	Yes, through Navitus. Restricted to (in at least consultation with) Gastroenterology specialists with authorization.	ENTYVIO (vedolizumab)	ENTYVIO (vedolizumab)
Medical	J9055	ERBITUX	cetuximab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ERBITUX (cetuximab)	ERBITUX (cetuximab)
Medical	J9019	ERWINAZE	asparaginase erwinia chrysanthemi	Yes, through Navitus. Restricted to (in at least consultation with) Oncology or Hematology specialist with authorization.	ERWINAZE (asparaginase erwinia chrysanthemi)	ERWINAZE (asparaginase erwinia chrysanthemi)
Medical	J9181	ETOPOSIDE	etoposide	None.		
Medical	J7323	EUFLEXXA - non-preferred	sodium hyaluronate, 1%	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of EUFLEXXA requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	EUFLEXXA (sodium hyaluronate, 1%)	EUFLEXXA (sodium hyaluronate, 1%)
Medical	J3111	EVENITY	romosozumab-aqqg	Yes, through Navitus. Restricted to (in at least consultation with) Endocrinology or Rheumatology specialists with authorization.	EVENITY (romosozumab-aqqg)	EVENITY (romosozumab)
Medical	J1305	EVKEEZA	evinacumab	EFFECTIVE 11/01/2021: Yes, through Navitus. Restricted to (in at least consultation with) an Cardiologist, Lipidologist, or Endocrinologist specialist with authorization.	EVKEEZA (evinacumab)	Coming Soon!
Medical	J1428	EXONDYS 51	etepirsen	None. Not Covered.	EXONDYS 51 (etepirsen)	

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Medical	J0178	EYLEA	afibercept	None. Please see attached policy for criteria.	EYLEA (afibercept)	
Medical	J0180	FABRYZYME	agalsidase	Yes, through Navitus. Restricted to (in at least consultation with) Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	FABRYZYME (agalsidase)	FABRYZYME (agalsidase)
Medical	J0517	FASENRA	benralizumab	Yes, through Navitus. Restricted to Pulmonology, Allergy, or Immunology specialists with authorization.	FASENRA (benralizumab)	FASENRA (benralizumab)
Medical	J9395	FASLODEX	fulvestrant	None.		
Medical	J1951	FENSOLVI - non-preferred	leuprolide acetate	Yes, through Navitus requiring a failed trial or contraindication of all other leuprolide products. Restricted to (in at least consultation with) Oncology, Urology, OBGYN, Internal Medicine, Family Medicine, or Pediatrics with authorization.	FENSOLVI (leuprolide acetate)	Coming Soon!
Medical	J3010	FENTANYL	fentanyl citrate	None.		
Medical	Q0138	FERAHEME	ferumoxytol	None.		
Medical	J2916	FERRLECIT	sodium ferric gluconate	None.		
Medical	J1572	FLEBOGAMMA, IMMUNE GLOBULIN, IVIG	flebogamma	Yes, through Navitus.	FLEBOGAMMA (Immune Globulin)	FLEBOGAMMA (Immune Globulin)
Medical	J1325	FLOLAN	epoprostenol sodium	Yes, through Navitus. Restricted to (in at least consultation with) Cardiology or Pulmonology specialist with authorization.	FLOLAN (epoprostenol sodium)	FLOLAN (epoprostenol sodium)
Medical	J9185	FLUDARA	fludarabine phosphate	None.		
Medical	J9307	FOLOTYN	pralatrexate	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	FOLOTYN (pralatrexate)	FOLOTYN (pralatrexate)
Medical	Q5108	FULPHILA - preferred	pegfilgrastim-jmbd	PREFERRED PEGFILGRASTIM PRODUCT. No prior authorization required. Restricted to (in at least consultation with) Oncology or Hematology specialists.	FULPHILA (pegfilgrastim-jmbd)	
Medical	J0641	FUSILEV	levoleucovorin	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	FUSILEV (levoleucovorin)	FUSILEV (levoleucovorin)
Medical	J1569	GAMMAGARD, IVIG, IMMUNE GLOBULIN	immune globulin, (gammagard liquid)	Yes, through Navitus.	GAMMAGARD (Immune Globulin)	GAMMAGARD (Immune Globulin)
Medical	J1557	GAMMAPLEX, IVIG, IMMUNE GLOBULIN	immune globulin (gammplex liquid)	Yes, through Navitus.	GAMMAPLEX (Immune Globulin)	GAMMAPLEX (Immune Globulin)
Medical	J1561	GAMUNEX, IVIG, IMMUNE GLOBULIN	gamunex injection	Yes, through Navitus.	GAMUNEX (Immune Globulin)	GAMUNEX (Immune Globulin)
Medical	J9301	GAZYVA	obinutuzumab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	GAZYVA (obinutuzumab)	GAZYVA (obinutuzumab)
Medical	J7326	GEL-ONE - non-preferred	hyaluronate sodium	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of GEL-ONE requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	GEL-ONE (hyaluronate sodium)	GEL-ONE (hyaluronate sodium)
Medical	J7328	GELSYN-3 - non-preferred	hyaluronate sodium	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of GELSYN-3 requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	GELSYN-3 (hyaluronate sodium)	GELSYN-3 (hyaluronate sodium)
Medical	J9201	GEMZAR	gemcitabine hcl	None. Cover generic only.		
Medical	J7320	GENVISC 850 - non-preferred	hyaluronan or derivative	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of GENVISC 850 requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	GENVISC 850 (hyaluronan or derivative)	GENVISC 850 (hyaluronan or derivative)
Medical	J0223	GIVLAARI	givosiran	Yes, through Navitus. Restricted to (in at least consultation with) a Hematologist or specialist with expertise in diagnosis and management of AHP with authorization.	GIVLAARI (givosiran)	GIVLAARI (givosiran)
Medical	J0257	GLASSIA	alpha-1-proteinase inhibitor (human)	Yes through Navitus. Restricted to Pulmonology specialist with authorization.	Alpha 1-Antitrypsin Inhibitor	Coming Soon!
Medical	J9179	HALAVEN	eribulin mesylate	Yes through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	HALAVEN (eribulin mesylate)	HALAVEN (eribulin mesylate)

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Medical	J1630	HALDOL	haloperidol	None.		
Medical	J1270	HECTOROL	doxercalciferol	None.		
Pharmacy	J7170	HEMLIBRA	emicizumab-kxwh	PHARMACY BENEFIT ONLY. Yes, through Navitus. Refer to members pharmacy benefit formulary for coverage.		HEMLIBRA (emicizumab)
Medical	J9355	HERCEPTIN - non-preferred	trastuzumab injection	Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Coverage of HERCEPTIN requires failed trials of all preferred alternatives. Prior authorization is required through Navitus and is restricted to Oncology or Hematology specialists.	HERCEPTIN (trastuzumab)	HERCEPTIN (trastuzumab)
Medical	Q5113	HERZUMA - preferred	trastuzumab-pkrb	Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Prior authorization is required through Navitus and is restricted to Oncology or Hematology specialists.	HERZUMA (trastuzumab-pkrb)	HERZUMA (trastuzumab-pkrb)
Medical	J1559	HIZENTRA, IMMUNE GLOBULIN	immune globulin (hizentra)	Yes, through Navitus.	HIZENTRA (Immune Globulin)	HIZENTRA (Immune Globulin)
Medical	J7321	HYALGAN - preferred	hyaluronate or derivative	HYALGAN, SYNVISIC, SYNVISIC ONE, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred products.	HYALGAN (hyaluronate or derivative)	
Medical	J9351	HYCAMTIN	topotecan	IV dosage form does not require PA Oral dosage form requires PA - Restricted to Oncologists with authorization through Navitus.		HYCAMTIN (topotecan)
Medical	J1170	HYDROMORPHONE	hydromorphone hcl	None.		
Medical	J7322	HYMOVIS - preferred	hyaluronan	HYALGAN, SYNVISIC, SYNVISIC ONE, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred products.	HYMOVIS (hyaluronan)	
Medical	J1575	HYQVIA, IMMUNE GLOBULIN	immune globulin (hyqvia)	Yes, through Navitus.	HYQVIA (Immune Globulin)	HYQVIA (Immune Globulin)
Medical	J9208	IFOSFAMIDE	ifosfamide	None.		
Medical	J9173	IMFINZI	durvalumab	Yes, through Navitus. Restricted to (at least in consultation with) an Oncologist specialist with authorization.	IMFINZI (durvalumab)	IMFINZI (durvalumab)
Medical	J3030	IMITREX	sumatriptan succinate	None.		
Medical	J1790	INAPSINE	droperidol	None.		
Medical	Q5103	INFLECTRA - non-preferred	infliximab-dyyb	Yes, through Navitus after failed trial of RENFLEXIS. Restricted to Dermatology, Rheumatology, or Gastroenterology specialists with authorization.	INFLECTRA (infliximab-dyyb)	INFLECTRA (infliximab-dyyb)
Medical	J1439	INJECTAFER	ferric carbomaltose	None.		
Medical	J9214	INTRON-A	interferon alfa-2b inj	None.		
Medical	J1335	INVANZ	ertapenem injection	None.		
Medical	J2426	INVEGA SUSTENNA	paliperidone palmitate extended release inj	None.		
Medical	J1750	IRON	iron dextran	None.		
Medical	J1756	IRON	iron sucrose, 1 mg	None.		
Medical	J9318, J9319	ISOTODAX	romidepsin	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ISOTODAX (romidepsin)	Coming Soon!
Medical	J1566	IVIG, IMMUNE GLOBULIN	immune globulin, powder	Yes, through Navitus.	IVIG (Immune Globulin) (powder)	IVIG (Immune Globulin) (powder)
Medical	J1599	IVIG, IMMUNE GLOBULIN	immune globulin, liquid	Yes, through Navitus.	IVIG (Immune Globulin) (liquid)	IVIG (Immune Globulin) (liquid)
Medical	Q5109	IXIFI - non-preferred	infliximab-qbtx	Yes, through Navitus after failed trial of RENFLEXIS. Restricted to Dermatology, Rheumatology, or Gastroenterology specialists with authorization.	IXIFI (infliximab-qbtx)	IXIFI (infliximab-qbtx)
Medical	J9999, C9082	JEMPERLI	dostarlimab	EFFECTIVE 11/01/2021: Yes, through Navitus. Restricted to (in at least consultation with) an Oncology or OB/GYN specialist with authorization.	JEMPERLI (dostarlimab)	JEMPERLI (dostarlimab)
Medical	J9043	JEVTANA	cabazitaxel	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	JEVTANA (cabazitaxel)	Coming Soon!
Medical	J9354	KADCYLA	ado-trastuzumab emtansine	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	KADCYLA (ado-trastuzumab emtansine)	KADCYLA (ado-trastuzumab emtansine)

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form
Medical	Q5117	KANJINTI - non-preferred	trastuzumab-anns	Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Coverage of KANJINTI requires failed trials of all preferred alternatives. Prior authorization is required through Navitus and is restricted to Oncology or Hematology specialists.	KANJINTI (trastuzumab-anns)	KANJINTI (trastuzumab-anns)
Medical	J3301	KENALOG	triamcinolone acet inj	None.		
Medical	J3303	KENALOG, ARISTACORT	triamcinolone	None.		
Medical	J9271	KEYTRUDA	pembrolizumab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncology specialist with authorization.	KEYTRUDA (pembrolizumab)	KEYTRUDA (pembrolizumab)
Medical	J2805	KINEVAC	sincalide injection	None.		
Medical	J2507	KRYSTEXXA	pegloticase	Yes, through Navitus. Restricted to (in at least consultation with) a Rheumatologist or Nephrologist specialist with authorization.	KRYSTEXXA (pegloticase)	KRYSTEXXA (pegloticase)
Medical	J0591	KYBELLA	deoxycholic acid	Not covered.		
Medical	J9047	KYPROLIS	carfilzomib	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	KYPROLIS (carfilzomib)	KYPROLIS (carfilzomib)
Medical	J1626	KYTRIL	granisetron	None.		
Medical	Q2042	KYMRIAH	tisagenlecleucel	Yes, through Navitus. Restricted to (at least in consultation with) an Oncologist specialist with authorization.	KYMRIAH (tisagenlecleucel)	KYMRIAH (tisagenlecleucel)
Medical	J9285	LARTRUVO	olaratumab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	LARTRUVO (olaratumab)	Coming Soon!
Medical	J0202	LEMTRADA	alemtuzumab	Yes, through Navitus. Restricted to Neurology Specialist with authorization. With authorization, only 2 infusion cycles (lifetime) will be covered.	LEMTRADA (alemtuzumab)	LEMTRADA (alemtuzumab)
Medical	J0640	LEUCOVORIN	leucovorin calcium	None.		
Medical	J9065	LEUSTATIN	cladribine	None.		
Medical	J7308	LEVULAN	aminolevulinic acid	None.		
Medical	J9119	LIBTAYO	cemiplimab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	LIBTAYO (cemiplimab)	LIBTAYO (cemiplimab)
Medical	J2060	LORAZEPAM	lorazepam 2mg	None.		
Medical	J2778	LUCENTIS	ranibizumab	None.		
Medical	J0221	LUMIZYME	alglucosidase alfa (Intravenous)	Yes, through Navitus. Restricted to (in at least consultation with) Medical Geneticist or other prescriber specialized in the treatment of Pompe DX with authorization.	LUMIZYME (alglucosidase alfa) (Intravenous)	LUMIZYME (alglucosidase alfa) (Intravenous)
Medical	J9313	LUMOXITI	moxetumomab pasudotox	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	LUMOXITI (moxetumomab pasudotox)	LUMOXITI (moxetumomab pasudotox)
Medical	J9217	LUPRON-ELIGARD	leuprolide	None. Please see attached policy for criteria.	LUPRON-ELIGARD (leuprolide)	
Medical	J1950	LUPRON DEPOT	leuprolide acetate depot	None. Please see attached policy for criteria	LUPRON DEPOT (leuprolide)	
Medical	A9513	LUTATHERA	lutetium Lu 177 dotatate	Yes, through Navitus. Restricted to (in at least consultation with) Oncology Specialists with authorization.	LUTATHERA (lutetium Lu 177 dotatate)	LUTATHERA (lutetium Lu 177 dotatate)
Medical	J1726	MAKENA	hydroxyprogesterone caproate	Not Covered. *Brand name is not covered, separate J Code for generic is covered*		
Medical	J9353	MARGENZA	margetuximab	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	MARGENZA (margetuximab)	Coming Soon!
Medical	J0692	MAXIPIME	cefepime hydrochloride	None.		
Medical	J1030	MEDROL	methylprednisolone acetate 40 mg	None.		
Medical	J3397	MEPSEVII	vestronidase alfa-vibk (intravenous)	Yes, through Navitus. Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of mucopolysaccharidosis VII with authorization.	MEPSEVII (vestronidase alfa-vibk) (intravenous)	MEPSEVII (vestronidase alfa-vibk) (intravenous)
Medical	J2185	MERREM	meropenem	None.		
Medical	J9209	MESNEX	mesna	None.		

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Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form
Medical	J9250	METHOTREXATE	methotrexate	None.		
Medical	J1040	Methylprednisolone	methylprednisolone	None.		
Medical	J0887	MIRCERA	epoetin beta	None.		
Medical	J7298	MIRENA IMPLANT	levonorgestrel iu contraception	None.		
Medical	J9349	MONJUVI	tafasitamab-cxix	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	MONJUVI (tafasitamab-cxix)	MONJUVI (tafasitamab-cxix)
Medical	J7327	MONOVISC - non-preferred	hyaluronan or derivative	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of MONOVISC requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	MONOVISC (hyaluronan or derivative)	MONOVISC (hyaluronan or derivative)
Medical	J2270	MORPHINE SULFATE	morphine sulfate	None.		
Medical	J9280	MUTAMYCIN, MITOSOL	mitomycin	None.		
Medical	Q5107	MVASI - preferred	bevacizumab-awwb	MVASI and ZIRABEV will be the preferred bevacizumab products. No prior authorization required. Please see attached policy for criteria.	MVASI (bevacizumab-awwb)	
Medical	J9203	MYLOTARG	gemtuzumab ozogamicin	None.		
Medical	J0587	MYOBLOC	rimabotulinumtoxinB	Yes, through Navitus.	MYOBLOC (rimabotulinumtoxinB)	MYOBLOC (rimabotulinumtoxinB)
Medical	J7352	MYOZYME	alglucosidase alfa (Intravenous)	Yes, through Navitus. Restricted to (in at least consultation with) Medical Geneticist or other prescriber specialized in the treatment of Pompe DX with authorization.	MYOZYME (alglucosidase alfa) (Intravenous)	MYOZYME (alglucosidase alfa) (Intravenous)
Medical	J1729	N/A	hydroxyprogesterone caproate	None.		
Medical	J3490	N/A	Levothyroxine Injection (Intravenous)	Yes, through Navitus. Restricted to (in at least consultation with) a Medical physician with authorization.	Levothyroxine injection (Intravenous)	Coming Soon!
Medical	J1458	NAGLAZYME	galsulfate (Intravenous)	Yes, through Navitus. Restricted to (in at least consultation with) Medical Geneticist or other prescriber specialized in the treatment of mucopolysaccharidosis VI with authorization.	NAGLAZYME (galsulfate) (Intravenous)	NAGLAZYME (galsulfate) (Intravenous)
Medical	J2310	NARCAN	naloxone	None.		
Medical	J9390	NAVELBINE	vinorelbine tartrate	None.		
Medical OR Pharmacy	J2505	NEULASTA - non-preferred	pegfilgrastim	FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of Neulasta Yes, through Navitus. Restricted to (in at least consultation with) Oncology or Hematology specialists with authorization.	NEULASTA (pegfilgrastim)	NEULASTA (pegfilgrastim)
Medical OR Pharmacy	J2506	NEULASTA - non-preferred	pegfilgrastim	EFFECTIVE 01/01/2022: FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of Neulasta Yes, through Navitus. Restricted to (in at least consultation with) Oncology or Hematology specialists with authorization.	NEULASTA (pegfilgrastim)	Coming Soon!
Medical	J7307	NEXPLANON	etonogestrel implant system	None.		
Medical	J2300	NUBAIN	nalbuphine	None.		
Medical	J2182	NUCALA	mepolizumab	Yes, through Navitus. Eosinophilic asthma: Restricted to Pulmonology, Allergy, and Immunology specialists with authorization. Eosinophilic granulomatosis with polyangitis (EGPA): Restricted to Pulmonology, Immunology, Allergy, and Rheumatology specialists with authorization.	NUCALA (mepolizumab)	NUCALA (mepolizumab)
Medical	J0485	NULOJIX	belatacept	Yes, through Navitus. Restricted to (in at least consultation with) a renal transplant or immunosuppressive therapy specialist with authorization.	NULOJIX (belatacept)	NULOJIX (belatacept)
Medical	Q5122	NYVEPRIA - non-preferred	pegfilgrastim-apgf	FULPHILA AND ZIEXTENZO WILL BE PREFERRED. Must have a failed trial of ZIEXTENZO AND FULPHILA before coverage of NYVEPRIA. Yes, through Navitus. Restricted to (in at least consultation with) Oncology or Hematology specialists with authorization.	NYVEPRIA (pegfilgrastim-apgf)	NYVEPRIA (pegfilgrastim-apgf)
Medical	J2350	OCREVUS	ocrelizumab	Yes, through Navitus. Restricted to Neurology specialists with authorization.	OCREVUS (ocrelizumab)	OCREVUS (ocrelizumab)

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Medical	J1568	OCTAGAM, IVIG, IMMUNE GLOBULIN	immune globulin (octagam liquid)	Yes, through Navitus.	OCTAGAM (Immune Globulin)	OCTAGAM (Immune Globulin)
Medical	Q5114	OGIVRI - non-preferred	trastuzumab-dkst	Herzuma, trazimera, phesgo will be the preferred trastuzumab products. Coverage of Ogivri requires failed trials of all preferred alternatives. Prior authorization is required through Navitus and is restricted to Oncology or Hematology specialists.	OGIVRI (trastuzumab-dkst)	OGIVRI (trastuzumab-dkst)
Medical	J9266	ONCASPASPAR	pegaspargase	Yes, through Navitus. Restricted to (in at least consultation with) an Oncology or Hematology specialist with authorization.	ONCASPASPAR (pegaspargase)	ONCASPASPAR (pegaspargase)
Medical	J9266	ONCASPASPAR	pegaspargase	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ONCASPASPAR (pegaspargase)	Coming Soon!
Medical	J0222	ONPATTRO	patisiran	Yes, through Navitus. Restricted to (in at least consultation with) Oncology, Hematology or Neurology specialists with authorization.	ONPATTRO (patisiran)	ONPATTRO (patisiran)
Medical	Q5112	ONTRUZANT - non-preferred	trastuzumab-dttb	Herzuma, Trazimera, Phesgo will be the preferred trastuzumab products. Coverage of ONTRUZANT requires failed trials of all preferred alternatives. Prior authorization is required through Navitus and is restricted to Oncology or Hematology specialists.	ONTRUZANT (trastuzumab-dttb)	ONTRUZANT (trastuzumab-dttb)
Medical	J9299	OPDIVO	nivolumab	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology or Hematologist specialist with authorization.	OPDIVO (nivolumab)	OPDIVO (nivolumab)
Medical OR Pharmacy	I0129	ORENCIA	abatacept	Yes, through Navitus. Restricted to Rheumatology Specialist with authorization.	ORENCIA (abatacept)	ORENCIA (abatacept)
Pharmacy	J3490	ORGOVYX	relugolix	Yes through Navitus. Restricted to (in at least consultation with) an Oncologist or Urologist specialist with authorization.	ORGOVYX (relugolix)	Coming Soon!
Medical	J7324	ORTHOVISC - non-preferred	hyaluronan or derivative	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of ORTHOVISC requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	ORTHOVISC (hyaluronan or derivative)	ORTHOVISC (hyaluronan or derivative)
Medical	J3490, C9074	OXLUMO	lumasiran	EFFECTIVE 11/01/2021: Yes, through Navitus. Yes, through Navitus. Restricted to (in at least consultation with) a Nephrologist or Urologist specialist with authorization.	OXLUMO (lumasiran)	Coming Soon!
Medical	J7312	OZURDEX	dexamethason, intra implant	None.		
Medical	J9177	PADCEV	enfortumab vedotin-ejfv	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialists with authorization.	PADCEV (enfortumab vedotin-ejfv)	PADCEV (enfortumab vedotin-ejfv)
Medical	J9045	PARAPLATIN	carboplatin	None.		
Medical	J9247	PEPAXTO	melphalan	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	PEPAXTO (melphalan)	Coming Soon!
Medical	J9306	PERJETA	pertuzumab	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology or Hematology specialists with authorization.	PERJETA (pertuzumab)	PERJETA (pertuzumab)
Medical	C9399, J9316	PHESGO - preferred	pertuzumab-trastuzumab-hyaluronidase	Herzuma, trazimera, phesgo will be the preferred trastuzumab products. Prior authorization is required through Navitus and is restricted to Oncology or Hematology specialists.	PHESGO (pertuzumab) PHESGO (trastuzumab)	PHESGO (pertuzumab) PHESGO (trastuzumab)
Medical	J2787	PHOTREXA VISCOUS	riboflavin 5-phosphate ophthalmic	None.		
Medical	J9309	POLIVY	polatuzumab vedotin-piiq	Yes, through Navitus. Restricted to (in at least consultation with) oncologist specialist with authorization.	POLIVY (polatuzumab vedotin-piiq)	POLIVY (polatuzumab vedotin-piiq)
Medical	J9295	PORTRAZZA	necitumumab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	PORTRAZZA (necitumumab)	PORTRAZZA (necitumumab)
Medical	J1459	PRIVIGEN, IVIG, IMMUNE GLOBULIN	privigen	Yes, through Navitus.	PRIVIGEN (Immune Globulin)	PRIVIGEN (Immune Globulin)
Medical	J0885, Q4081	PROCRIT, EPOGEN - non-preferred	epoetin alfa, (for non-esrd use)	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	EPOGEN, PROCRIT (epoetin alfa)	EPOGEN, PROCRIT (epoetin alfa)
Medical	J9015	PROLEUKIN	aldesleukin	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	PROLEUKIN (aldesleukin)	PROLEUKIN (aldesleukin)
Medical	J0897	PROLIA, XGEVA	denosumab	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology, Rheumatology, Internal Medicine, Family Medicine, Orthopedic Surgery, or Endocrinology specialists with authorization.	PROLIA, XGEVA (denosumab)	PROLIA, XGEVA (denosumab)
Medical	J1301	RADICAVA	edaravone	Yes, through Navitus. Restricted to Neurology Specialists with authorization.	RADICAVA (edaravone)	RADICAVA (edaravone)

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Medical	J0896	REBLOZYL	luspatercept-aamt	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	REBLOZYL (luspatercept-aamt)	REBLOZYL (luspatercept-aamt)
Medical	J3489	RECLAST	zoledronic acid	None.		
Medical	J1745	REMICADE - non-preferred	infliximab	Yes, through Navitus after failed trial of RENFLEXIS. Restricted to Dermatology, Rheumatology, or Gastroenterology specialists with authorization.	REMICADE (infliximab)	REMICADE (infliximab)
Medical	J3285	REMODULIN IV	treprostinil	Yes, through Navitus. Restricted to (in at least consultation with) a Cardiology or Pulmonology specialists with authorization.	REMODULIN (treprostinil)	REMODULIN IV (treprostinil)
Medical	J3285	REMODULIN IV	treprostinil	EFFECTIVE 04/01/2022: Generic Treprostinil will be covered with prior Authorization. Brand REMODULIN will not be covered. Restricted to (in at least consultation with) a Cardiology or Pulmonology specialists with authorization.	REMODULIN (treprostinil)	Coming Soon!
Medical	Q5104	RENFLEXIS - preferred infliximab product	infliximab-abda	Yes, through Navitus. Restricted to Dermatology, Rheumatology, or Gastroenterology specialists with authorization.	RENFLEXIS (infliximab-abda)	RENFLEXIS (infliximab-abda)
Medical	Q5105, Q5106	RETACRIT - preferred	epoetin alfa-epbx	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology, Infectious Disease, Hematology, or Nephrology specialist with authorization.	RETACRIT (epoetin alfa-epbx)	RETACRIT (epoetin alfa-epbx)
Medical	Q5123	RIABNI - non-preferred	rituximab-arrx	TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through Navitus. RIABNI will be covered after a failed trial of TRUXIMA AND RUXIENCE. Restricted to a Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialist with authorization.	RIABNI (rituximab-arrx)	RIABNI (rituximab-arrx)
Medical	J2794	RISPERDAL CONSTA	risperidone, long acting	None.		
Medical	J9312	RITUXAN - non-preferred	rituximab	TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through Navitus. RITUXAN will be covered after a failed trial of TRUXIMA AND RUXIENCE. Restricted to a Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialist with authorization.	RITUXAN (rituximab)	RITUXAN (rituximab)
Medical	J9311	RITUXAN HYCELA	rituximab and hyaluronidase human	TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through Navitus. Restricted to Oncology specialists with authorization.	RITUXAN HYCELA (rituximab/hyaluronidase)	RITUXAN HYCELA (rituximab/hyaluronidase)
Medical	J0636	ROCALTROL, CALCIJEX	calcitriol per 0.1 mcg	None.		
Medical	J0696	ROCEPHIN	ceftriaxone	None.		
Medical	Q5119	RUXIENCE - preferred	rituximab-pvvr	TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through Navitus. Restricted to Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialists.	RUXIENCE (rituximab-pvvr)	RUXIENCE (rituximab-pvvr)
Medical	J2353, J2354	SANDOSTATIN	octreotide	Yes, through Navitus. Restricted to (in at least consultation with) a Endocrinologist or Oncologist specialist with authorization.	SANDOSTATIN (octreotide)	SANDOSTATIN (octreotide)
Medical	J9227	SARCLISA	isatuximab-irfc	Yes, through Navitus. Restricted to Oncologist specialist with authorization.	SARCLISA (isatuximab-irfc)	SARCLISA (isatuximab)
Medical	J7352	SCENESSE	afamelanotide	Yes, through Navitus. Restricted to (in at least consultation with) a Dermatologist, Medical Geneticist, or a Physician specializing in the treatment of cutaneous porphyrias with authorization.	SCENESSE (afamelanotide)	SCENESSE (afamelanotide)
Medical or Pharmacy	90750	SHINGRIX	zoster vaccine	Yes, through Navitus for members under the age of 50.	SHINGRIX (zoster vaccine)	SHINGRIX (zoster vaccine)
Medical OR Pharmacy	J1602	SIMPONI ARIA	golimumab	EFFECTIVE 11/01/2021: Yes, through Navitus. Restricted to (in at least consultation with) a Rheumatology specialist (Rheumatoid Arthritis, Peripheral Ankylosing Spondylitis, or Psoriatic Arthritis) with authorization.	SIMPONI ARIA (golimumab)	Coming Soon!
Medical	J7402	SINUVA	mometasone furoate	Yes, through Navitus. Restricted to ENT specialist with authorization.	SINUVA (mometasone furoate)	SINUVA (mometasone furoate)
Medical	J1300	SOLIRIS	eculizumab	Yes, through Navitus. Restricted to Neurologist or Neuro-Ophthalmologist, Nephrology, Hematology, Oncology, or Transplant specialist with authorization.	SOLIRIS (eculizumab)	SOLIRIS (eculizumab)
Medical	J2930	SOLU-MEDROL	methylprednisolone succinate sodium	None.		
Medical	J2326	SPINRAZA	nusinersen	Yes, through Navitus. Restricted to (in at least consultation with) an Neurology specialists with expertise in SMA treatment with authorization.	SPINRAZA (nusinersen)	SPINRAZA (nusinersen)
Medical	G2082, G2083	SPRAVATO	esketamine	Yes, through Navitus. Restricted to (in at least consultation with) a Psychiatrist or Psychiatric Nurse Practitioner with authorization.	SPRAVATO (esketamine)	SPRAVATO (esketamine)

INJECTABLE MEDICINES

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Updated: 11/01/2021

Benefit	J Code	Brand Names	Generic names	Prior Authorization or Restrictions	Policy	Prior Authorization Form
Medical OR Pharmacy	J3358	STELARA	ustekinumab	Yes, through Navitus. Restricted to Gastroenterology specialists with authorization.	STELARA IV (ustekinumab)	STELARA IV (ustekinumab)
Medical	Q9991, Q9992	SUBLOCADE	buprenorphine extended release injection	None.		
Medical	J7321	SUPARTZ FX - non-preferred	hyaluronan or derivative	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of SUPARTZ FX requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	SUPARTZ FX (hyaluronan or derivative)	SUPARTZ FX (hyaluronan or derivative)
Medical	90378	SYNAGIS	palivizumab	Yes, through Navitus. Restricted to NICU Physician, Neonatologist, or Pediatric specialist (including family practice, general pediatrics, pediatric pulmonology, and pediatric cardiology) with authorization.	SYNAGIS (palivizumab)	SYNAGIS (palivizumab)
Medical	J9262	SYNRIBO	omacetaxine	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	SYNRIBO (omacetaxine)	SYNRIBO (omacetaxine)
Medical	J7325	SYNVISC - preferred	hyaluronan or derivative	SYNVISC ONE, HYALGAN, SYNVISC, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred products.	SYNVISC (hyaluronan or derivative)	
Medical	J7325	SYNVISC ONE - preferred	hyaluronan or derivative	SYNVISC ONE, HYALGAN, SYNVISC, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred products.	SYNVISC ONE (hyaluronan or derivative)	
Medical	J9267	TAXOL	paclitaxel	None. *Paclitaxel Protein Bound does require PA*		
Medical	J9171	TAXOTERE	doxetaxel	None. Cover generic only.		
Medical	Q2053	TECARTUS	brexucabtagene autoleucl	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	TECARTUS (brexucabtagene autoleucl)	TECARTUS (brexucabtagene autoleucl)
Medical	J9022	TECENTRIQ	atezolizumab	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	TECENTRIQ (atezolizumab)	TECENTRIQ (atezolizumab)
Medical	J3241	TEPEZZA	teprotumumab-trbw	Yes, through Navitus. Restricted to (in at least consultation with) a Ophthalmologist and Endocrinologist specialist with authorization.	TEPEZZA (teprotumumab-trbw)	TEPEZZA (teprotumumab)
Medical	J1071	TESTOSTERONE	testosterone cypionate	None.		
Medical	J3240	THYROGEN	thyrotropin alpha	None.		
Medical	J1885	TORADOL	ketorolac tromethamine	None.		
Medical	Q5116	TRAZIMERA - preferred	trastuzumab-qyyp	Yes, through Navitus. Restricted to Oncology specialists with authorization.	TRAZIMERA (trastuzumab-qyyp)	TRAZIMERA (trastuzumab-qyyp)
Medical	J9033	TREANDA	bendamustine	Yes, through Navitus. Restricted to (in at least consultation with) a Oncology or Hematology specialist with authorization.	TREANDA (Bendamustine)	TREANDA (Bendamustine)
Medical	J7332	TRILURON - preferred	sodium hyaluronate	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred products. No Prior Authorization needed for preferred product	TRILURON (sodium hyaluronate)	
Medical	J7329	TRIVISC - non-preferred	hyaluronan or derivative	HYALGAN, SYNVISC, SYNVISC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of TRIVISC requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	TRIVISC (hyaluronan or derivative)	TRIVISC (hyaluronan or derivative)
Medical	J9317	TRODELVY	sacituzumab govitecan	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	TRODELVY (sacituzumab govitecan)	TRODELVY (sacituzumab govitecan)
Medical	J1746	TROGARZO	ibalizumab	Yes, through Navitus. Restricted to (in at least consultation with) an Infectious Disease specialist with authorization.	TROGARZO (ibalizumab)	TROGARZO (ibalizumab)
Medical	Q5115	TRUXIMA - preferred	rituximab-abbs	TRUXIMA and RUXIENCE will be the preferred rituximab products. Yes, through Navitus. Restricted to a Rheumatology, Transplant, Hematology, Neurology, Dermatology, ENT, Nephrology, or Oncology specialist with authorization.	TRUXIMA (rituximab-abbs)	TRUXIMA (rituximab-abbs)
Medical	J2323	TYSABRI	natalizumab injection	Yes, through Navitus. Restricted to Neurology or Gastroenterology specialists with authorization.	TYSABRI (natalizumab)	TYSABRI (natalizumab)
Medical	Q5111	UDENYCA - non-preferred	pegfilgrastim-cbqv	FULPHILA and ZIEXTENZO will be the preferred pegfilgrastim products. Coverage of UDENYCA requires a failed trial of FULPHILA and ZIEXTENZO. Restricted to (in at least consultation with) a Hematologist or Oncologist specialist with authorization.	UDENYCA (pegfilgrastim-cbqv)	UDENYCA (pegfilgrastim-cbqv)
Medical	J1303	ULTOMIRIS	ravulizumab	Yes, through Navitus. Restricted to (in at least consultation with) a Hematology, Oncology, or Immunology specialist with authorization.	ULTOMIRIS (ravulizumab)	ULTOMIRIS (ravulizumab)

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Medical	J9999	UNITUXIN	dinutuximab	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	UNITUXIN (dinutuximab)	Coming Soon!
Medical	J9357	VALSTAR	valrubicin injection	None.		
Medical	J3370	VANCOCCIN	vancomycin	None.		
Medical	J9303	VECTIBIX	panitumumab	Yes, through Navitus. Restricted to Oncologist specialists with authorization.	VECTIBIX (panitumumab)	VECTIBIX (panitumumab)
Medical	J9041	VELCADE	bortezomib	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	VELCADE (bortezomib)	VELCADE (bortezomib)
Medical	J2250	VERSED	midazolam hydrochloride	None.		
Medical	J9025	VIDAZA	azacitidine	None.		
Medical	J1427	VILTEPSO	viltolarsen	None. Not Covered.	VILTEPSO (viltolarsen)	
Medical	J1322	VIMIZIM	elosulfase (Intravenous)	Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Mucopolysaccharidosis IVA with authorization.	VIMIZIM (elosulfase) (Intravenous)	VIMIZIM (elosulfase) (Intravenous)
Medical	J9360	VINBLASTINE	vinblastine sulfate	None.		
Medical	J9370	VINCRIStINE, ONCOVIN	vincristine sulfate	None.		
Medical	J7321	VISCO-3 - non-preferred	hyaluronan or derivative	HYALGAN, SYNVISIC, SYNVISIC ONE, HYMOVIS, and TRILURON will be the preferred product. Coverage of VISCO-3 requires a failed trial of a preferred product. Prior authorization is required through Navitus and is restricted to a Rheumatology, Orthopedic, Sports Medicine, or Pain Medicine specialist with authorization.	VISCO-3 (hyaluronan or derivative)	VISCO-3 (hyaluronan or derivative)
Medical	J3396	VISUDYNE	verteporfin	Yes, through Navitus. Restricted to (in at least consultation with) an Ophthalmologist specialist with authorization.	VISUDYNE (verteporfin)	VISUDYNE (verteporfin)
Medical	J3420	VITAMIN B12	vitamin b12 cyanocobalamin up to 1000mcg	None.		
Medical OR Pharmacy	J2315	VIVITROL	naltrexone	None.		
Medical	J3385	VPRIV	velaglucerase alfa (Intravenous)	Restricted to (in at least consultation with) a Medical Geneticist or other prescriber specialized in the treatment of Gaucher DX with authorization.	VPRIV (velaglucerase alfa) (Intravenous)	VPRIV (velaglucerase alfa) (Intravenous)
Medical	J3032	VYEPTI	eptinezumab-jjmr	Yes, through Navitus. Restricted to (in at least consultation with) an Neurologist with authorization.	VYEPTI (eptinezumab-jjmr)	Coming Soon!
Medical	J1429	VYONDYS 53	golodirsen	None. Not Covered.	VYONDYS 53 (golodirsen)	
Medical	J9153	VYXEOS	daunorubicin/cytarabine liposomal	None.		
Medical	J1558	XEMBIFY	immune globulin	Yes, through Navitus.	XEMBIFY (Immune Globulin)	XEMBIFY (Immune Globulin)
Medical	J0588	XEOMIN	incobotulinumtoxinA	Yes, through Navitus.	XEOMIN (incobotulinumtoxinA)	XEOMIN (incobotulinumtoxinA)
Medical	J0775	XIAFLEX	collagenase, clostridium histolyticum	None.		
Medical	J2357	XOLAIR	omalizumab, 5mg	Yes, through Navitus. Restricted to Allergy, Pulmonology, Immunology or Dermatology specialists with authorization.	XOLAIR (omalizumab)	XOLAIR (omalizumab)
Medical	J2001	XYLOCAINE	lidocaine infusions	Not covered.		
Medical	J9228	YERVOY	ipilimumab	Yes, through Navitus. Restricted to (at least in consultation with) a Oncology or Dermatology specialists with authorization.	YERVOY (ipilimumab)	YERVOY (ipilimumab)
Medical	Q2041	YESCARTA	axicabtagene ciloleuce	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	YESCARTA (axicabtagene ciloleuce)	YESCARTA (axicabtagene ciloleuce)
Medical	J9400	ZALTRAP	ziv-aflibercept	Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ZALTRAP (ziv-aflibercept)	ZALTRAP (ziv-aflibercept)
Medical	J0256	ZEMAIRA/PROLASTIN-C	alpha-1-proteinase inhibitor (human)	Yes through Navitus. Restricted to Pulmonology specialist with authorization.	ZEMAIRA/PROLASTIN-C (alpha-1-proteinase inhibitor)	ZEMAIRA/PROLASTIN-C (alpha-1-proteinase inhibitor)
Medical	J2501	ZEMPLAR	paricalcitol	None.		
Medical	J9223	ZEPZELCA	lurbinectedin	Yes, through Navitus. Restricted to (in at least in consultation with) an Oncologist specialist with authorization.	ZEPZELCA (lurbinectedin)	ZEPZELCA (lurbinectedin)

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Medical	Q5120	ZIEXTENZO - preferred	pegfilgrastim-bmez	PREFERRED PEGFILGRASTIM PRODUCT. No prior authorization required. Restricted to (in at least consultation with) a Oncology or Hematology specialists.	ZIEXTENZO (pegfilgrastim-bmez)	
Medical	J3304	ZILRETTA	triamcinolone acetonide extended release	None.		
Medical	J0565	ZINPLAVA	bezlotoxumab	Yes, through Navitus. Restricted to Infectious Disease or Gastroenterology specialists with authorization.	ZINPLAVA (bezlotoxumab)	ZINPLAVA (bezlotoxumab)
Medical	Q5118	ZIRABEV - preferred	bevacizumab-bvzr	MVASI and ZIRABEV will be the preferred bevacizumab products. No prior authorization required. Please see attached policy for criteria.	ZIRABEV (bevacizumab-bvzr)	
Medical	J2405	ZOFRAN	ondansetron	None.		
Medical	J9202	ZOLADEX	goserelin acetate implant	None.		
Medical	J3399	ZOLGENSMA	onasemnogene abeparvovic-xioi	Yes, through Navitus. Restricted to (in at least consultation with) a Neurologist with expertise in the diagnosis of Spinal Muscular Atrophy (SMA) with authorization.	ZOLGENSMA (onasemnogene abeparvovic-xioi)	ZOLGENSMA (onasemnogene abeparvovic-xioi)
Medical	J3489	ZOMETA	zoledronic acid, 1 mg	None.		
Medical	J2543	ZOSYN	piperacillin sodium/tazobactam sodium inj, 1 gram	None.		
Medical	J1632	ZULRESSO	brexanolone	Yes, through Navitus. Restricted to (in at least consultation with) a Psychiatrist or an Obstetrician-Gynecologist specialist with authorization.	ZULRESSO (brexanolone)	ZULRESSO (brexanolone)
Medical	J9999	ZYNLONTA	loncastuximab tesirine	EFFECTIVE 01/01/2022: Yes, through Navitus. Restricted to (in at least consultation with) an Oncologist specialist with authorization.	ZYNLONTA (loncastuximab tesirine)	Coming Soon!
Notes:						
		These drugs are all medical injectable drugs, and are not listed on the Prevea360 Health Plan drug formulary. The on-line formulary only lists drugs covered by the pharmacy benefit.	There are claim specific edits for many of these drugs. The edits limit the uses of these drugs to approved indications and dosages. In addition, Prevea360 Health Plan has payment restrictions consistent with Prevea360 Health Plan Medical or Drug Policies.		All new FDA approved drugs are excluded from coverage until P&T committee reviews or a maximum timeframe of 1 year from approval has happened.	
		J3590 and J3490 are miscellaneous codes used for drugs that do not have a J code assigned by the FDA. New drugs may take between 12-18 months to get a J code assigned	Any drug submitted under either J3590 or J3490 with a cost of \$750 or greater will be reviewed post-claim by Prevea360 Health Plan.		It is recommended that any use of the miscellaneous codes be pre-approved ahead of time through Prevea360 Health Plan Utilization Management, especially for off-label uses from FDA indications.	
						Exception to Coverage Form