



DRUGS REQUIRING PRIOR AUTHORIZATION IN THE MEDICAL BENEFIT

Any drug that has been recently FDA approved and is considered a new drug to the market requires PA. If you are unsure if the drug is a new drug to the market and/or do not see the drug listed below as requiring prior approval, please call VT Blue Rx at 800-313-7879. Specific groups or policies may have special benefits or other coverage, call 800-924-3494 to verify benefits

Effective Date: 05/01/2026

Trade Name	Generic Name	Route of Administration	HCPCS Procedure Code	HCPCS Procedure Code Description	Preferred Product Information
ABECMA	idecabtagene vicleucel	IV	Q2055	Idcabtagene vicleucel, up to 510 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
ABRILADA	adalimumab-afzb	Subcut	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Simlandi
ACTEMRA	tocilizumab	IV/Subcut	J3262	Injection, tocilizumab, 1 mg	Tyenne
ACTHAR	corticotropin	IM/Subcut	J0801	Injection, corticotropin (acthar gel), up to 40 units	
ACTIMMUNE	interferon gamma-1b	Subcut	J9216	Injection, interferon, gamma 1-b, 3 million units	
ADAKVEO	crizanlizumab	IV	J0791	Injection, crizanlizumab-tmca, 5 mg	
ADALIMUMAB-ADBIM	adalimumab-adbm	Subcut	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Simlandi
ADBRY	tralokinumab-ldrm	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ADCETRIS	brentuximab	IV	J9042	Injection, brentuximab vedotin, 1 mg	
ADSTILADRIN	nadofaragene firadenovec-vncg	IS	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	
ADZYNMA	adamts13 recombinant-krhn	IV	J7171	Injection, adamts13, recombinant-krhn, 10 iu	
AIMOVIQ	erenumab-aooe	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
AJOVY	fremanezumab-vfrm	Subcut	J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	
ALDURAZYME	laronidase	IV	J1931	Injection, laronidase, 0.1 mg	
ALHEMO	concizumab-mtci	Subcut	J7173	Injection, concizumab-mtci, 0.5 mg	
ALIQOPA	copanlisib	IV	J9057	Injection, copanlisib, 1 mg	
ALYGLO	immune globulin (human)-stwk	IV	J1552	Injection, immune globulin (alyglo), 500 mg	
ALYMSYS	bevacizumab-maly	IV	Q5126	Injection, bevacizumab-maly, biosimilar, (alymSYS), 10 mg	Mvasi OR Zirabev
AMJEVITA	adalimumab-atto	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	Simlandi
AMONDYS 45	casimersen	IV	J1426	Injection, casimersen, 10 mg	
AMTAGVI	lifileucel	IV	C9399/J9999	Not otherwise classified, antineoplastic drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
AMVUTTRA	vutrisiran	IV	J0225	Injection, vutrisiran, 1 mg	
ANDEMBRY	garadacimab-gxii	Subcut	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ANKTIVA	nogapendekin alfa inbak-pmln	IS	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	
APOKYN	apomorphine	Subcut	J0364	Injection, apomorphine HCl, 1 mg	
APRETUDE	cabotegravir	IM	J0739	Injection, cabotegravir, 1 mg fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	
ARALAST NP	alpha-1 proteinase inhibitor	IV	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	
ARANESP	darbepoetin alfa	IV/Subcut	J0881 or	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) or	
ARANESP	darbepoetin alfa	IV/Subcut	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	
ARCALYST	rilonacept	Subcut	J2793	Injection, rilonacept, 1 mg	
ARZERRA	ofatumumab	IV	J9302	Injection, ofatumumab, 10 mg	
ASCENIV	immune globulin	IV	J1554	Injection, immune globulin (asceniv), 500 mg	
AUCATZYL	obecabtagene autoleucel	IV	Q2058	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
AUKELSO	denosumab-kvqq	Subcut	Q5161	Injection, denosumab-kvqq (aukelso/bosaya), biosimilar, 1 mg	Bildyos OR Bilprevida
AURLUMYN	iloprost	IV	J1749	Injection, iloprost, 0.1 mcg	
AVASTIN	bevacizumab	IV	J9035	Injection, bevacizumab, 10 mg	Mvasi OR Zirabev
AVGEMSI	Gemcitabine	IV	J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	
AVONEX	interferon beta-1a	IM	Q3027 or	Injection, interferon beta-1a, 1 mcg for intramuscular use or	
AVONEX	interferon beta-1a	IM	J1826	Injection, interferon beta-1a, 30 mcg	
AVTOZMA	tocilizumab-anoh	IV	Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Tyenne
AZHANTIVE	aflibercept-mrbb	IJ	Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	
BAVENCIO	avelumab	IV	J9023	Injection, avelumab, 10 mg	
BEIZRAY	docetaxel	IV	J9174	Injection, docetaxel (beizray), 1 mg	
BELEODAQ	belinostat	IV	J9032	Injection, belinostat, 10 mg	
BELRAPZO	bendamustine	IV	J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	
BENDAMUSTINE	bendamustine	IV	J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	
BENDAMUSTINE	bendamustine	IV	J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	
BENDEKA	bendamustine	IV	J9034	Injection, bendamustine HCl (Bendeka), 1 mg	
BENLYSTA	belimumab	IV/Subcut	J0490	Injection, belimumab, 10 mg	
BEOVU	brolucizumab-dbll	Intravitreal	J0179	Injection, brolucizumab-dbll, 1 mg	
BEQVEZ	fidanacogene elaparovec-dzkt	IV	J1414	Injection, fidanacogene elaparovec-dzkt, per therapeutic dose	
BERINERT	c1 esterase	IV	J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	
BESPONSA	inotuzumab ozogamicin	IV	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	
BESREMI	ropeginterferon alfa-2b-njft	Subcut	J9999/C9399	Not otherwise classified, antineoplastic drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
BETASERON	interferon beta-1b	Subcut	J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	



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Trade Name	Generic Name	Route of Administration	HCPCS Procedure Code	HCPCS Procedure Code Description	Preferred Product Information
BILDYOS	denosumab-nxxp	Subcut	Q5162	Injection, denosumab-nxxp (bilydos/bilprevda), biosimilar, 1 mg	
BILPREVDA	denosumab-nxxp	Subcut	Q5162	Injection, denosumab-nxxp (bilydos/bilprevda), biosimilar, 1 mg	
BIMZELX	bimekizumab-bkzx	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
BIVIGAM	immune globulin	IV	J1556	Injection, immune globulin (Bivigam), 500 mg	
BIZENGR	zenocutuzumab-zbco	IV	J9382	Injection, zenocutuzumab-zbco, 1 mg	
BKEMV	eculizumab-aeab	IJ	Q5152	Injection, eculizumab-aeab (bkemv), biosimilar, 2 mg	Epysqli
BLNREP	belantamab mafodotin-blmf	IV	C9399/J9999	Not otherwise classified, antineoplastic drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
BLINCYTO	blinatumomab	IV	J9039	Injection, blinatumomab, 1 mcg	
BOMYNTRA	denosumab-bnht	Subcut	Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	Bilydos OR Bilprevda
BONSITY	teriparatide	Subcut	C9399/J3490	Injection, teriparatide, 10 mcg	
BORTEZOMIB (generic)	bortezomib	IV	J9041	Injection, bortezomib, 0.1 mg	
BORTEZOMIB (generic)	bortezomib	IV	J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	
BORTEZOMIB (generic)	bortezomib	IV	J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	
BORTEZOMIB (generic)	bortezomib	IV	J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	
BORTEZOMIB (generic)	bortezomib	IV	J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	
BORUZU	bortezomib	IJ	J9054	Injection, bortezomib (boruzu), 0.1 mg	
BOSAYA	denosumab-kvqq	Subcut	Q5161	Injection, denosumab-kvqq (aukelso/bosaya), biosimilar, 1 mg	Bilydos OR Bilprevda
BOTOX	onabotulinumtoxinA	Various	J0585	Injection, onabotulinumtoxinA, 1 unit	
BOTOX COSMETIC	onabotulinumtoxinA	IM	J0585	Injection, onabotulinumtoxinA, 1 unit	
BREYANZI	lisocabtagene maraleucel	IV	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
BRINEURA	cerliponase	Intraventricular	J0567	Injection, cerliponase alfa, 1 mg	
BRIUMVI	ublituximab-xiyy	IV	J2329	Injection, ublituximab-xiyy, 1 mg	
BYNFEZIA	octreotide acetate	Subcut	J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	
BYOOVIZ	ranibizumab-nuna	Intravitreal	Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	
CABAZITAXEL	cabazitaxel	IV	J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	
CABENUVA	cabotegravir-rilpivirine	IM	J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	
CABLIVI	caplacizumab-yhdp	IV/Subcut	C9047	Injection, caplacizumab-yhdp, 1 mg	
CAMCEVI	leuprolide	Subcut	J1952	Leuprolide injectable, camcevi, 1 mg	
CAMCEVI ETM	leuprolide	Subcut	J9003	Leuprolide injectable (camcevi etm), 1 mg	
CARVYKTI	ciltacabtagene autoleucel	IV	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	
CASGEVY	exagamglogene autotemcel	IV	J3392	Injection, exagamglogene autotemcel, per treatment	
CAYSTON	aztreonam	IN	J7699	NOC drugs, inhalation solution administered through DME	
CEREZYME	imiglucerase	IV	J1786	Injection, imiglucerase, 10 units	
CIMERLI	ranibizumab-eqrn	Intravitreal	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	
CIMZIA	certolizumab	Subcut	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	
CINQAIR	reslizumab	IV	J2786	Injection, reslizumab, 1 mg	Nucala OR Fasentra
CINRYZE	c1 esterase	IV	J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	
COLUMVI	glofitamab-gxbm	IV	J9286	Injection, glofitamab-gxbm, 2.5 mg	
CONEXENCE	denosumab-bnht	Subcut	Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	Bilydos OR Bilprevda
COPAXONE	glatiramer	Subcut	J1595	Injection, glatiramer acetate, 20 mg	
COSELA	trilaciclib	IV	J1448	Injection, trilaciclib, 1 mg	
COSENTYX	secukinumab	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	TWO of the following: Cimzia, Enbrel, Simlandi, Simponi, Yesintek, Tremfya, Skyrizi, Rinvoq/LQ, or Xeljanz/XR
COSENTYX	secukinumab	IV	J3247	Injection, secukinumab, intravenous, 1 mg	
CRYSVITA	burosumab-twza	Subcut	J0584	Injection, burosumab-twza 1 mg	
CUTAQUIG	immune globulin	Subcut	J1551	Injection, immune globulin (cutaquig), 100 mg	
CUVITRU	immune globulin	Subcut	J1555	Injection, immune globulin (Cuvitru), 100 mg	
CYLTEZO	adalimumab-adbm	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	Simlandi
CYRAMZA	ramucirumab	IV	J9308	Injection, ramucirumab, 5 mg	
CYTOGAM	cytomegalovirus immune globulin	IV	J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	
DANYELZA	naxitamab-gqgk	IV	J9348	Injection, naxitamab-gqgk, 1 mg	



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DARZALEX	daratumumab	IV	J9145	Injection, daratumumab, 10 mg	
DARZALEX FASPRO	daratumumab-hyaluronidase-fihj	Subcut	J9144	Injection, daratumumab 10 mg and hyaluronidase-fihj	
DATROWAY	datopotamab deruxtecan-dlnk	IV	C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	
DAWNZERA	donidalorsen	Subcut	C9399/J3490	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
DAXXIFY	daxibotulinumtoxina-lanm	IM	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Botox OR Xeomin
DUPIXENT	dupilumab	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
DUROLANE	sodium hyaluronate	Intra-articular	J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	Euflexxa OR Gel One
DYSPORT	abobotulinumtoxinA	IM	J0586	Injection, abobotulinumtoxinA, 5 units	Botox OR Xeomin
EBGLYSS	lebrikizumab-lbkz	Subcut	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
EGRIFTA	tesamorelin	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
EGRIFTA SV	tesamorelin	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ELAHERE	mirvetuximab soravtansine-gynx	IV	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	
ELAPRASE	idursulfase	IV	J1743	Injection, idursulfase, 1 mg	
ELELYSO	taliglucerase	IV	J3060	Injection, taliglucerase alfa, 10 units	
ELEVIDYS	delandistrogene moxeparvovec-rokl	IV	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	
ELFABRIO	pegunigalsidase alfa-iwxj	IV	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	
ELIGARD	leuprolide	Subcut	J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Fensolvi OR Triptodur OR Supprelin
ELREXFIO	elranatamab-bcmm	Subcut	J1323	Injection, elranatamab-bcmm, 1 mg	
ELZONRIS	tagraxofusp-erzs	IV	J9269	Injection, tagraxofusp-erzs, 10 mcg	
EMGALITY	galcanezumab-gnlm	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
EMPAVELI	pegcetacoplan	Subcut Infusion	J3490/C9399	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
EMPLICITI	elotuzumab	IV	J9176	Injection, elotuzumab, 1 mg	
EMRELIS	telisotuzumab vedotin-tilv	IV	J9326	Injection, telisotuzumab vedotin-tilv, 1 mg	
ENBREL	etanercept	Subcut	J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	
ENCELTO	revakinagene tarorectel-lwey	Intravitreal	J3403	Revakinagene tarorectel-lwey, per implant	
ENHERTU	fam-trastuzumab deruxtecan-nxki	IV	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	
ENJAYMO	sutimlimab-jome	IV	J1302	Inj, sutimlimab-jome, 10 mg	
ENOBY	denosumab-qbde	Subcut	C9399/J3590	Unclassified biologics /Unclassified drugs or biologics (Hospital Outpatient Use ONLY)	Bildyos OR Bilprevda
ENSPRYNG	satralizumab-mwge	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ENTYVIO	vedolizumab	IV	J3380	Injection, vedolizumab, 1 mg	
ENTYVIO	vedolizumab	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ENZEEVU	aflibercept-abzv	IJ	Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	
EPKINLY	epcoritamab-bysp	IV	J9321	Injection, epcoritamab-bysp, 0.16 mg	
EPOGEN	epoetin alfa	IV/Subcut	J0885 or	Injection, epoetin alfa, (for non-ESRD use), 1000 units or	Aranesp, Procrit OR Retacrit
EPOGEN	epoetin alfa	IV/Subcut	Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	
EPOPROSTENOL (generic)	epoprostenol	IV	J1325	Injection, epoprostenol, 0.5 mg	
EPYSQLI	eculizumab-aagh	IJ	Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	
ERBITUX	cetuximab	IV	J9055	Injection, cetuximab, 10 mg	
EUFLEXXA	sodium hyaluronate	Intra-articular	J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	
EVENITY	romosozumab-aqqg	Subcut	J3111	Injection, romosozumab-aqqg, 1 mg	
EVKEEZA	evinacumab-dgnb	IV	J1305	Injection, evinacumab-dgnb, 5 mg	
EXDENSUR	depemokimab-ulaa	Subcut	C9399/J3590	Not otherwise classified, antineoplastic drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
EXONDYS 51	eteplirsen	IV	J1428	Injection, eteplirsen, 10 mg	
EXTAVIA	interferon beta-1b	Subcut	J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	
EYLEA	aflibercept	Intravitreal	J0178	Injection, aflibercept, 1 mg	
EYLEA HD	aflibercept hd	Injection	J0177	Injection, aflibercept hd, 1 mg	
FABRAZYME	agalsidase beta	IV	J0180	Injection, agalsidase beta, 1 mg	
FASENRA	benralizumab	Subcut	J0517	Injection, benralizumab, 1 mg	
FENSOLVI	leuprolide acet	Subcut	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Fensolvi OR Triptodur OR Supprelin
FIRAZYR	icatibant	Subcut	J1744	Injection, icatibant, 1 mg	
FIRMAGON	degarelix	Subcut	J9155	Injection, degarelix, 1 mg	
FLEBOGAMMA DIF	immune globulin	IV	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	
FLOLAN	epoprostenol	IV	J1325	Injection, epoprostenol, 0.5 mg	



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FOLOTYN	pralatrexate	IV	J9307	Injection, pralatrexate, 1 mg	
FORTEO	teriparatide	Subcut	J3110	Injection, teriparatide, 10 mcg	
FORZINITY	elamipretide	Subcut	C9399/J3490	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	
FULPHILA	pegfilgrastim	Subcut	Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	
FUROSCIX	furosemide	Subcut	J1941	Injection, furosemide (furoscix), 20 mg	
FYARRO	sirolimus	IV	J9331	Injection, sirolimus protein-bound particles, 1 mg	
FYLNETRA	pegfilgrastim-pbbk	Subcut	Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	Fulphila OR Udenyca/Udenyca ONBO
GAMASTAN	immune globulin	IM	J1460 or	Injection, gamma globulin, intramuscular, 1 cc or	
GAMASTAN	immune globulin	IM	J1560	Injection, gamma globulin, intramuscular, over 10 cc	
GAMIFANT	emapalumab-lzsg	IV	J9210	Injection, emapalumab-lzsg, 1 mg	
GAMMAGARD LIQUID	immune globulin	IV	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	
GAMMAGARD S/D	immune globulin	IV	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	
GAMMAKED	immune globulin	IV	J1561	Injection, immune globulin, (Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	
GAMMAPLEX	immune globulin	IV	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	
GAMUNEX-C	immune globulin	IV	J1561	Injection, immune globulin, Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	
GATTEX	teduglutide	Subcut	J3490/C9399	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
GAZYVA	obinutuzumab	IV	J9301	Injection, obinutuzumab, 10 mg	
GEL-ONE	sodium hyaluronate	Intra-articular	J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	
GELSYN-3	sodium hyaluronate	Intra-articular	J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	Euflexxa OR Gel One
GENOTROPIN	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
GENVISC 850	sodium hyaluronate	Intra-articular	J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	Euflexxa OR Gel One
GIVLAARI	givosiran	Subcut	J0223	Injection, givosiran, 0.5 mg	
GLASSIA	alpha-1 proteinase inhibitor	IV	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	
GLATIRAMER ACETATE (generic)	glatiramer	Subcut	J1595	Injection, glatiramer acetate, 20 mg	
GLATOPA	glatiramer	Subcut	J1595	Injection, glatiramer acetate, 20 mg	
GRAFAPLEX	treosulfan	IV	C9175	Injection, treosulfan, 50 mg	
GRANIX	tbo-filgrastim	Subcut	J1447	Injection, tbo-filgrastim, 1 mcg	Zarxio
HADLIMA	adalimumab-bwwd	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	Simlandi
HAEGARDA	c1 esterase	Subcut	J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	
HALAVEN	eribulin	IV	J9179	Injection, eribulin mesylate, 0.1 mg	
HEMGENIX	etranacogene dezaparovec-drlb	IV	J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose	
HEPZATO	melphalan	IV	J9248	Injection, melphalan (hepzato), 1 mg	
HERCEPTIN	trastuzumab	IV	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Kanjinti OR Ogivri
HERCEPTIN HYLECTA	trastuzumab and hyaluronidase-oysk	Subcut	J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Kanjinti OR Ogivri
HERCESSI	trastuzumab-strf	IJ	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Kanjinti OR Ogivri
HERZUMA	trastuzumab-pkrb	IV	Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Kanjinti OR Ogivri
HIZENTRA	immune globulin	Subcut	J1559	Injection, immune globulin (Hizentra), 100 mg	
HULIO	adalimumab-fkjp	Subcut	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Simlandi
HUMATROPE	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
HUMIRA	adalimumab	Subcut	J0139	Injection, adalimumab, 1 mg	Simlandi
HYALGAN	sodium hyaluronate	Intra-articular	J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Euflexxa OR Gel One
HYMOVIS and HYMOVIS ONE	sodium hyaluronate	Intra-articular	J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	Euflexxa OR Gel One
HYMPAVZI	marstacimab-hncq	Subcut	J1712	Injection, marstacimab-hncq, 0.5 mg	
HYQVIA	hyaluron immune globulin	Subcut	J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	
HYRIMOZ/ADALIMUMAB-ADAZ	adalimumab-adaz	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	Simlandi
ICATIBANT (generic)	icatibant	Subcut	J1744	Injection, icatibant, 1 mg	
IDACIO	adalimumab-aacf	Subcut	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Simlandi
IDOSE TR	travoprost intracameral implant	IO	J7355	Injection, travoprost, intracameral implant, 1 microgram	
ILARIS	canakinumab	Subcut	J0638	Injection, canakinumab, 1 mg	
ILUMYA	tildrakizumab-asmn	Subcut	J3245	Injection, tildrakizumab, 1 mg	
IMAAVY	nipocalimab-aahu	IV	J9256	Injection, nipocalimab-aahu, 3 mg	
IMDELLTRA	tarlatamab-dlle	IV	J9026	Injection, tarlatamab-dlle, 1 mg	
IMFINZI	durvalumab	IV	J9173	Injection, durvalumab, 10 mg	
IMJUDO	tremelimumab-actl	IV	J9347	Injection, tremelimumab-actl, 1 mg	
IMULDOSA	ustekinumab-srff	Various	Q5098	Injection, ustekinumab-srff (imuldosa), biosimilar, 1 mg	Yesintek
INCRELEX	mecasermin	Subcut	J2170	Injection, mecasermin, 1 mg	
INFLIXIMAB	infliximab	IV	J1745	Infliximab not biosimil 10mg	Inflextra OR Avsola



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Effective Date: 05/01/2026

Trade Name	Generic Name	Route of Administration	HCPCS Procedure Code	HCPCS Procedure Code Description	Preferred Product Information
INLEXZO	gemcitabine	IS	J9183	Gemcitabine intravesical system, 225 mg	
ISTODAX	romidepsin	IV	J9319	Injection, romidepsin, lyophilized, 0.1 mg	
ITVISMA	onasemnogene abeparovvec-brve	IT	C9309	Injection, onasemnogene abeparovvec-brve, per treatment	
IVRA	melphalan hcl	IV	C9399/J9999	Not otherwise classified, antineoplastic drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
IZERVAY	avacincaptad pegol	Subcut	J2782	Injection, avacincaptad pegol, 0.1 mg	
JEMPERLI	dostarlimab-gxly	IV	J9272	Injection, dostarlimab-gxly, 100 mg	
JEVTANA	cabazitaxel	IV	J9043	Injection, cabazitaxel, 1 mg	
JOBEVNE	bevacizumab-nwgd	IV	Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	Mvasi OR Zirabev
JUBBONTI	denosumab-bbdz	Injection	Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Bildyos OR Bilprevda
KADCYLA	ado-trastuzumab emtansine	IV	J9354	Injection, ado-trastuzumab emtansine, 1 mg	
KALBITOR	ecallantide	Subcut	J1290	Injection, ecallantide, 1 mg	
KANJINTI	trastuzumab-anns	IV	Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	
KANUMA	sebelipase alfa	IV	J2840	Injection, sebelipase alfa, 1 mg	
KEBILIDI	eladocagene exuparvovec-tneq	Injection	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
KESIMPTA	ofatumumab	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
KEVZARA	sarilumab	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
KEYTRUDA	pembrolizumab	IV	J9271	Injection, pembrolizumab, 1 mg	
KEYTRUDA QLEX	pembrolizumab and berahyaluronidase alfa-pmph	Subcut	J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	
KHAPZORY	levoleucovorin	IV	J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	
KIMMTRAK	tebentafusp-tdbn	IV	J9274	Inj, tebentafusp-tebn, 1 mcg	
KINERET	anakinra	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
KISUNLA	donanemab-azbt	IV	J0175	Injection, donanemab-azbt, 2 mg	
KORSUVA	difelikefalin	IV	J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	
KRYSTEXXA	pegloticase	IV	J2507	Injection, pegloticase, 1 mg	
KYMRIAH	tisagenlecleucel	IV	Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
KYPROLIS	carfilzomib	IV	J9047	Injection, carfilzomib, 1 mg	
KYXATA	carboplatin	IV	J9278	Injection, carboplatin (avyxa), 1 mg	
LAMZEDE	velmanase alfa-tycv	IV	J0217	Injection, velmanase alfa-tycv, 1 mg	
LANREOTIDE (generic)	lanreotide	Subcut	J1932	Injection, lanreotide, 1 mg	
LANTIDRA	donislecel-jujn	IV	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
LEMTRADA	alemtuzumab	IV	J0202	Injection, alemtuzumab, 1 mg	
LENMELDY	atidarsagene autotemcel	IV	J3391	Injection, atidarsagene autotemcel, per treatment	
LEQEMBI	lecanemab-irmb	IV	J0174	Lecanemab-irmb, for intravenous injection, 1 mg	
LEQVIO	inclisiran	Subcut	J1306	Injection, inclisiran, 1 mg	
LEUKINE	sargramostim	IV/Subcut	J2820	Injection, sargramostim (GM-CSF), 50 mcg	Zarxio
LEUPROLIDE (generic)	leuprolide	Subcut	J9218	Leuprolide acetate, per 1 mg	Fensolvi OR Triptodur OR Supprelin
LIBTAYO	cemiplimab-rwlc	IV	J9119	Injection, cemiplimab-rwlc, 1 mg	
LOARGYS	pegzilarginase-nbln	IJ	C9399/J3590	Unclassified biologics	
LOQTORZI	toripalimab-tpzi	IV	J3263	Injection, toripalimab-tpzi, 1 mg	
LUCENTIS	ranibizumab	Intravitreal	J2778	Injection, ranibizumab, 0.1 mg	
LUMIZYME	alglucosidase alfa	IV	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	
LUMOXITI	moxetumomab pasudotox-tdfk	IV	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	
LUNSUMIO	mosunetuzumab	IV	J9350	Not otherwise classified, antineoplastic drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
LUPRON DEPOT	leuprolide	IM	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Fensolvi OR Triptodur OR Supprelin
LUPRON DEPOT	leuprolide	IM	J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Fensolvi OR Triptodur OR Supprelin
LUPRON DEPOT-PED	leuprolide	IM	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Fensolvi OR Triptodur OR Supprelin
LUTATHERA	lutetium Lu 177 dotatate	IV	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	
LUTRATE DEPO (Avyxa)	leuprolide acetate	IM	J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	Fensolvi OR Triptodur OR Supprelin
LUXTURN	voretigene neparvovec-rzyl	Intraocular	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	
LYFGENIA	lovotibeglogene autotemcel	IV	J3394	Injection, lovotibeglogene autotemcel, per treatment	
LYMPHIR	denileukin diftitox-cxdl	IJ	J9161	Injection, denileukin diftitox-cxdl, 1 mcg	
LYNOZYFIC	linvoseltamab-gcpt	IV	J9601	Injection, linvoseltamab-gcpt, 1 mg	
MARGENZA	margetuximab-cmkb	IV	J9353	Injection, margetuximab-cmkb, 5 mg	
MELPHALAN	melphalan	IV	J9249	Injection, melphalan (apotex), 1 mg	
MEPSEVII	vestronidase alfa-vjkb	IV	J3397	Injection, vestronidase alfa-vjkb, 1 mg	
MIRCERA	methoxy polyethylene glycol-epoetin	IV/Subcut	J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	
MIRCERA	methoxy polyethylene glycol-epoetin	IV/Subcut	J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	Aranesp, Procrit OR Retacrit
MITOXANTRONE (generic)	mitoxantrone	IV	J9293	Injection, mitoxantrone hydrochloride, per 5 mg	



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Trade Name	Generic Name	Route of Administration	HCPCS Procedure Code	HCPCS Procedure Code Description	Preferred Product Information
MONJUVI	tafasitamab-cxix	IV	J9349	Injection, tafasitamab-cxix, 2 mg	
MONOVISC	hyaluronan	Intra-articular	J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	Euflexxa OR Gel One
MVASI	bevacizumab-awwb	IV	Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	
MYALEPT	metreleptin	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
MYLOTARG	gemtuzumab	IV	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	
MYOBLOC	rimabotulinumtoxinB	IM	J0587	Injection, rimabotulinumtoxinB, 100 units	Botox OR Xeomin
NAGLAZYME	galsulfase	IV	J1458	Injection, galsulfase, 1 mg	
NATPARA	parathyroid hormone	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
NEMLUVIO	nemolizumab-ilto	Subcut	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
NEULASTA	pegfilgrastim	Subcut	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Fulphila OR Udenyca/Udenyca ONBO
NEUPOGEN	filgrastim	IV/Subcut	J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	Zarxio
NEXVIAZYME	avalglucosidase alfa-ngpt	IV	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	
NGENLA	somatogon-ghla	Subcut	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
NIKTIMVO	axatilimab-csfr	IV	J9038	Injection, axatilimab-csfr, 0.1 mg	
NIVESTYM	filgrastim-aafi soln	IV/Subcut	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	Zarxio
NORDITROPIN FLEXPRO	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
NPLATE	romiplostim	Subcut	J2802	Injection, romiplostim, 1 microgram	
NUCALA	mepolizumab	Subcut	J2182	Injection, mepolizumab, 1 mg	
NULIBRY	fosdenopterin	IV	J1809	Injection, fosdenopterin, 0.1 mg	
NUTROPIN AQ	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
NYPOZI	filgrastim-txid	IJ	Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Zarxio
NYVEPRIA	pegfilgrastim-apgf soln	Subcut	Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Fulphila OR Udenyca/Udenyca ONBO
OCREVUS	ocrelizumab	IV	J2350	Injection, ocrelizumab, 1 mg	
OCREVUS ZUNOVO	ocrelizumab-hyaluronidase-ocsq	Subcut	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	
OCTAGAM	immune globulin	IV	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	
OCTREOTIDE (generic)	octreotide	Subcut	J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	
OGIVRI	trastuzumab-dkst	IV	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	
OHTUVAYRE	ensifentrine	IN	J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	
OMNITROPE	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
OMVOH	mirikizumab-mrkz	IV/Subcut	J2267	Injection, mirikizumab-mrkz, 1 mg	
ONAPGO	apomorphine hcl	Subcut	C9399/J3490	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ONPATTRO	patisiran sodium	IV	J0222	Injection, patisiran, 0.1 mg	
ONTRUZANT	trastuzumab-dttb	IV	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Kanjinti OR Ogivri
OPDIVO	nivolumab	IV	J9299	Injection, nivolumab, 1 mg	
OPDIVO QVANTIG	nivolumab-hyaluronidase-nvhy	Subcut	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	
OPDUALAG	nivolumab/relatlimab-rmbw	IV	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	
OPFOLDA	miglustat	Oral	J1202	Miglustat, oral, 65 mg	
OPUVIZ	aflibercept-yszy	Various	Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	
ORENCIA	abatacept	IV/Subcut	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	
ORTHOVISC	sodium hyaluronate	Intra-articular	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	Euflexxa OR Gel One
OSENVELT	denosumab-bmwo	Subcut	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
OTULFI	ustekinumab-aauz	IV/Subcut	Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	Bildyos OR Bilprevda
OXLUMO	lumasiran sodium	Subcut	J0224	Injection, lumasiran, 0.5 mg	Yesintek
PADCEV	enfortumab vedotin-ejfv	IV	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	
PALYNZIQ	pegvaliase-pqpz	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
PANZYGA	immune globulin (human)-ifas	IV	J1576	Intravenous, non-lyophilized (e.g., liquid), 500 mg	
PAPZIMEOS	zopapogene imadenovec-drba	Subcut	J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	
PAVBLU	aflibercept-ayyh intravitreal	Intravitreal	Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	
PEMRYDI RTU	pemetrexed	Injection	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	
PERJETA	pertuzumab	IV	J9306	Injection, pertuzumab, 1 mg	
PHESGO	pertuzumab-trastuz-hyaluron-zzxf	Subcut	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	
PIASKY	crovalimab-akkz	Injection	J1307	Injection, crovalimab-akkz, 10 mg	
PLEGRIDY	peginterferon beta	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
PLUVICTO	lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	IV	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	



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POLIVY	polatuzumab vedotin-piiq	IV	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	
POMBILITI	cipaglucoisidase alfa-atga	IV	J1203	Injection, cipaglucoisidase alfa-atga, 5 mg	
PORTRAZZA	necitumumab	IV	J9295	Injection, necitumumab, 1 mg	
POTELIGEO	mogamulizumab-kpkc	IV	J9204	Injection, mogamulizumab-kpkc, 1 mg	
PRIVIGEN	immune globulin	IV	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	
PROCRIT	epoetin alfa	IV/Subcut	J0885 or	Injection, epoetin alfa, (for non-ESRD use), 1000 units or	
PROCRIT	epoetin alfa	IV/Subcut	Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	
PROLASTIN-C	alpha-1 proteinase inhibitor	IV	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	
PROLIA	denosumab	Subcut	J0897	Injection, denosumab, 1 mg	Bildyos OR Bilprevda
PROVENGE	sipuleucel-T	IV	Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	
PULMOZYME	dornase alfa	IN	J7639		
PURIFIED CORTICOTROPHIN GEL	corticotropin	IM/Subcut	J0802	Injection, corticotropin (ani), up to 40 units	Acthar Gel
PYZCHIVA	ustekinumab-ttwe	Subcut	Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Yesintek
PYZCHIVA	ustekinumab-ttwe	IV	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Yesintek
QALSODY	tofersen	IT	J1304	Injection, tofersen, 1 mg	
QFITLIA	fitusiran sodium	Subcut	J7174	Injection, fitusiran, 0.04 mg	
QIVIGY	immune globulin (human)-kthm	IV	C9399/J3590	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY), Unclassified biologics	
RADICAVA	edaravone	IV	J1301	Injection, edaravone, 1 mg	
REBIF	interferon beta-1a	Subcut	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	
REBLOZYL	luspatercept-aamt	Subcut	J0896	Injection, luspatercept-aamt, 0.25 mg	
REBYOTA	fecal microbiota, live	Rectal	J1440	Fecal microbiota, live - jslm, 1 ml	
REDEMPLO	plozasiran sodium	Subcut	C9399/J3590	Not otherwise classified, antineoplastic drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
RELEUKO	filgrastim-ayow	IV/Subcut	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Zarxio
REMICADE	infliximab	IV	J1745	Infliximab not biosimil 10mg	Inflectra OR Avsola
REMODULIN	treprostinil	Cont SC/IV	J3285	Injection, treprostinil, 1 mg	Generic treprostinil
RENFLEXIS	infliximab-abda	IV	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Inflectra OR Avsola
RETACRIT	epoetin alfa-epbx	IV/Subcut	Q5106 or	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units or	
RETACRIT	epoetin alfa-epbx	IV/Subcut	Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	
REVATIO	sildenafil	IV	J3490	Unclassified drugs	
REVCOVI	elapegadomase-ivlr	IM	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
REZZAYO	rezafungin	IV	J0349	Injection, rezafungin, 1 mg	
RIABNI	rituximab-arrx	IV	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	
RITUXAN	rituximab	IV	J9312	Injection, rituximab, 10 mg	Riabni OR Truxima
RITUXAN HYCELA	rituximab-hyaluronidase	Subcut	J9311	Injection, rituximab 10 mg and hyaluronidase	Riabni OR Truxima
RIVFLOZA	nedosiran sodium	Subcut	J3490/C9399	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ROCTAVIAN	valoctocogene roxaparvovec-rvox	IV	J1412	Injection, valoctocogene roxaparvovec-rvox, per mL, containing nominal 2 × 10 ¹³ vector genomes	
ROLVEDON	eflapegrastim-xnst	Subcut	J1449	Injection, eflapegrastim-xnst, 0.1 mg	
ROMIDEPSIN	romidepsin	IV	J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	
RUCONEST	c1 esterase	IV	J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	
RUXIENCE	rituximab-pvvr	IV	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Riabni or Truxima
RYBREVANT	amivantamab-vmjw	IV	J9061	Injection, amivantamab-vmjw, 10 mg	
RYBREVANT FASPRO	amivantamab-hyaluronidase-lpuj	Subcut	C9399/J9999	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY), Not otherwise classified, antineoplastic drugs	
RYLAZE	asparaginase erwinia chrys	IM	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	
RYONCIL	remestemcel-l-rknd	IV	J3402	Injection, remestemcel-l-rknd, per therapeutic dose	
RYPLAZIM	plasminogen, human-tvmh	IV	J2998	Injection, plasminogen, human-tvmh, 1 mg	
RYSTIGGO	rozanolixizumab-noli	Subcut	J9333	Injection, rozanolixizumab-noli, 1 mg	
RYTELO	imetelstat sodium	IV	J0870	Injection, imetelstat, 1 mg	
RYZNEUTA	efbemalenograstim alfa-vuxw	Subcut	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	
SAIZEN	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
SAJAZIR	icatibant	Subcut	J1744	Injection, icatibant, 1 mg	
SANDOSTATIN	octreotide	Subcut	J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	
SANDOSTATIN LAR	octreotide	IM	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	
SAPHNELO	anifrolumab-fnia iv soln	IV	J0491	Injection, anifrolumab-fnia, 1 mg	
SARCLISA	isatuximab-irfc iv	IV	J9227	Injection, isatuximab-irfc, 10 mg	
SCENESSE	afamelanotide acetate implant	SC Implant	J7352	Afamelanotide implant, 1 mg	



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Effective Date: 05/01/2026

Trade Name	Generic Name	Route of Administration	HCPCS Procedure Code	HCPCS Procedure Code Description	Preferred Product Information
SELARSDI IV and SELARSDI SC/USTEKINUMAB-AEKN SEROSTIM	ustekinumab-aeKn somatropin	IV - INTRAVENOUS or SC - SUBCUTANEOUS depending on strength Subcut	Q9998 J2941	Injection, ustekinumab-aeKn (selarsdi), biosimilar, 1 mg Injection, somatropin, 1 mg	Yesintek
SIGNIFOR	pasireotide	Subcut	J3490/C9399	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SIGNIFOR LAR	pasireotide	IM	J2502	Injection, pasireotide long acting, 1 mg	
SILDENAFIL (generic)	sildenafil	IV	J3490	Unclassified drugs	
SILIQ	brodalumab	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SIMLANDI	adalimumab-ryvk	Subcut	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	
SIMPONI	golimumab	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SIMPONI ARIA	golimumab	IV	J1602	Injection, golimumab, 1 mg, for intravenous use	
SKYRIZI IV	risankizumab-rzaa	IV	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	
SKYRIZI SC	risankizumab-rzaa	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SKYSONA	elivaldogene autotemcel	IV	J3387	Injection, elivaldogene autotemcel, per treatment	
SKYTROFA	lonapegsomatropin-tcgd	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SOGROYA	somapacitan-beco	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SOLIRIS	eculizumab	IV	J1299	Injection, eculizumab, 2 mg	Epysqli
SOMATULINE DEPOT	lanreotide	Subcut	J1930	Injection, lanreotide, 1 mg	
SOMAVERT	pegvisomant	Subcut	J3590/C9399	Unclassified Biologics/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SPEVIGO	spesolimab-sbzo	IV	J1747	Injection, spesolimab-sbzo, 1 mg	
SPINRAZA	nusinersen	Intrathecal	J2326	Injection, nusinersen, 0.1 mg	
SPRAVATO	esketamine	Nasal	J0013	Esketamine, nasal spray, 1 mg	
STARJEMZA	ustekinumab-hmny	Subcut	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	Yesintek
STELARA IV/USTEKINUMAB IV	ustekinumab	IV	J3358	Ustekinumab, for intravenous injection, 1 mg	Yesintek
STELARA SC/USTEKINUMAB SC	ustekinumab	Subcut	J3357	Ustekinumab, for subcutaneous injection, 1 mg	Yesintek
STEQEYMA	ustekinumab-stba	Subcut	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Yesintek
STIMUFEND	pegfilgrastim-fpgk	Subcut	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Fulphila OR Udenyca/Udenyca ONBO
STOBOCLO	denosumab-bmwo	Subcut	Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Bildyos OR Bilprevda
STRENSIQ	asfotase alfa	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
SUNLENCA	lenacapavir	Subcut	J0738	Injection, lenacapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	
SUPARTZ FX	sodium hyaluronate	Intra-articular	J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Euflexxa OR Gel One
SUPPRELIN LA	histrelin acetate	Subcut	J9226	Histrelin implant (Supprelin LA), 50 mg	
SUSVIMO	ranibizumab	Intravitreal Implant	J2779	Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg	
SYFOVRE	pegcetacoplan	Intravitreal	J2781	Injection, pegcetacoplan, intravitreal, 1 mg	
SYLVANT	siltuximab	IV	J2860	Injection, siltuximab, 10 mg	
SYNAGIS	palivizumab	IM	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	
SYNDROS	dronabinol	Oral	Q0155	Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
SYNOJOYNT	sodium hyaluronate	Intra-articular	J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Euflexxa OR Gel One
SYNVISC	sodium hyaluronate	Intra-articular	J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Euflexxa OR Gel One
SYNVISC-ONE	sodium hyaluronate	Intra-articular	J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Euflexxa OR Gel One
TAKHZYRO	lanadelumab-flyo	Subcut	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	
TALTZ	ixekizumab	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
TALVEY	talquetamab-tgvs	Subcut	J3055	Injection, talquetamab-tgvs, 0.25 mg	
TECARTUS	brexucabtagene autoleucl	IV	Q2053	Brexucabtagene autoleucl, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
TECELRA	afamitresgene autoleucl	IV	Q2057	Afamitresgene autoleucl, including leukapheresis and dose preparation procedures, per therapeutic dose	
TECENTRIQ	atezolizumab	IV	J9022	Injection, atezolizumab, 10 mg	



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Trade Name	Generic Name	Route of Administration	HCPCS Procedure Code	HCPCS Procedure Code Description	Preferred Product Information
VYONDYS 53	golodirsen	IV	J1429	Injection, golodirsen, 10 mg	
VYVGART	efgartigimod alfa-fcab	IV	J9332	Injection, efgartigimod alfa-fcab, 2mg	
VYVGART HYTRULO	efgartigimod alfa-hyaluronidase-qvfc	Subcut	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	
VYXEOS	daunorubicin cytarabine	IV	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	
WAINUA	eplontersen sodium	Subcut	J3490/C9399	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
WEZLANA	ustekinumab-auub	Subcut	Q5137	Injection, ustekinumab-auub (wezlan), biosimilar, subcutaneous, 1 mg	Yesintek
WEZLANA	ustekinumab-auub	IV	Q5138	Injection, ustekinumab-auub (wezlan), biosimilar, intravenous, 1 mg	Yesintek
WINREVAIR	sotatercept-csrk	Subcut	C9399/J3590	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
WYOST	denosumab-bbdz	Injection	Q5136	Injection, denosumab-bbdz (jubonti/wyost), biosimilar, 1 mg	Bildyos OR Bilprevda
XEMBIFY	immune globulin	Subcut	J1558	Injection, immune globulin (xembify), 100 mg	
XENPOZYME	olipudase alfa-rpcp	IV	J0218	Injection, olipudase alfa-rpcp, 1 mg	
XEOMIN	incobotulinumtoxinA	IM	J0588	Injection, incobotulinumtoxinA, 1 unit	
XGEVA	denosumab	Subcut	J0897	Injection, denosumab, 1 mg	Bildyos OR Bilprevda
XIAFLEX	collagenase clostridium histolyticum	Intralesional	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	
XIPERE	triamcinolone acetonide	Suprachoroidal	J3299	Injection, triamcinolone acetonide (xipere), 1 mg	
XOLAIR	omalizumab	Subcut	J2357	Injection, omalizumab, 5 mg	
XTRENBO	denosumab-qbde	Subcut	C9399/J3590	Unclassified biologicals /Unclassified drugs or biologics (Hospital Outpatient Use ONLY)	Bildyos OR Bilprevda
YARTEMLEA	narsoplimab-wuug	IV	C9399, J3590	Unclassified biologicals /Unclassified drugs or biologics (Hospital Outpatient Use ONLY)	
YCANTH	cantharidin	EX	J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	
YERVOY	ipilimumab	IV	J9228	Injection, ipilimumab, 1 mg	
YESCARTA	axicabtagene ciloleucel	IV	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
YESINTEK	ustekinumab-kfce	IV - INTRAVENOUS or SC - SUBCUTANEOUS depending on strength	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	
YIMMUGO	immune globulin	IV	J1553	Injection, immune globulin (yimmugo), 100 mg	
YORVIPATH	palopegteriparatide	Subcut	J3490/C9399	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
YUFLYMA	adalimumab-aaty	Subcut	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Simlandi
YUSIMRY	adalimumab-aqvh	Subcut	J3590/C9399	Unclassified biologics/ Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	Simlandi
YUVIWEL	navepegritide	Subcut	C9399/J3490	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY), Unclassified drugs	
ZALTRAP	ziv-aflibercept	IV	J9400	Injection, ziv-aflibercept, 1 mg	
ZARXIO	filgrastim	IV/Subcut	Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	
ZEMAIRA	alpha-1 proteinase inhibitor	IV	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	
ZEPZELCA	lurbnectedin	IV	J9223	Injection, lurbnectedin, 0.1 mg	
ZEVASKYN	prademagene zamikeracel	EX	J3389	Topical administration, prademagene zamikeracel, per treatment	
ZIEXTENZO	pegfilgrastim-bmez	Subcut	Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Fulphila OR Udenyca/Udenyca ONBO
ZIIHERA	zanidatamab-hrii	IV	J9276	Injection, zanidatamab-hrii, 2 mg	
ZILBRYSQ	zilucoplan sodium	Subcut	J3490/C9399	Unclassified Drugs/Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	
ZIRABEV	bevacizumab-bvzr	IV	Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	
ZOLGENSMA	onasemnogene abeparvovec-xioi	IV	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10	
ZOMACTON	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
ZORBTIVE	somatropin	Subcut	J2941	Injection, somatropin, 1 mg	
ZULRESSO	brexanolone	IV	J1632	Injection, brexanolone, 1 mg	
ZUSDURI	mitomycin	IS	J9282	Mitomycin, intravesical instillation, 1 mg	
ZYCUBO	copper histidinate	Subcut	C9399/J3490	Unclassified drugs or biologicals (Hospital Outpatient use ONLY)/Unclassified drugs	
ZYMFENTRA	infliximab-dyyb	Subcut	J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	Inflectra OR Avsola
ZYNLONTA	loncastuximab tesirine-lpyl	IV	J9359	Injection, loncastuximab tesirine-lpyl, 0.1 mg	
ZYNTEGLO	betibeglogene autotemcel	IV	J3393	Injection, betibeglogene autotemcel, per treatment	
ZYNYZ	retifanlimab-dlwr	IV	J9345	Injection, retifanlimab-dlwr, 1 mg	