



Medical Specialty Drug List for the OhioHealthy Medical Plan effective February 1, 2026

Authorizations

Specialty Drugs that process through the **medical benefit** will require clinical review if included on the attached list. **All specialty drug prior authorizations contained on this list are to be routed to Archimedes.**

If a medication name is listed but not the HCPCS code being requested, please submit PA to ensure coverage. Consult CMS resources for the most recent updates to HCPCS codes. This is not a formulary, nor intended for indication of coverage. Medications billed as Inpatient or ED are not subject to authorization review and do not need to be submitted.

Medical Benefit Prior Authorizations

For medical benefit specialty medication prior authorizations, please use the forms posted on the OhioHealthy website OR click associated link [Archimedes Specialty Drug Authorization Form](#) and fax to 866-491-6971.

Pharmacy Benefit Prior Authorizations

This list only applies to the medications requiring PA through the Medical Benefit. For specialty drugs on the pharmacy benefit, submit the claim to an in-network pharmacy for processing.



Search Tip: This document is organized in alphabetical order by brand name. You can search quickly by brand, generic, or HCPCS Code by using the CTRL + F search function from your keyboard. If you do not know the correct spelling, you can start your search by entering the first few letters of the drug name.

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCPSC Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J8597	Unclassified Antiemetic Drug (other)	Unclassified Antiemetic Drug (other)	Yes	
J8498	Unclassified Antiemetic Drug (suppository)	Unclassified Antiemetic Drug (suppository)	Yes	
J9999	Unclassified Antineoplastic Drug	Unclassified Antineoplastic Drug	Yes	
J3590	Unclassified Biologic	Unclassified Biologic	Yes	
J3490	Unclassified Drug	Unclassified Drug	Yes	
C9399	Unclassified Drug Or Biological	Unclassified Drug Or Biological	Yes	
J7599	Unclassified Immunosuppressive Drug	Unclassified Immunosuppressive Drug	Yes	
J7699	Unclassified Inhalation Solution (DME)	Unclassified Inhalation Solution (DME)	Yes	
J8999	Unclassified Oral Chemo Drug	Unclassified Oral Chemo Drug	Yes	
J8499	Unclassified Oral Non-Chemo Drug	Unclassified Oral Non-Chemo Drug	Yes	
J7799	Unclassified Other Drug (DME)	Unclassified Other Drug (DME)	Yes	
J0129	abatacept IV	Orencia (IV)	Yes	
	abatacept SC	Orencia (SC)	No	Submit to network Pharmacy for Processing
J0586	abobotulinumtoxina	Dysport	Yes	
J7171	ADAMTS13 Recombinant-krhn	Adzynma	Yes	
J9354	ado-trastuzumab emtansine	Kadcyla	Yes	
J0172	aducanumab	Aduhelm	Yes	
J7352	afamelanotide implant	Scenesse	Yes	
Q2057	afamitresgene autoleucel	Tecelra	Yes	Drug is not a covered medical benefit.
J0177	aflibercept	Eylea HD	Yes	
J0178	aflibercept	Eylea	Yes	
Q5147	aflibercept-ayyh	Pavblu	Yes	
J0180	agalsidase beta	Fabrazyme	Yes	
J0215	alefacept	Amevive	Yes	
J9010	alemtuzumab	Campath	Yes	
J0202	alemtuzumab	Lemtrada	Yes	
J0205	alglucerase	Ceredase	Yes	
J0221	alglucosidase alfa	Lumizyme	Yes	
J0220	alglucosidase alfa	Myozyme	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCPCS Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J0256	alpha-1 proteinase inhibitor	Aralast	Yes	
J0257	alpha-1 proteinase inhibitor	Glassia	Yes	
J0256	alpha1-proteinase inhibitors - human	Prolastin-C	Yes	
J0256	alpha1-proteinase inhibitors - human	Zemaira	Yes	
J9061	amivantamab	Rybrevant	Yes	
J0491	anifrolumab	Saphnelo	Yes	
J7214	antihemophilic factor	Altuviio	Yes	
J7205	antihemophilic factor	Eloctate	Yes	
Q9975	antihemophilic factor	Eloctate	Yes	
J7190	antihemophilic factor	Hemofil M	Yes	
J7199	antihemophilic factor	Hemophilia clotting factor, NOS	Yes	
J7191	antihemophilic factor	Hyate C	Yes	
J7208	antihemophilic factor	Jivi	Yes	
J7192	antihemophilic factor	Kogenate Fs	Yes	
J7211	antihemophilic factor	Kovaltry	Yes	
J7188	antihemophilic factor	Obizur	Yes	
J7192	antihemophilic factor, recombinant	Advate	Yes	
J7210	antihemophilic factor, recombinant	Afstyla	Yes	
J7192	antihemophilic factor, recombinant	Recombinate	Yes	
J7192	antihemophilic factor, recombinant	Helixate FS	Yes	
J7192	antihemophilic factor, recombinant	Kogenate	Yes	
J7182	antihemophilic factor, recombinant	Novoeight	Yes	
J7209	antihemophilic factor, recombinant	Nuwiq	Yes	
J7185	antihemophilic factor, recombinant	Xyntha	Yes	
J7207	antihemophilic factor, recombinant-pegylated	Adynovate	Yes	
J7186	antihemophilic factor/von willebrand factor complex	Alphanate	Yes	
J7187	antihemophilic factor/von willebrand factor complex	Humate-P	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J7183	antihemophilic factor/von willebrand factor complex	Wilate	Yes	
J7198	anti-inhibitor coagulant complex	Feiba	Yes	
J0364	apomorphine hydrochloride	Apokyn	Yes	
TBD	apomorphine hydrochloride	Onapgo	Yes	
C9145	aprepitant	Aponvie	Yes	
J0185	aprepitant injection	Cinvanti	Yes	
J8501	aprepitant oral	Emend	No	Does not require PA with Archimedes.
C9463	aprepitant injection	Aprepitant Injection	Yes	
J9017	arsenic trioxide	Trisenox	No	Does not require PA with Archimedes.
C9483	atezolizumab	Tecentriq	Yes	
J9022	atezolizumab	Tecentriq	Yes	
J9024	atezolizumab and hydaluronidase-tqjs	Tecentriq Hybreza	Yes	
J3391	atidarsagene autotemcel	Lenmeldy	Yes	Drug is not a covered medical benefit.
J2782	avacincaptad pegol	Izervay	Yes	
C9491	avelumab	Bavencio	Yes	
J9023	avelumab	Bavencio	Yes	
J9038	axatilimab-csfr	Niktimvo	Yes	
Q2041	axicabtagene ciloleucel	Yescarta	Yes	Drug is not a covered medical benefit.
J0480	basiliximab	Simulect	Yes	
J9037	belantamab mafodont blmf	Blenrep	Yes	
J0485	belatacept	Nulojix	Yes	
J0490	belimumab IV	Benlysta IV	Yes	
Q2044	belimumab IV	Benlysta IV	Yes	
	belimumab SC	Benlysta SC	No	Submit to network Pharmacy for Processing
J9032	belinostat	Beleodaq	Yes	
J9036	bendamustine	Belrapzo	Yes	
J9034	bendamustine	Bendeka	Yes	
J9033	bendamustine	Treanda	Yes	
J9059	bendamustine hcl	bendamustine HCL	Yes	
J9056	bendamustine hcl	Vivimusta	Yes	
C9466	benralizumab	Fasenra	Yes	
J0517	benralizumab	Fasenra	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J3401	beremagene geperpavec-svdt	Vyjuvek	Yes	Drug is not a covered medical benefit.
J3393	betibeglogene autotemcel	Zynteglo	Yes	Drug is not a covered medical benefit.
J9035	bevacizumab	Avastin	Yes	
Q5129	bevacizumab-adcd	Vegzelma	Yes	
Q5107	bevacizumab-awwb	Mvasi	Yes	
Q5118	bevacizumab-bvzr	Zirabev	Yes	
Q5126	bevacizumab-maly	Alymsys	Yes	
C9490	bezlotoxumab	Zinplava	Yes	
J0565	bezlotoxumab	Zinplava	Yes	
J7351	bimatoprost	Durysta	Yes	
TBD	Bimekizumab-bkzx	Bimzelx	Yes	
J9039	Blinatumomab	Blinicyto	Yes	
J9046	Bortezomib	bortezomib (Manufacturer Dr. Reddy's)	Yes	
J9048	Bortezomib	bortezomib (Manufacturer Fresenius)	Yes	
J9051	bortezomib	bortezomib (Manufacturer Maia)	Yes	
J9041	Bortezomib	Velcade	Yes	
J9049	bortezomib	bortezomib (Manufacturer Hospira)	Yes	
J9044	bortezomib	bortezomib, NOS	Yes	
J9054	bortezomib	Boruzu	Yes	
TBD	botulisum immune globulin	Baby Big	Yes	
J9042	brentuximab vedotin	Adcetris	Yes	
J1632	brexanolone	Zulresso	Yes	
Q2053	brexucabtagene autoleucel	Tecartus	Yes	Drug is not a covered medical benefit.
J0179	brovacizumab-dbl	Beovu	Yes	
J0577, J0578	buprenorphine inj	Brixadi	No	Submit to network Pharmacy for Processing
J0584	burosumab-twza	Crysvita	Yes	
C9269	c1 inhibitor (human)	Berinert	Yes	
J0597	c1 inhibitor (human)	Berinert	Yes	
J0598	c1 inhibitor (human)	Cinryze	Yes	
C9251	c1 inhibitor (human)	Cinryze	Yes	
C9015	c1 inhibitor (human)	Haegarda	Yes	
J0599	c1 inhibitor (human)	Haegarda	Yes	
J0596	c1 inhibitor (recombinant)	Ruconest	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J9043	cabazitaxel	Jevtana	Yes	
J9118	calaspargase pegol-mknl	Asparlas	Yes	
J0638	canakinumab	Ilaris	Yes	
C9047	caplacizumab	Cablivi	Yes	
TBD	capmatinib	Tabrecta	Yes	
J9047	carfilzomib	Kyprolis	Yes	
J9050	carmustine	BICNU	Yes	
J9052	carmustine	carmustine	Yes	
J1426	casimersen	Amondys 45	Yes	
J9119	cemiplimab-rwlc	Libtayo	Yes	
C9014	cerliponase alfa	Brineura	Yes	
J0567	cerliponase alfa	Brineura	Yes	
J9055	cetuximab	Erbitux	Yes	
Q2056	ciltacabtagene autoleucel	Carvykti	Yes	Drug is not a covered medical benefit.
J1203	cipaglucosidase alfa-atga	Pombiliti	Yes	
J9027	clofarabine	Clolar	Yes	
J7193	coagulation factor ix	Alphanine SD	Yes	
C9135	coagulation factor ix	Alprolix	Yes	
J7201	coagulation factor ix	Alprolix	Yes	
J7195	coagulation factor ix	Benefix	Yes	
J7202	coagulation factor ix	Idelvion	Yes	
C9468	coagulation factor ix	Rebinyon	Yes	
J7203	coagulation factor ix	Rebinyon	Yes	
J7200	coagulation factor ix	Rixubis	Yes	
J7213	coagulation factor ix (Recombinant)	Ixinity	Yes	
J7212	coagulation factor viia recomb	Sevenfact	Yes	
J7189	coagulation factor viia, recombinant	Novoseven	Yes	
J7189	coagulation factor viia, recombinant	Novoseven Rt	Yes	
J7175	coagulation factor x	Coagadex	Yes	
J0775	collagenase clostridium histolyticum	Xiaflex	Yes	
J7999	compounded drug, not otherwise specified	Compounded Drug, NOS	Yes	
J7173	concizumab-mtci	Alhemo	Yes	
C9030	copanlisib hcl	Aliqopa	Yes	
J9057	copanlisib hcl	Aliqopa	Yes	
C9053	crizanlizumab-tmca	Adakveo	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J0791	crizanlizumab-tmca	Adakveo	Yes	
J1307	crovalimab	Piasky	Yes	
J9100	cytarabine (PF)	cytarabine (PF)	Yes	
J7513	daclizumab	Zenapax	Yes	
J9120	dactinomycin	Cosmegen	Yes	
J9145	daratumumab IV	Darzalex	Yes	
J9144	daratumumab, hyaluronidase SC	Darzalex Faspro	Yes	
J0881	darbepoetin alfa	Aranesp	Yes	
J0882	darbepoetin alfa	Aranesp	Yes	
J9011	datopotamab deruxtecan-dlnk	Datroway	Yes	
J9153	daunorubicin and cytarabine	Vyxeos	Yes	
J9150	daunorubicin hydrochloride	Cerubidine	Yes	
J0589	DaxibotulinumtoxinA-lanm	Daxxify	Yes	
J9155	degarelix	Firmagon	Yes	
J1413	Delandistrogene Moxeparvovec-rokl	Elevidys	Yes	Drug is not a covered medical benefit.
C9272	denosumab	Prolia	Yes	
J0897	denosumab	Prolia/Xgeva	Yes	
Q5136	denosumab-bbdz	Jubbonti	Yes	
Q5136	denosumab-bbdz	Wyost	Yes	
Q5157	denosumab-bmwo	Stoboclo	Yes	
Q5157	denosumab-bmwo	Osenvelt	Yes	
Q5158	denosumab-bnht	Bomynta	Yes	
Q5158	denosumab-bnht	Conexxence	Yes	
Q5159	denosumab-dssb	Ospomyv	Yes	
Q5159	denosumab-dssb	Xbryk	Yes	
L8604	dextranomer	Solesta	Yes	
L8605	dextranomer	Solesta	Yes	
J0879	difelikefalin	Korsuva	Yes	
J1246	dinutuximab	Unituxin	Yes	
J9172	docetaxel	Docivyx	Yes	
J0175	donanemab	Kisunla	Yes	
TBD	donislecel-jujn	Lantidra	Yes	Drug is not a covered medical benefit.
J7639	dornase alfa	Pulmozyme	Yes	
J9272	dostarlimab	Jemperli	Yes	
C9492	durvalumab	Imfinzi	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J9173	durvalumab	Imfinzi	Yes	
C9263	ecallantide	Kalbitor	Yes	
J1290	ecallantide	Kalbitor	Yes	
J1299	eculizumab	Soliris	Yes	
Q5151	eculizumab-aagh	Epysqli	Yes	
Q5152	eculizumab-aeeb	Bkemv	Yes	
C9493	edaravone	Radicava	Yes	
J1301	edaravone	Radicava	Yes	
S0162	efalizumab	Raptiva	Yes	
J9361	efbemalenograstim alfa	Ryzneuta	Yes	
J9332	efgartigimod alfa	Vyvgart	Yes	
J9334	efgartigimod alfa and hyaluronidase-qvfc	Vyvgart Hytrulo	Yes	
J1449	eflapegrastim-xnst	Rolvedon	Yes	
TBD	eladocogene exuparvovec-tneq	Kebilidi	Yes	Drug is not a covered medical benefit.
J9063	elahere	Elahere	Yes	
J3590	elapegademase-lvlr	Revcovi	Yes	
J3387	elivaldogene autotemcel	Skysona	Yes	Drug is not a covered medical benefit.
J1322	elosulfase alfa	Vimizim	Yes	
C9022	elosulfase alfa	Vimizim	Yes	
C9477	elotuzumab	Empliciti	Yes	
J9176	elotuzumab	Empliciti	Yes	
J1323	elranatamab-bcmm	Elrexio	Yes	
C9165	elranatamab-bcmm	Elrexio	Yes	
J9210	emapalumab-lzsg	Gamifant	Yes	
J7170	emicizumab-kxwh	Hemlibra	Yes	
Q9995	emicizumab-kxwh	Hemlibra	Yes	
J9177	enfortumab vedotin-ejfv	Padcev	Yes	
J1324	enfuvirtide	Fuzeon	Yes	
J9321	epcoritamab-bysp	Epkinly	Yes	
J0885	epoetin alfa	Epogen, Procrit	Yes	
J0886	epoetin alfa	Epogen, Procrit	Yes	
Q4081	epoetin alfa	Epogen	Yes	
Q5105	epoetin alfa-epbx	Retacrit	Yes	
Q5106	epoetin alfa-epbx	Retacrit	Yes	
J1325	epoprostenol	Flolan	Yes	
J1325	epoprostenol sodium	Veletri	Yes	
J3032	eptinezumab	Vyepti	Yes	
J9179	eribulin	Halaven	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
S0013, G2082, G2083	esketamine	Spravato	Yes	
J0013	esketamine	Spravato	Yes	
J0606	etelcalcetide	Parsabiv	Yes	
C9484	eteplirsen	Exondys 51	Yes	
J1428	eteplirsen	Exondys 51	Yes	
J1411	etranacogene dezaparvovec	Hemgenix	Yes	Drug is not a covered medical benefit.
J3590	etuvetidigene autotemcel	WASKYRA	Yes	Drug is not a covered medical benefit.
J1305	evinacumab	Evkeeza	Yes	
J3392	exagamglogene autotemcel	Casgevy	Yes	Drug is not a covered medical benefit.
J7194	factor ix complex	Bebulin	Yes	
J7194	factor ix complex	Profiline, Profilnine SD	Yes	
J7193	factor ix -human	Mononine	Yes	
J7190	factor viii - ahf	Koate, Koate-DVI	Yes	
J7190	factor viii - ahf	Monoclade - P	Yes	
J7204	factor viii recombinant	Esperoct	Yes	
J7181	factor xiii a-subunit	Tretten	Yes	
J7180	factor xiii a-subunit, recombinant	Tretten	Yes	
J7180	factor xiii concentrate - human	Corifact	Yes	
J9358	fam-trastuzumab deruxtecan-nxki	Enhertu	Yes	
J2777	faricimab	Vabysmo	Yes	
J1439	ferric carboxymaltose	Injectafer	Yes	
J1437	ferric derisomaltose	Monoferic	Yes	
Q0138	ferumoxytol	Feraheme	Yes	
Q0139	ferumoxytol	Feraheme	Yes	
J7177	fibrinogen	Riastap	Yes	
J7178	fibrinogen	Riastap	Yes	
J1414	fidanacogene elaparvovec-dzkt	Beqvez	Yes	Drug is not a covered medical benefit.
J1440	filgrastim	Neupogen	Yes	
J1441	filgrastim	Neupogen	Yes	
J1442	filgrastim	Neupogen	Yes	
Q5110	filgrastim-aafi	Nivestym	Yes	
Q5125	filgrastim-ayow	Releuko	Yes	
Q5101	filgrastim-sndz	Zarxio	Yes	
J1447	filgrastim-tbo	Granix	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
Q5148	filgrastim-txid	Nypozi	Yes	
J7313	fluocinolone (ophthalmic)	Iluvien	Yes	
C1821	fluocinolone (ophthalmic)	Retisert	Yes	
J7311	fluocinolone (ophthalmic)	Retisert	Yes	
J7313	fluocinolone (ophthalmic)	Retisert	Yes	
J7314	fluocinolone (ophthalmic)	Yutiq	Yes	
J1453, J8501, J1453	Fosaprepitant Dimeglumine	Emend	No	Does not require PA with Archimedes.
J1434	Fosaprepitant Dimeglumine	Focinvez	Yes	
J3490	fosdenopterin	Nulibry	Yes	
C9033	fosnetupitant choride-palonosetron hcl	Akynzeo	Yes	
J1454	fosnetupitant choride-palonosetron hcl	Akynzeo	Yes	
J8655	fosnetupitant choride-palonosetron hcl	Akynzeo	Yes	
J9394	fulvestrant	Faslodex	Yes	
J9395	fulvestrant	Faslodex	Yes	
J1458	galsulfase	Naglazyme	Yes	
J8565	gefitinib	Iressa	Yes	
J9198	gemcitabine	Infugem	Yes	
J9203	gemtuzumab	Mylotarg	Yes	
J9300	gemtuzumab	Mylotarg	Yes	
J0223	givosiran	Givlaari	Yes	
J9286	glofitamab-gxbm	Columvi	Yes	
C9293	glucarpidase	Voraxaze	Yes	
J1602	golimumab IV	Simponi Aria (IV)	Yes	
	golimumab SC	Simponi (SC)	No	Submit to network Pharmacy for Processing
J1429	golodirsen	Vyondys 53	Yes	
J1620	gonadorelin	Factrel	Yes	
J9202	goserelin acetate	Zoladex	Yes	
J1626, J1627	granisetron	Sustol, Kytril	No	Does not require PA with Archimedes.
J1628	guselkumab IV	Tremfya IV	Yes	
J1628	guselkumab SC	Tremfya SC	No	Submit to network Pharmacy for Processing
J9225	histrelin	Vantas	Yes	
J9226	histrelin acetate	Supprelin LA	Yes	
J2998	human plasma-derived plasminogen	Ryplazim	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J7318	hyaluronic acid and derivatives	Durolane	Yes	
J7323	hyaluronic acid and derivatives	Euflexxa	Yes	
J7326	hyaluronic acid and derivatives	Gel-One	Yes	
J7328	hyaluronic acid and derivatives	Gelsyn	Yes	
J7320	hyaluronic acid and derivatives	Genvisc	Yes	
Q9980	hyaluronic acid and derivatives	Genvisc	Yes	
J7317	hyaluronic acid and derivatives	Hyalgan	Yes	
J7319	hyaluronic acid and derivatives	Hyalgan	Yes	
J7321	hyaluronic acid and derivatives	Hyalgan	Yes	
Q4083	hyaluronic acid and derivatives	Hyalgan	Yes	
J7322	hyaluronic acid and derivatives	Hymovis	Yes	
J7327	hyaluronic acid and derivatives	Monovisc	Yes	
Q4086	hyaluronic acid and derivatives	Orthovisc	Yes	
J7324	hyaluronic acid and derivatives	Orthovisc	Yes	
J3490	hyaluronic acid and derivatives	Sunjoynt	Yes	
J7321	hyaluronic acid and derivatives	Supartz, Supartz FX	Yes	
J7331	hyaluronic acid and derivatives	Synjoynt	Yes	
J7325	hyaluronic acid and derivatives	Synvisc	Yes	
Q4084	hyaluronic acid and derivatives	Synvisc	Yes	
J7325	hyaluronic acid and derivatives	Synvisc- One	Yes	
J7332	hyaluronic acid and derivatives	Triluron	Yes	
J7329	hyaluronic acid and derivatives	Trivisc	Yes	
J7321	hyaluronic acid and derivatives	Visco-3	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
S0176	hydroxyurea	Hydrea	Yes	
J1746	ibalizumab-uiyk	Trogarzo	Yes	
A9542	ibritumomab	Zevalin	Yes	
A9543	ibritumomab	Zevalin	Yes	
J1744	icatibant	Firazyr	Yes	
Q2055	idecabtagene vicleucel	Abecma	Yes	Drug is not a covered medical benefit.
C9232	idursulfase	Elaprase	Yes	
J1743	idursulfase	Elaprase	Yes	
Q4074	iloprost	Ventavis	Yes	
Q4080	iloprost	Ventavis	Yes	
J0870	imetelstat sodium	Rytelo	Yes	
J1786	imiglucerase	Cerezyme	Yes	
J9347	imjudo	Imjudo	Yes	
J1554	immune globulin	Asceniv	Yes	
J1556	immune globulin	Bivigam	Yes	
J1460, J1560	immune globulin	Gamastan S/D	Yes	
J1561	immune globulin	Gammaked, Gamunex-C	Yes	
J1599	immune globulin	Panzyga	Yes	
J1657	immune globulin	Venoglobulin-S	Yes	
J1566	immune globulin intravenous	Carimune, Gammagard S/D Less IgA	Yes	
J1555	immune globulin intravenous	Cuvitru	Yes	
J1572	immune globulin intravenous	Flebogamma	Yes	
J1569	immune globulin intravenous	Gammagard	Yes	
J1557	immune globulin intravenous	Gammaplex	Yes	
J1500	immune globulin intravenous	Gammar	Yes	
J1510	immune globulin intravenous	Gammar	Yes	
J1520	immune globulin intravenous	Gammar	Yes	
J1530	immune globulin intravenous	Gammar	Yes	
J1550	immune globulin intravenous	Gammar	Yes	
J1560	immune globulin intravenous	Immune globulin	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
Q4092	immune globulin intravenous	Gamunex	Yes	
90283	immune globulin intravenous	IVIG	Yes	
J1567	immune globulin intravenous	IVIG	Yes	
J1599	immune globulin intravenous	IVIG	Yes	
J1568	immune globulin intravenous	Octagam	Yes	
J1459	immune globulin intravenous	Privigen	Yes	
J1552	immune globulin intravenous , human-stwk	Alyglo	Yes	
	immune globulin subcutaneous	Cutaquig	Yes	
J1559	immune globulin subcutaneous	Hizentra SC	Yes	
J1575	immune globulin subcutaneous	Hyqvia	Yes	
J1562	immune globulin subcutaneous	Vivaglobin	Yes	
J1558	immune globulin subcutaneous	Xembify	Yes	
J3490	inclisiran	Leqvio	Yes	
J0588	incobotulinumtoxina	Xeomin	Yes	
J1823	inebilizumab	Uplizna	Yes	
J1745	infliximab	Remicade	Yes	
J1745	infliximab, unbranded generic	Infliximab - unbranded generic	Yes	
Q5104	infliximab-abda	Renflexis	Yes	
Q5121	infliximab-axxq	Avsola	Yes	
Q5103	infliximab-dyyb	Inflectra	Yes	
J3490	inotersen	Tegsedi	Yes	Drug is not a covered medical benefit.
C9028	inotuzumab ozogamicin	Besponsa	Yes	
J9229	inotuzumab ozogamicin	Besponsa	Yes	
J9212	interferon alfacon-1	Infergen	Yes	
A9508, A9582, A9590	lobenguane l 131	Azedra	Yes	
C9284	ipilimumab	Yervoy	Yes	
J9228	ipilimumab	Yervoy	Yes	
J9205	irinotecan liposome	Onivyde	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCPCS Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J9227	isatuximab-irfc	Sarclisa	Yes	
J9207	ixabepilone	Ixempra	Yes	
J0593	lanadelumab	Takhzyro	No	Submit to network Pharmacy for Processing
J1932	lanreotide	lanreotide	Yes	
J1930	lanreotide acetate	Somatuline Depot	Yes	
J1931	laronidase	Aldurazyme	Yes	
J0174	lecanemab-irmb	Leqembi	Yes	
J1961	lenacapavir sodium	Sunlenca	Yes	
J9217	leuprolide	Eligard	Yes	
J1950	leuprolide	Lupron	Yes	
J9218	leuprolide	Lupron	Yes	
J9219	leuprolide	Lupron	Yes	
J1954	leuprolide acetate	Lutrate Depot	Yes	
J1951	leuprolide Acetate	Fensolvi	Yes	
	leuprolide acetate/norethindrone acetate	Lupaneta Pak	No	Submit to network Pharmacy for Processing
J1952	leuprolide mesylate	Camcevi	No	Submit to network Pharmacy for Processing
TBD	Lifileucel	Amtagvi	Yes	Drug is not a covered medical benefit.
Q2054	lisocabtagene maraleucel	Breyanzi	Yes	Drug is not a covered medical benefit.
J9359	loncastuximab tesirine	Zynlonta	Yes	
J3394	Lovotibeglogene autotemcel	Lyfgenia	Yes	Drug is not a covered medical benefit.
J0224	lumasiran	Oxlumo	Yes	
J9223	lurbinectedin inj.	Zepzelca	Yes	
J0896	luspatercept	Reblozyl	Yes	
A9513	Lutetium Lu 177 Dotatate	Lutathera	Yes	
A9607	Lutetium lu-177 vipivotide tetraxetan	Pluvicto	Yes	
J9353	margetuximab	Margenza	Yes	
J9246	melphalan flufenamide	Evomela	Yes	
J9245	melphalan flufenamide	melphalan NOS	Yes	
J9248	melphalan HCl	Hepzato w/50mm Catheter	Yes	
C9473	mepolizumab	Nucala	Yes	
J2182	mepolizumab	Nucala	Yes	
J2212	methylnaltrexone	Relistor	Yes	
J3590	metreleptin	Myalept	Yes	
J2267	Mirikizumab-mrkz	OmvoH	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J9281	mitomycin c instillation	Mitomycin C Instillation	Yes	
J9204	mogamulizumab-kpkc	Poteligeo	Yes	
J7402	mometasone sinus sinuva	Mometasone Sinus Sinuva	Yes	
J9350	mosunetuzumab-axgb	Lunsumio	Yes	
J2277	Motixafortide	Aphexda	Yes	
J9313	moxetumomab	Lumoxiti	Yes	
J9029	nadofaragene firadenovec-vncg	Adstiladrin	Yes	Drug is not a covered medical benefit.
J9331	nanoparticle albumin bound sirolimus	Fyarro	Yes	
J2323	natalizumab	Tysabri	Yes	
J9348	naxitamab	Danyelza	Yes	
C9475	necitumumab	Portrazza	Yes	
J9295	necitumumab	Portrazza	Yes	
J9261	nelarabine	Arranon	Yes	
J9256	nipocalimab-aahu	Imaavy	Yes	
90380, 90381	nirsevimab-alip	Beyfortus	Yes	
J9299	nivolumab	Opdivo	Yes	
J9298	nivolumab and relatlimab	Opdualag	Yes	
J9289	nivolumab- hyaluronidase-nvhy	Opdivo Qvantig	Yes	
J9028	nogapendekin alfa inbakicept-pmln	Anktiva	Yes	
C9489	nusinersen	Spinraza	Yes	
J2326	nusinersen	Spinraza	Yes	
J3490	obecabtagene autoleucel	Aucatzyl	Yes	Drug is not a covered medical benefit.
Q2058	obecabtagene autoleucel	Aucatzyl	Yes	Drug is not a covered medical benefit.
J9301	obinutuzumab	Gazyva	Yes	
C9494	ocrelizumab	Ocrevus	Yes	
J2350	ocrelizumab	Ocrevus	Yes	
J2351	ocrelizumab and hyaluronidase-ocsq	Ocrevus Zunovo	Yes	
J7316	ocriplasmin	Jetrea	Yes	
J2353	octreotide	Sandostatin Depot	Yes	
J2354	octreotide	Sandostatin	Yes	
C9260	ofatumumab	Arzerra	Yes	
J9302	ofatumumab	Arzerra	Yes	
C9485	olaratumab	Lartruvo	Yes	
J0218	olipudase alfa	Xenpozyme	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J9262	omacetaxine	Synribo	Yes	
J2357	omalizumab	Xolair	Yes	
TBD	omidubicel-onlv	Omisirge	Yes	Drug is not a covered medical benefit.
J0585	onabotulinumtoxin	Botox	Yes	
J3399	onasemnogene abeparvovec	Zolgensma	Yes	Drug is not a covered medical benefit.
J3590	onasemnogene abeparvovec-brve	Itvisma	Yes	Drug is not a covered medical benefit.
J2355	oprelvekin	Neumega	Yes	
J9263	oxaliplatin	oxaliplatin	No	Does not require PA with Archimedes.
J9259	paclitaxel protein-bound	paclitaxel protein-bound particles	Yes	
J9258	paclitaxel protein-bound particles	paclitaxel protein-bound particles	Yes	
J2425	palifermin	Kepivance	Yes	
90378	palivizumab	Synagis	Yes	
C9003	palivizumab	Synagis	Yes	
S9562	palivizumab	Synagis	Yes	
J2469	palonosetron	Aloxi	No	Does not require PA with Archimedes.
J2468	palonosetron	Posfrea	Yes	
J2430	pamidronate disodium	pamidronate disodium	No	Does not require PA with Archimedes.
J9303	panitumumab	Vectibix	Yes	
J2501	paricalcitol	Zemlar	Yes	
C9454	pasireotide	Signifor Lar	Yes	
J2502	pasireotide	Signifor LAR	Yes	
C9036	patisiran	Onpattro	Yes	
J0222	patisiran	Onpattro	Yes	
J2503	pegaptanib ophthalmic	Macugen	Yes	
J9266	pegaspargase	Oncaspar	Yes	
J2781	pegcetacoplan ophthalmic	Syfovre	Yes	
Q5122	pegfilgrastim	Nyvepria	Yes	
Q5111	pegfilgrastim	Udenyca	Yes	
J2506	Pegfilgrastim, inj excludes biosimilar (ex-bio)	Neulasta, Neulasta Onpro	Yes	
Q5120	pegfilgrastim-bmez	Ziextenzo	Yes	
Q5127	pegfilgrastim-fpgk	Stimufend	Yes	
Q5108	pegfilgrastim-jmdb	Fulphila	Yes	
Q5130	pegfilgrastim-pbbk	Fylnetra	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCPCS Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J0890	peginesatide	Omontys	Yes	
J2507	pegloticase	Krystexxa	Yes	
J2508	pegunigalsidase alfa	Elfabrio	Yes	
J9271	pembrolizumab	Keytruda	Yes	
J9296	pemetrexed	pemetrexed	Yes	
J9314	pemetrexed	pemetrexed	Yes	
J9322	pemetrexed	pemetrexed	Yes	
J9323	pemetrexed	pemetrexed	Yes	
J9305	pemetrexed	Alimta	Yes	
J9294	pemetrexed	pemetrexed	Yes	
J9304	pemetrexed	Pemfexy	Yes	
J9292	pemetrexed dipotassium	Axtle	Yes	
J9297	pemetrexed disodium	Pemetrexed Disodium	Yes	
J9324	pemetrexed disodium	Pemrydi RTU	Yes	
Q0224	pemivibart	Pemgarda	Yes	
J9316	pertuzu, trastuzu	Phesgo	Yes	
C9292	pertuzumab	Perjeta	Yes	
J9306	pertuzumab	Perjeta	Yes	
C9252	plerixafor	Mozobil	Yes	
J2562	plerixafor	plerixafor	Yes	
J9309	polatuzumab vedotin	Polivy	Yes	
J9376	pozelimab-bbfg	Veopoz	Yes	
TBD	prabotulinumtoxin-a-xvfs	Jeuveau	Yes	
J3389	prademagene zamikeracel	ZEVASKYN	Yes	Drug is not a covered medical benefit.
J9307	pralatrexate	Folotyn	Yes	
J7168	prothrombin complex	Kcentra	Yes	
A9606	radium ra 223 dichloride	Xofigo	Yes	
C9025	ramucirumab	Cyramza	Yes	
J9308	ramucirumab	Cyramza	Yes	
J2778	ranibizumab	Lucentis	Yes	
J2779	ranibizumab	Susvimo Ocular Implant	Yes	
Q5128	Ranibizumab-eqrn	Cimerli	Yes	
Q5124	ranibizumab-nuna	Byooviz	Yes	
J2783	rasburicase	Elitek	Yes	
J1303	ravulizumab-cwvz	Ultomiris	Yes	
J3402	remestemcel-l-rknd	Ryoncil	Yes	Drug is not a covered medical benefit.
J0801	repository corticotropin	Acthar Gel	No	Submit to network Pharmacy for Processing

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCPCS Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J0802	repository corticotropin	Acthar Gel	No	Submit to network Pharmacy for Processing
C9481	reslizumab	Cinqair	Yes	
J2786	reslizumab	Cinqair	Yes	
J9345	Retifanlimab-dlwr	Zynyz	Yes	
J3403	revakinagene tarorectcel-lwey	Encelto	Yes	Drug is not a covered medical benefit.
J7677	revefenacin inh non-com 1mcg	Yupelri	Yes	
J2793	rilonacept	Arcalyst	Yes	
J0587	rimabotulinumtoxinb	Myobloc	Yes	
J2327	risankizumab IV	Skyrizi (IV)	Yes	
	risankizumab SC	Skyrizi (SC)	No	Submit to network Pharmacy for Processing
Q5123	rituximab	Riabni	Yes	
J9310	rituximab	Rituxan	Yes	
J9312	rituximab	Rituxan	Yes	
Q5115	rituximab-abbs	Truxima	Yes	
C9467	rituximab-hyaluronidase human	Rituxan Hycela	Yes	
J9311	rituximab-hyaluronidase human	Rituxan Hycela	Yes	
Q5119	rituximab-pvvr	Ruxience	Yes	
C9464	rolapitant	Varubi	Yes	
J2797	rolapitant	Varubi	Yes	
J8670	rolapitant	Varubi	Yes	
Q9981	rolapitant	Varubi	Yes	
C9265	romidepsin	Istodax	Yes	
J9319	romidepsin	Istodax	Yes	
J9315	romidepsin, 1 mg injection	Istodax	Yes	
J9318	romidepsin, non-lyophilized, 0.1 mg injection	Istodax	Yes	
J2802	romiplostim	Nplate	Yes	
J3111	romosozumab-aqqg	Evenity	Yes	
J9333	Rozanolixizumab-noli	Rystiggo	Yes	
J9317	sacituzumab govitecan-hziy	Trodelvy	Yes	
J2820	sargramostim	Leukine	Yes	
C9478	sebelipase alfa	Kanuma	Yes	
J2840	sebelipase alfa	Kanuma	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCPCS Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
J3247	Secukinumab IV	Cosentyx IV	Yes	
	Secukinumab SC	Cosentyx SC	No	Submit to network Pharmacy for Processing
J3490	sildenafil injection	Revatio Injection	Yes	
J0295	sildenafil injection	Revatio Injection	Yes	
J2860	siltuximab	Sylvant	Yes	
C9273	sipuleucel-t	Provenge	Yes	Drug is not a covered medical benefit.
Q2043	sipuleucel-t	Provenge	Yes	Drug is not a covered medical benefit.
J9331	sirolimus protein-bound particles	Fyarro	Yes	
J1747	spesolimab-sbzo	Spevigo	Yes	
A9600	Strontium-89	Metastron	Yes	
J1302	sutimlimab	Enjaymo	Yes	
J9349	tafasitamab-cxix	Monjuvi	Yes	
J9269	tagraxofusp-erzs	Elzonris	Yes	
J3060	taliglucerase alfa	Elelyso	Yes	
J9325	talimogene laherparepvec	Imlygic	Yes	Drug is not a covered medical benefit.
J3055	talquetamab-tgvs	Talvey	Yes	
C9170	tarlatamab-dlle	Imdelltra	Yes	
J9026	tarlatamab-dlle	Imdelltra	Yes	
J1446	tbo-filgrastim	Granix	Yes	
J1447	tbo-filgrastim	Granix	Yes	
J9274	tebentafusp	Kimmtrak	Yes	
J9380	teclistamab	Tecvayli	Yes	
J9326	telisotuzumab vedotin-tllv	Emrelis	Yes	
J9328	temozolomide	Temodar	Yes	
J9330	temsirolimus	Torisel	Yes	
J3241	teprorumab	Tepezza	Yes	
J1071	testosterone cypionate	testosterone cypionate	No	
J1072	testosterone cypionate	Azmiro	Yes	
J3145	testosterone undecanoate	Aveed	Yes	
J2356	tezepelumab-ekko	Tezspire	No	Submit to network Pharmacy for Processing
J9341	thiotepa	Tepylute	Yes	
J9342	thiotepa	Thiotepa	Yes	
J3240	thyrotropin alfa	Thyrogen	Yes	
J3245	tildrakizumab-asmn	Ilumya	Yes	

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
Q2040	tisagenlecleucel	Kymriah	Yes	Drug is not a covered medical benefit.
Q2042	tisagenlecleucel	Kymriah	Yes	Drug is not a covered medical benefit.
J9329	tislelizumab-jsgr	Tevimbra	Yes	
J3262	tocilizumab	Actemra IV	Yes	
	tocilizumab	Actemra SC , Tyenne SC	No	Submit to network Pharmacy for Processing
C9264	tocilizumab	Actemra IV	Yes	
Q5135	tocilizumab-aazg	Tyenne IV	Yes	
Q5156	tocilizumab-anoh	Avtozma	Yes	
Q5133	tocilizumab-bavi	Tofidence IV	Yes	
J1304	tofersen	Qalsody	Yes	
J9350	topotecan	Topotecan	Yes	Does not require PA with Archimedes.
J3263	Toripalimab-tpzi	Loqtorzi	Yes	
A9544	tositumomab	Bexxar	Yes	
A9545	tositumomab	Bexxar	Yes	
G3001	tositumomab	Bexxar	Yes	
C9480	trabectedin	Yondelis	Yes	
J9352	trabectedin	Yondelis	Yes	
J9355	trastuzumab	Herceptin	Yes	
Q5117	trastuzumab-anns	Kanjinti	Yes	
Q5114	trastuzumab-dkst	Ogivri	Yes	
Q5112	trastuzumab-dttb	Ontruzant	Yes	
J9356	trastuzumab-hyaluronidase-oysk	Herceptin Hylecta	Yes	
Q5113	trastuzumab-pkrb	Herzuma	Yes	
Q5116	trastuzumab-qyyp	Trazimera	Yes	
Q5138	trastuzumab-strf	Hercessi	Yes	
J0614	treosulfan	Grafapex	Yes	
J3285	treprostinil	Remodulin	Yes	
J7686	treprostinil	Tyvaso	Yes	
J1448	trilaciclib	Cosela	Yes	
J3315	triptorelin	Trelstar	Yes	
J3316	triptorelin	Trelstar	Yes	
J1746	trogarzo	Trogarzo	Yes	
J9381	tziold	Tziold	Yes	
J2329	ublituximab-xiiy	Briumvi	Yes	
J3358	ustekinumab IV	Stelara IV	Yes	
Q9989	ustekinumab IV	ustekinumab IV	Yes	
	ustekinumab SC	Stelara SC	No	Submit to network Pharmacy for

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCP Code	Generic Drug Name	Brand Drug Name	Send to Archimedes	Details
				Processing
	ustekinumab SC biosimilars	Stelara biosimilars SC	No	Submit to network Pharmacy for Processing
Q9999	ustekinumab-aauz IV	Otulfi IV	Yes	
Q9998	ustekinumab-aekn IV	Selarsdi IV	Yes	
Q5138	ustekinumab-auub IV	Wezlana IV	Yes	
Q5100	ustekinumab-kfce IV	Yesintek IV	Yes	
Q5098	ustekinumab-srlf IV	Imdulosa	Yes	
Q5099	ustekinumab-stba IV	Steqeyma IV	Yes	
Q9997	ustekinumab-ttwe IV	Pyzchiva IV	Yes	
J1412	valoctocogene roxaparvovec-rvox	Roctavian	Yes	Drug is not a covered medical benefit.
J9357	valrubicin	Valstar	Yes	
J3380	vedolizumab	Entyvio IV	Yes	
	vedolizumab SC	Entyvio Pen SC	No	Submit to network Pharmacy for Processing
J3385	velaglucerase alfa	Vpriv	Yes	
J0217	velmanase alfa	Lamzede	Yes	
J3397	vestronidase alfa-vjbk	Mepsevii	Yes	
J1427	viltolarsen	Viltepso	Yes	
J7179	von willebrand factor	Vonvendi	Yes	
J3398	voretigene neparvovec	Luxturna	Yes	Drug is not a covered medical benefit.
J0225	vutrisiran sodium	Amvuttra	Yes	Drug is not a covered medical benefit.
J9276	zanidatamab-hrii	Ziihera	Yes	
J9382	zenocutuzumab-zbco	Bizengri	Yes	
J2278	ziconotide	Prialt	Yes	
J9400	ziv-aflibercept	Zaltrap	Yes	
J1326	zolbetuximab-clzb	Vyloy	Yes	
J3488	zoledronic acid	Reclast	No	Does not require PA with Archimedes.
J3489	zoledronic acid	Zoledronic acid	No	Does not require PA with Archimedes.
J3487	zoledronic acid	Zometa	No	Does not require PA with Archimedes.
J3590	zopapogene imadenovec-drba	Papzimeos	Yes	Drug is not a covered medical benefit.

This document is only official and current on the [OhioHealthyPlans.com](https://www.OhioHealthyPlans.com) website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.