

#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Actemra IV•	tocilizumab	Inflammatory Conditions	J3262	8/15/2022
Acthar gel	repository corticotropin	Miscellaneous Conditions	J0801	8/1/2022
Adakveo±	crizanlizumab-tmca	Miscellaneous Conditions	J0791	1/1/2020
Aduhelm°	Aducanumab-avwa	Miscellaneous Conditions	J0172	7/1/2022
Aldurazyme±	laronidase	Enzyme Deficiencies	J1931	7/21/2019
Adzynma	ADAMTS13, recombinant-krhn	Enzyme Deficiencies	C9167	2/1/2024
Alyglo	immune globulin	Immune Deficiency	J1599	6/1/2024
Amondys-45	casimersen	Muscular Dystrophies	J1426	5/1/2021
Amvuttra±	vutrisiran	Amyloidosis	J0225	9/1/2022
Aphexda	motixafortide	Blood Cell Deficiency	J2277	2/1/2024
Apretude±	cabotegravir	HIV	J0739	3/1/2022
Aralast NP*	alpha1-proteinase inhibitor	Alpha 1 Deficiency	J0256	8/15/2022
Aranesp*	darbepoetin alfa	Blood Cell Deficiency	J0881	5/1/2019
Asceniv±	immune globulin	Immune Deficiency	J1554	7/21/2019
Atgam	lymphocyte immune globulin	Immune Deficiency	J7504	3/1/2020
Aveed±	testosterone undecanoate	Endocrine Disorders	J3145	5/1/2019
Avsola±	infliximab-axxq	Inflammatory Conditions	Q5121	7/15/2020
Azmiro	testosterone	Endocrine Disorders	J2351	5/1/2025
Benlysta <sup>×</sup>	belimumab	Inflammatory Conditions	J0490	8/15/2022
Beovu	brolucizumab-dbll	Ophthalmic Conditions	J0179	11/11/2019

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- $\ensuremath{\mathtt{\pm}}$  indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Berinert±	c1 esterase inhibitor	Hereditary Angioedema	J0597	5/1/2019
Beqvez^	fidanacogene elaparvovec-dzkt	Hemophilia	C9399, J3590	7/1/2024
Bivigam±	immune globulin	Immune Deficiency	J1556	5/1/2019
Bkemv±	eculizumab-aeeb	Blood Modifying Agents	Q5152	5/1/2025
Botox	onabotulinumtoxinA	Neuromuscular Conditions	J0585	5/1/2019
Brineura	cerliponase alfa	Enzyme Deficiencies	J0567	5/1/2019
Briumvi±	ublituximab-xiiy	Multiple Sclerosis	J2329	3/1/2023
Byooviz	ranibizumab-nuna	Ophthalmic Conditions	Q5124	6/8/2022
Cabenuva±	cabotegravir/rilpivirine extended-release injection	HIV	J0741	5/1/2021
Cablivi	caplacizumab-yhdp	Blood Cell Deficiency	C9047	7/21/2019
Casgevy^	exagamglogene autotemcel	Sickle Cell Disease	C9399, J3590	5/1/2024
Cerezyme±	imiglucerase	Enzyme Deficiencies	J1786	11/1/2023
Cimzia•	certolizumab pegol	Inflammatory Conditions	J0717	8/15/2022
Cimerli	ranibizumab-eqrn	Ophthalmic Conditions	Q5128	8/10/2022
Cinqair±	reslizumab	Asthma & Allergy	J2786	5/1/2019
Cinryze±	c1 esterase inhibitor	Hereditary Angioedema	J0598	5/1/2019
Cortrophin gel	repository corticotropin	Miscellaneous Conditions	J0802	8/1/2022
Cosentyx IV•	secukinumab	Inflammatory Conditions	J3247	1/1/2024
Crysvita±	burosumab-twza	Endocrine Disorders	J0584	10/1/2019
Cutaquig±	immune globulin	Immune Deficiency	J1551, 90284	4/1/2022

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- ± indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### CARECONTINUUM

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Cuvitru±	immune globulin	Immune Deficiency	J1555	4/1/2022
Cytogam±	cytomegalovirus immune globulin	Immune Deficiency	J0850	3/1/2020
Daxxify	daxibotulinumtoxinA-lanm	Neuromuscular Conditions	J0589	11/1/2023
Depo-Testosterone	testosterone cypionate	Endocrine Disorders	J1071	2/1/2022
Durysta	bimatoprost	Ophthalmic Conditions	J7351	5/1/2020
Dysport	abobotulinumtoxinA	Neuromuscular Conditions	J0586	5/1/2019
Elaprase±	idursulfase	Enzyme Deficiencies	J1743	7/21/2019
Elelyso±	taliglucerase alfa	Enzyme Deficiencies	J3060	11/1/2023
Elevidys^	delandistrogene moxeparvovec-rokl	Muscular Dystrophies	J1413	11/1/2023
Elfabrio	pegunigalsidase alfa-iwxj	Enzyme Deficiencies	J2508	9/1/2023
Enjaymo±	sutimlimab – jome	Miscellaneous Conditions	J1302	4/1/2022
Entyvio±	vedolizumab	Inflammatory Conditions	J3380	5/1/2019
Epogen*	epoetin alfa	Blood Cell Deficiency	J0885	5/1/2019
Epoprostenol	epoprostenol	Pulmonary Hypertension	J1325	5/1/2019
Epysqli±	eculizumab-aagh	Blood Modifying Agents	Q5151	5/1/2025
Evenity±	romosozumab	Osteoporosis	J3111	10/1/2019
Evkeeza±	evinacumab-dgnb	High Blood Cholesterol	J1305	5/1/2021
Exondys 51	eteplirsen	Muscular Dystrophies	J1428	5/1/2019
Eylea	aflibercept	Ophthalmic Conditions	J0178	5/1/2019
Eylea HD	aflibercept	Ophthalmic Conditions	J0177	8/18/2023

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- $\ensuremath{\mathtt{\pm}}$  indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### CARECONTINUUM

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Fabrazyme±	agalsidase beta	Enzyme Deficiencies	J0180	7/21/2019
Fasenra•	benralizumab	Asthma & Allergy	J0517	8/15/2022
Fensolvi±	leuprolide acetate	Endocrine Disorders	J1951	6/1/2020
Feraheme	ferumoxytol	Anemia	Q0138	3/1/2021
Flebogamma Dif±	immune globulin	Immune Deficiency	J1572	5/1/2019
Flolan	epoprostenol	Pulmonary Hypertension	J1325	5/1/2019
Gamifant	emapalumab-lzsg	Miscellaneous Conditions	J9210	5/1/2019
Gammagard±	immune globulin	Immune Deficiency	J1569	5/1/2019
Gammagard SD±	immune globulin	Immune Deficiency	J1566	5/1/2019
Gammaked±	immune globulin	Immune Deficiency	J1561	5/1/2019
Gammaplex±	immune globulin	Immune Deficiency	J1557	5/1/2019
Gamunex-C±	immune globulin	Immune Deficiency	J1561	5/1/2019
Givlaari±	givosiran	Miscellaneous Conditions	J0223	1/1/2020
Glassia•	alpha1-proteinase inhibitor	Alpha 1 Deficiency	J0257	8/15/2022
Grafapex	treosulfan	Transplant	C9399	5/1/2025
Hemgenix^	etranacogene dezaparvovec-drlb	Hemophilia	J1411	3/1/2023
Hizentra±	immune globulin	Immune Deficiency	J1559	4/1/2022
Hyqvia±	immune globulin	Immune Deficiency	J1575	4/1/2022
iDose TR	travoprost intracameral	Ophthalmic Conditions	J7355	5/1/2024
llaris±	canakinumab	Inflammatory Conditions	J0638	5/1/2019

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- ± indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
llumya±	tildrakizumab	Inflammatory Conditions	J3245	5/1/2020
Inflectra±	infliximab-dyyb	Inflammatory Conditions	Q5103	5/1/2019
Injectafer	ferric carboxymaltose	Anemia	J1439	3/1/2021
Izervay	avacincaptad pegol	Ophthalmic Conditions	C9162, J2782	11/1/2023
Kanuma±	sebelipase alfa	Enzyme Deficiencies	J2840	7/21/2019
Kebilidi^	eladocagene exuparvovec-tneq	Neurologic Conditions	J3590	4/1/2025
Kisunla	donanemab-azbt	Miscellaneous Conditions	J0175	11/1/2024
Krystexxa±	pegloticase	Gout	J2507	5/1/2019
Lanreotide	lanreotide	Endocrine Disorders	J1932	3/9/2022
Lemtrada±	alemtuzumab	Multiple Sclerosis	J0202	5/1/2019
Lamzede	velmanase alfa-tycv	Enzyme Deficiencies	J0217	6/1/2023
Lenmeldy^	atidarsagene autotemcel	Enzyme Deficiencies	C9399, J3590	7/1/2024
Leqembi	lecanemab-irmb	Miscellaneous Conditions	J0174	9/15/2023
Leqvio±	inclisiran	High Blood Cholesterol	J1306	3/1/2022
Lucentis	ranibizumab	Ophthalmic Conditions	J2778	5/1/2019
Lumizyme±	alglucosidase alfa	Enzyme Deficiencies	J0221	7/21/2019
Lupaneta Pack*	leuprolide acetate/norethindrone	Endocrine Disorders	J3490	5/1/2019
Lupron Depot*±	leuprolide acetate	Endocrine Disorders	J9217	5/1/2019
Lupron Depot-Ped	leuprolide acetate	Endocrine Disorders	J1950	5/1/2019
Luxturna^	voretigene neparvovec-rzyl	Ophthalmic Conditions	J3398	5/1/2019

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- ± indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Lyfgenia^	lovotibeglogene autotemcel	Sickle Cell Disease	J3394	5/1/2024
Mepsevii±	vestronidase alfa-vjbk	Enzyme Deficiencies	J3397	7/21/2019
Mircera	methoxy peg-epoetin beta	Blood Cell Deficiency	J0888	5/1/2019
Monoferric	ferric derisomaltose	Anemia	J1437	3/1/2021
Myobloc	rimabotulinumtoxinB	Neuromuscular Conditions	J0587	5/1/2019
Naglazyme±	galsulfase	Enzyme Deficiencies	J1458	7/21/2019
Neupogen*	filgrastim	Blood Cell Deficiency	J1442	5/1/2019
Nexviazyme±	avalglucosidase alfa-ngpt	Enzyme Deficiencies	J0219	10/1/2021
Niktimvo	axatilimab-csfr	Transplant	J9038	1/1/2025
Nivestym*	filgrastim-aafi	Blood Cell Deficiency	Q5110	7/21/2019
Nplate±*	romiplostim	Blood Cell Deficiency	J2802	5/1/2019
Nucala•	mepolizumab	Asthma & Allergy	J2182	8/15/2022
Nulibry±	fosdenopterin	Enzyme Deficiencies	C9399, J3590	6/1/2021
Nulojix±	belatacept	Transplant	J0485	5/1/2019
Nypozi*	filgrastim	Blood Cell Deficiency	Q5148	5/1/2025
Ocrevus±	ocrelizumab	Multiple Sclerosis	J2350	5/1/2019
Ocrevus Zunovo±	ocrelizumab and hyaluronidase-ocsq	Multiple Sclerosis	J2351	12/1/2024
Octagam±	immune globulin	Immune Deficiency	J1568	5/1/2019
Omvoh	mirikizumab-mrkz	Inflammatory Conditions	C9168	1/1/2024
Onpattro±	patisiran	Amyloidosis	J0222	10/1/2019

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- ± indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Orencia <sup>×</sup>	abatacept	Inflammatory Conditions	J0129	8/15/2022
Otulfi IV	ustekinumab-aauz	Inflammatory Conditions	Q9999	5/1/2025
Oxlumo±	lumasiran	Metabolic Disorders	J0224	3/1/2021
Panzyga±	immune globulin	Immune Deficiency	J1576	5/1/2019
Pavblu	aflibercept-ayyh	Ophthalmic Conditions	Q5147	1/1/2025
PiaSky	crovalimab-akkz	Blood Modifying Agents	C9399, J3590	9/1/2024
Pombiliti	cipaglucosidase alfa-atga	Enzyme Deficiencies	J1203	12/1/2023
Privigen±	immune globulin	Immune Deficiency	J1459	5/1/2019
Procrit*	epoetin alfa	Blood Cell Deficiency	J0885	5/1/2019
Prolastin-C	alpha1-proteinase inhibitor	Alpha 1 Deficiency	J0256	5/1/2019
Qalsody	tofersen	Enzdyme Deficiencies	J1304	8/1/2023
Qutenza	capsaicin	Miscellaneous Diseases	J7336	3/1/2025
Pyzchiva IV	ustekinumab-ttwe	Inflammatory Conditions	Q9997	5/1/2025
Radicava±	edaravone	Muscular Dystrophies	J1301	5/1/2019
Reblozyl	luspatercept-aamt	Blood Cell Deficiency	J0896	1/1/2020
Releuko	filgrastim-ayow	Blood Cell Deficiency	Q5125	3/1/2025
Remicade±	infliximab	Inflammatory Conditions	J1745	5/1/2019
Remodulin	treprostinil	Pulmonary Hypertension	J3285	5/1/2019
Renflexis±	infliximab-abda	Inflammatory Conditions	Q5104	5/1/2019
Retacrit*	epoetin alfa-epbx	Blood Cell Deficiency	Q5106	5/1/2019

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- $\pm$  indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Revcovi±	elapegademase-lvlr	Enzyme Deficiencies	J3590	5/1/2019
Riabni*±	rituximab-arrx	Inflammatory Conditions	Q5123	3/1/2021
Rivfloza	nedosiran	Miscellaneous Diseases	C9399, J3590	2/1/2024
Rituxan*±	rituximab	Inflammatory Conditions	J9312	5/1/2019
Roctavian^	valoctocogene roxaparvovec	Hemophilia	J1412	11/1/2023
Ruconest±	c1 esterase inhibitor	Hereditary Angioedema	J0596	5/1/2019
Ruxience*±	rituximab-pvvr	Inflammatory Conditions	Q5119	3/1/2020
Ryplazim	plasminogen, human-tvmh	Miscellaneous Conditions	J2998	3/1/2022
Rystiggo	rozanolixizumab-noli	Miscellaneous Conditions	J9333	9/1/2023
Ryoncil	remestemcel-L-rknd	Miscellaneous Conditions	J3590	4/1/2025
Sandostatin LAR*±	Octreotide	Endocrine Disorders	J2353	1/1/2022
Saphnelo±	anifrolumab	Inflammatory Conditions	J0491	10/1/2021
Scenesse	afamelanotide	Miscellaneous Conditions	J7352	1/1/2020
Selarsdi IV	ustekinumab-aekn	Inflammatory Conditions	Q9998	5/1/2025
Signifor LAR±	pasireotide pamoate	Endocrine Disorders	J2502	1/1/2022
Simponi Aria±	golimumab	Inflammatory Conditions	J1602	5/1/2019
Skyrizi IV±	risankizumab-rzaa	Inflammatory Conditions	J2327	9/1/2022
Skysona^	elivaldogene automovel	Neurologic Conditions	C9399	1/1/2023
Soliris±	eculizumab	Blood Modifying Agents	J1299	5/1/2019
Somatuline Depot*±	lanreotide	Endocrine Disorders	J1930	1/1/2022

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- ± indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### CARECONTINUUM

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Spevigo	spesolimab-sbzo	spesolimab-sbzo	J1747	11/1/2022
Spinraza	nusinersen	Muscular Dystrophies	J2326	5/1/2019
Spravato	esketamine	Miscellaneous Conditions	S0013	7/21/2019
Stelara IV	ustekinumab	Inflammatory Conditions	J3358	5/1/2019
SteQeyma IV	ustekinumab-stba	Inflammatory Conditions	J3590	5/1/2025
Sunlenca±	lenacapavir	HIV	J1961	3/1/2023
Supprelin LA	Histrelin implant	Endocrine Disorders	J9226	5/1/2019
Syfovre	pegcetacoplan	Ophthalmic Conditions	J2781	6/1/2023
Synagis	palivizumab	Respiratory Syncytial Virus	90378	5/1/2019
Tepezza±	teprotumumab	Ophthalmic Conditions	J3241	3/1/2020
Testopel	testosterone implant	Endocrine Disorders	S0189	5/1/2019
Testosterone enanthate	testosterone enanthate	Endocrine Disorders	J3121	2/1/2022
Tezspire±	tezepelumab-ekko	Asthma & Allergy	J2356	7/1/2023
Tofidence	tocilizumab-bavi	Inflammatory Conditions	Q5133	7/1/2024
Tremfya IV	guselkumab	Inflammatory Conditions	J1628	12/1/2024
Treprostinil	treprostinil	Pulmonary Hypertension	J3285	7/21/2019
Triptodur±	triptorelin	Endocrine Disorders	J3316	5/1/2019
Trogarzo±	Ibalizumab-uiy	HIV	J1746	9/1/2022
Truxima*±	rituximab-abbs	Inflammatory Conditions	Q5115	7/21/2019
Tyenne	tocilizumab-aazg	Inflammatory Conditions	Q5135	7/1/2024

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- $\pm$  indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Tysabri±	natalizumab	Multiple Sclerosis	J2323	5/1/2019
Tzield	teplizumab-mzwv	Diabetes	J9381	3/1/2023
Ultomiris±	ravulizumab-cwvz	Blood Modifying Agents	J1303	5/1/2019
Uplizna±	inebilizumab-cdon	Miscellaneous Conditions	J1823	7/15/2020
Vabysmo	faricimab-svoa	Ophthalmic Conditions	J2777	5/1/2022
Vantas*	Histrelin implant	Endocrine Disorders	J9225	5/1/2019
Veletri	epoprostenol	Pulmonary Hypertension	J1325	5/1/2019
Veopoz	pozelimab-bbfg	Blood Modifying Agents	J9376	12/1/2023
Viltepso	viltolarsen	Muscular Dystrophies	J1427	11/15/2020
Vimizim±	elosulfase alfa	Enzyme Deficiencies	J1322	7/21/2019
VPRIV±	velaglucerase alfa	Enzyme Deficiencies	J3385	11/1/2023
Vyalev	foscarbidopa/foslevodopa	Miscellaneous Diseases	J3590	1/1/2025
Vyepti±	eptinezumab-jjmr	Miscellaneous Conditions	J3032	5/1/2020
Vyondys-53	golodirsen	Muscular Dystrophies	J1429	3/1/2020
Vyvgart±	efgartigimod alfa-fcab	Miscellaneous Conditions	J9332	3/1/2022
Vyvgart Hytrulo	efgartigimod alfa/hyaluronidase	Miscellaneous Conditions	J9334	9/1/2023
Vyjuvek^	beremagene-geperpavec-svdt	Miscellaneous Conditions	J3401	9/1/2023
Wainua	eplontersen	Amyloidosis	C9399, J3590	3/1/2024
Wezlana	ustekinumab-auub	Inflammatory Conditions	Q5138	3/1/2025
Xembify±	immune globulin	Immune Deficiency	J1558	4/1/2022

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

- prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.
- x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.
- ± indicates the drug may be subject to site of care requirements
- ^ prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.



#### Effective May 1, 2025

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

### **CARECONTINUUM**

DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE	EFFECTIVE DATE
Xenpozyme±	olipudase alfa-rpcp	Enzyme Deficiencies	J0218	11/1/2022
Xeomin	incobotulinumtoxinA	Neuromuscular Conditions	J0588	5/1/2019
Xiaflex	collagenase clostridium histolyticum	Miscellaneous Conditions	J0775	5/1/2019
Xolair•	omalizumab	Asthma & Allergy	J2357	8/15/2022
Xyosted	testosterone enanthate	Endocrine Disorders	J3490	2/1/2022
Yesintek IV	ustekinumab-kfce	Inflammatory Conditions	J3590	5/1/2025
Zarxio*	filgrastim-sndz	Blood Cell Deficiency	Q5101	5/1/2019
Zemaira•	alpha1-proteinase inhibitor	Alpha 1 Deficiency	J0256	8/15/2022
Zilretta	triamcinolone acetonide	Osteoarthritis	J3304	4/1/2024
Zoladex*	goserelin acetate implant	Endocrine Disorders	J9202	5/1/2019
Zolgensma^	onasemnogene abeparvovec-xioi	Muscular Dystrophies	J3399	6/1/2019
Zulresso	brexanolone	Miscellaneous Conditions	J1632	7/21/2019
Zynteglo^	betibeglogene autotemcel	Blood Cell Deficiency	C9399	1/1/2023

<sup>\*</sup> denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

<sup>°</sup> prior authorization applies to Medicare members only. Coverage is a plan exclusion for all Commercial, Healthcare Exchange and State of Wisconsin members.

<sup>•</sup> prior authorization applies to Medicare members only. Commercial, Healthcare Exchange and State of Wisconsin members require prior authorization through the pharmacy benefit.

x prior authorization applies to IV formulation for Medicare members only. Subcutaneous formulation requires prior authorization through pharmacy benefit for all lines of business.

<sup>±</sup> indicates the drug may be subject to site of care requirements

<sup>^</sup> prior authorization applies to Medicare and State of Wisconsin members only. Coverage is a plan exclusion for all Healthcare Exchange and Commercial members.