

Effective January 1, 2023

Medical Specialty Drug List for OhioHealth (including O'Bleness) and OhioHealthy Plans

Specialty Drugs that process under the medical benefit will require prior authorization if included on the attached list.

This listing is for members of the OhioHealthy Medical Plan for **OhioHealth (including O'Bleness) Associates** and the **OhioHealthy Plans**. All specialty drug prior authorizations for the above plans are routed to Archimedes.

Please use the forms posted on the OhioHealthy website at: <https://www.ohiohealthyplans.com/providers/authorizations>
OR click associated link [Archimedes Specialty Drug Authorization Form](#) and fax to 866-491-6971

Please note this is not applicable to OhioHealthy Huntington Bank members. Do not send OhioHealthy Huntington Bank PA forms to Archimedes. Please use the medical prior authorization forms for these members located on the following website
<https://www.ohiohealthyplans.com/providers/authorizations>

**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.*

HCPCS Code*	Generic	Brand Name	Where to Send Precertification	Preferred
J8597	Unclassified Antiemetic Drug (Other)		Archimedes	
J8498	Unclassified Antiemetic Drug (Suppository)		Archimedes	
J9999	Unclassified Antineoplastic Drug		Archimedes	
J3590	Unclassified Biologic		Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J3490	Unclassified Drug		Archimedes	
C9399	Unclassified Drug Or Biological		Archimedes	
J7599	Unclassified Immunosuppressive Drug		Archimedes	
J7699	Unclassified Inhalation Solution (Dme)		Archimedes	
J8999	Unclassified Oral Chemo Drug		Archimedes	
J8499	Unclassified Oral Non-Chemo Drug		Archimedes	
J7799	Unclassified Other Drug (Dme)		Archimedes	
J0129	abatacept	Orencia IV/SUBQ	Archimedes	
J0586	abobotulinumtoxinA	Dysport	Archimedes	
J0135	adalimumab	Humira	Excluded - Fill through Pharmacy Benefit	
J9354	ado-trastuzumabemtansine	Kadcyla	Archimedes	
J0172	Aducanumab	Aduhelm	Excluded - Not Covered by the Medical Benefit	
J7352	Afamelanotide	Scenesse	Excluded - Not Covered by the Medical Benefit	
J0178	aflibercept	Eylea	Archimedes	
J0180	agalsidase beta	Fabrazyme	Archimedes	
J0215	alefacept	Amevive	Archimedes	
J9010	alemtuzumab	Campath	Archimedes	
J0202	alemtuzumab	Lemtrada	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J0205	alglucerase	Ceredase	Archimedes	
J0221	alglucosidase alfa	Lumizyme	Archimedes	
J0220	alglucosidase alfa	Myozyme	Archimedes	
J0256	Alpha1-Proteinase inhibitors - Human	Aralast	Archimedes	
J0257	Alpha1-Proteinase inhibitors - Human	Glassia	Archimedes	
J0256	Alpha1-Proteinase inhibitors - Human	Prolastin-C	Archimedes	
J0257	Alpha1-Proteinase inhibitors - Human	Zemaira	Archimedes	
J9061	Amivantamab	Rybrevant	Archimedes	
J7207	antihemophilic factor	Adynovate	Archimedes	
J7210	antihemophilic factor	Afstyla	Archimedes	
J7205	antihemophilic factor	Eloctate	Archimedes	
Q9975	antihemophilic factor	Eloctate	Archimedes	
J7190	antihemophilic factor	Hemofil M	Archimedes	
J7191	antihemophilic factor	Hyate C	Archimedes	
J7208	antihemophilic factor	Jivi	Archimedes	
J7192	antihemophilic factor	Kogenate FS	Archimedes	
J7211	antihemophilic factor	Kovaltry	Archimedes	
J7182	antihemophilic factor	Novoeight	Archimedes	
J7209	antihemophilic factor	Nuwiq	Archimedes	
J7188	antihemophilic factor	Obizur	Archimedes	
J7185	antihemophilic factor	Xyntha	Archimedes	
Q2023	antihemophilic factor	Xyntha	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J7188	Antihemophilic Factor VIII - Recombinant [Porcine Sequence]	Obizur	Archimedes	
J7209	Antihemophilic Factor VIII- Recombinant	Nuwiq	Archimedes	
J7186	antihemophilic factor, human	Alphanate	Archimedes	
J7192	Antihemophilic Factor, Recombinant	Advate	Archimedes	
J7210	Antihemophilic Factor, Recombinant	Afstyla	Archimedes	
J7192	Antihemophilic Factor, Recombinant	Helixate FS	Archimedes	
J7211	Antihemophilic Factor, Recombinant	Kovaltry	Archimedes	
J7182	Antihemophilic Factor, Recombinant	Novoeight	Archimedes	
J7192	Antihemophilic Factor, Recombinant	Recombinate	Archimedes	
J7185	Antihemophilic Factor, Recombinant	Xyntha	Archimedes	
J7192	Antihemophilic Factor, Recombinant	Kogenate	Archimedes	
J7207	Antihemophilic Factor, Recombinant-Pegylated	Adynovate	Archimedes	
J7199	Antihemophilic Factor, Recombinant-Pegylated	Jivi	Archimedes	
J7186	Antihemophilic Factor/Von Willebrand Factor Complex	Alphanate	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J7187	Antihemophilic Factor/Von Willebrand Factor Complex	Humate-P	Archimedes	
J7183	Antihemophilic Factor/Von Willebrand Factor Complex	Wilate	Archimedes	
Q2041	antihemophilic factor-von Willebrand factor	Wilate	Archimedes	
J7198	Anti-Inhibitor Coagulant Complex	Feiba	Archimedes	
J0364	Apomorphine Hydrochloride	Apokyn	Archimedes	
J0185	aprepitant	Civanti	Archimedes	
J8501	aprepitant	Emend	Archimedes	
J7605	Arformoterol non-comp unit	Brovana	Excluded - Fill through Pharmacy Benefit	
J9017	arsenic trioxide	Trisenox	Archimedes	
C9483	atezolizumab	Tecentriq	Archimedes	
J9022	atezolizumab	Tecentriq	Archimedes	
C9491	Avelumab	Bavencio	Archimedes	
J9023	Avelumab	Bavencio	Archimedes	
Q2041	Axicabtagene Ciloleucel	Yescarta	Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
Q0245	Bamlanivimab and Etesevimab	Bamlanivimab and etesevimab	Excluded - Not Covered by the Medical Benefit	
J0480	basiliximab	Simulect	Archimedes	
J9037	belantamab mafodont blmf	Blenrep	Archimedes	
J0485	belatacept	Nulojix	Archimedes	

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	Brand Name	Where to Send Precertification	Preferred
J0490	belimumab	Benlysta	Archimedes	
Q2044	belimumab	Benlysta	Archimedes	
J9032	belinostat	Beleodaq	Archimedes	
J9036	bendamustine	Belrapzo	Archimedes	
J9034	bendamustine	Bendeka	Archimedes	
J9033	bendamustine	Treanda	Archimedes	
C9466	Benralizumab	Fasenra	Archimedes	
J0517	Benralizumab	Fasenra	Archimedes	
C9257	bevacizumab	Avastin	Archimedes	Preferred for EYE only. Otherwise preferred med is Zirabev, Mvasi or Alymsys
J9035	bevacizumab	Avastin	Archimedes	Preferred for EYE only. Otherwise preferred med is Zirabev, Mvasi or Alymsys
Q5107	bevacizumab-awwb	Mvasi	Archimedes	Zirabev, Mvasi, Alymsys
Q5118	bevacizumab-bvzr	Zirabev	Archimedes	Zirabev, Mvasi, Alymsys
Q5126	bevacizumab-maly	Alymsys	Archimedes	Zirabev, Mvasi, Alymsys
C9490	Bezlotoxumab	Zinplava	Archimedes	
J0565	bezlotoxumab	Zinplava	Archimedes	
J7351	bimatoprost	Durysta	Archimedes	
J9039	blinatumomab	Blincyto	Archimedes	
J9041	bortezomib	Velcade	Archimedes	
J9044	bortezomib	Velcade	Archimedes	
J9042	brentuximab vedotin	Adcetris	Archimedes	
J1632	Brexanolone	Zulresso	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
Q9073	Brexucabtagene Autoleucel	Tecartus	Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
J0179	brolocizumab-dbll	Beovu	Archimedes	
J0584	burosumab-twza	Crysvita	Archimedes	
C9269	C1 esterase inhibitor	Berinert	Archimedes	
C9251	C1 esterase inhibitor	Cinryze	Archimedes	
C9015	C1 Esterase Inhibitor (Human)	Haegarda	Archimedes	
J0599	C1 Esterase Inhibitor (Human)	Haegarda	Archimedes	
J0597	C1 esterase inhibitor human	Berinert	Archimedes	
J0598	C1 esterase inhibitor human	Cinryze	Archimedes	
J0596	C1 Inhibitor - Recombinant	Ruconest	Archimedes	
J9043	cabazitaxel	Jevtana	Archimedes	
J0739	cabotegravir	Apretude	Excluded - Fill through Pharmacy Benefit	
	Cabotegravir	Vocabria	Excluded - Not Covered by the Medical Benefit	
C9077	Cabotegravir and Rilpivirine	Cabenuva	Excluded - Not Covered by the Medical Benefit	
J0638	canakinumab	Ilaris	Archimedes	
J8520	capecitabine	Xeloda	Excluded - Fill through Pharmacy Benefit	
J8521	capecitabine	Xeloda	Excluded - Fill through Pharmacy Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
WW089	capecitabine	Xeloda	Excluded - Fill through Pharmacy Benefit	
WW096	capecitabine	Xeloda	Excluded - Fill through Pharmacy Benefit	
J3590	Caplacizumab	Cablivi	Archimedes	
J9047	carfilzomib	Kyprolis	Archimedes	
J9050	carmustine	Bicnu	Archimedes	
J1426	Casimersen	Amondys 45	Excluded - Not Covered by the Medical Benefit	
Q0243	Casirivimab and Imdevimab	REGEN-COV	Excluded - Not Covered by the Medical Benefit	
J9119	cemiplimab-rwlc	Libtayo	Excluded - Not Covered by the Medical Benefit	
C9014	Cerliponase Alfa	Brineura	Archimedes	
J0567	Cerliponase Alfa	Brineura	Archimedes	
C9249	certolizumab	Cimzia	Excluded - Fill through Pharmacy Benefit	
J0718	certolizumab	Cimzia	Excluded - Fill through Pharmacy Benefit	
J0717	certolizumab pegol	Cimzia	Excluded - Fill through Pharmacy Benefit	
J3490	cetrorelix acetate	Cetrotide	Excluded - Not Covered by the Medical Benefit	
J9055	cetuximab	Erbix	Archimedes	
J3490	choriogonadotropin Alfa	Ovidrel	Excluded - Not Covered by the Medical Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
			Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
Q2056	ciltacabtagene autoleucel	Carvykti		
J9027	clofarabine	Clolar	Archimedes	
J7193	coagulation factor IX	Alphanine SD	Archimedes	
C9135	coagulation factor IX	Alprolix	Archimedes	
J7201	coagulation factor IX	Alprolix	Archimedes	
J7195	coagulation factor IX	Benefix	Archimedes	
J7202	coagulation factor IX	Idelvion	Archimedes	
C9468	coagulation factor IX	Rebinyon	Archimedes	
J7203	coagulation factor IX	Rebinyon	Archimedes	
J7200	coagulation factor IX	Rixubis	Archimedes	
J7189	coagulation factor viia	Novoseven	Archimedes	
J7175	coagulation factor X	Coagadex	Archimedes	
J0775	collagenase clostridium histolyticum	Xiaflex	Archimedes	
J7999	Compounded drug	COMPOUNDED DRUG, NOT OTHERWISE SPECIFIED	Archimedes	
J0596	conestat alfa	Ruconest	Archimedes	
C9030	Copanlisib HCl	Aliqopa	Archimedes	
J9057	Copanlisib HCl	Aliqopa	Archimedes	
J0791	crizanlizumab-tmca 5mg inj	Adakveo	Archimedes	
J7513	daclizumab	Zenapax	Archimedes	
J9120	dactinomycin	Cosmegen	Archimedes	
C9476	daratumumab	Darzalex	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J9145	daratumumab	Darzalex	Archimedes	
J9144	daratumumab, hyaluronidase	Darzalex Faspro	Archimedes	
J0881	darbepoetin alfa	Aranesp	Archimedes	
J0882	darbepoetin alfa	Aranesp	Archimedes	
J9155	degarelix	Firmagon	Archimedes	
C9272	denosumab	Prolia	Archimedes	
J0897	denosumab	Xgeva	Archimedes	
L8604	dextranomer	Solesta	Archimedes	
L8605	dextranomer	Solesta	Archimedes	
J0879	difelikefalin	Korsuva	Archimedes	
J7639	dornase alfa	Pulmozyme	Archimedes	
J9272	Dostarlimab	Jemperli	Excluded - Not Covered by the Medical Benefit	
C9492	Durvalumab	Imfinzi	Archimedes	
J9173	Durvalumab	Imfinzi	Archimedes	
C9263	ecallantide	Kalbitor	Archimedes	
J1290	ecallantide	Kalbitor	Archimedes	
C9236	eculizumab	Soliris	Archimedes	
J1300	eculizumab	Soliris	Archimedes	
C9493	Edaravone	Radicava	Excluded - Not Covered by the Medical Benefit	
J1301	Edaravone	Radicava	Excluded - Not Covered by the Medical Benefit	

This document is only official and current on the OhioHealthyPlans.com website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.

HCCPS Code*	Generic	Brand Name	Where to Send Precertification	Preferred
S0162	efalizumab	Raptiva	Archimedes	
J3590	elapegademase-lvlr	Revcovi	Archimedes	
TBD	Elivaldogene Autotemcel	Skysona	Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
C9022	elosulfase alfa	Vimizim	Archimedes	
J1322	elosulfase alfa	Vimizim	Archimedes	
C9477	elotuzumab	Empliciti	Archimedes	
J9176	elotuzumab	Empliciti	Archimedes	
J9210	emapalumab-lzsg	Gamifant	Archimedes	
Q9995	Emiciumab-kxwh	Hemlibra	Archimedes	
J7170	Emicizumab-kxwh	Hemlibra	Archimedes	
J9177	enfortumab vedotin-ejfv	Padcev	Excluded - Not Covered by the Medical Benefit	
J1324	enfuvirtide	Fuzeon	Archimedes	
J0885	epoetin alfa	Epogen	Archimedes	
J0886	epoetin alfa	Epogen	Archimedes	
Q4081	epoetin alfa	Epogen	Archimedes	
J0885, J0886	epoetin alfa	Procrit	Archimedes	
Q5105	Epoetin Alfa-epbx	Retacrit	Archimedes	
Q5106	Epoetin Alfa-epbx	Retacrit	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J1325	epoprostenol	Flolan	Archimedes	
J1325	epoprostenol sodium	Velettri	Archimedes	
J3032	Eptinezumab	Vyepti	Archimedes	
J9179	eribulin mesylate	Halaven	Archimedes	
J1438	etanercept	Enbrel	Excluded - Fill through Pharmacy Benefit	
J0606	Etelcalcetide HCl	Parsabiv	Archimedes	
C9484	eteplirsen	Exondys 51	Excluded - Not Covered by the Medical Benefit	
J1428	eteplirsen	Exondys 51	Excluded - Not Covered by the Medical Benefit	
J8561	everolimus	Afinitor	Excluded - Fill through Pharmacy Benefit	
C9079	Evinacumab	EVKEEZA	Excluded - Not Covered by the Medical Benefit	
J7195	Factor IX - Recombinant	Benefix	Archimedes	
J7195	Factor IX - Recombinant	Ixinity	Archimedes	
J7200	Factor IX - Recombinant	Rixubis	Archimedes	
J7202	Factor IX - Recombinant [Albumin Fusion Protein]	Idelvion	Archimedes	
J7201	Factor IX - Recombinant [Fc Fusion Protein]	Alprolix	Archimedes	
J7194	factor IX complex	Bebulin	Archimedes	
J7194	Factor IX Complex	Profiline, Profilnine SD	Archimedes	
J7193	Factor IX -Human	Alphanine SD	Archimedes	
J7193	Factor IX -Human	Mononine	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J7212	Factor viia recomb	Sevenfact	Archimedes	
J7189	Factor VIIa, Recombinant	Novoseven RT	Archimedes	
J7190	Factor VIII - AHF	Hemofil M	Archimedes	
J7190	Factor VIII - AHF	Koate, Koate-DVI	Archimedes	
J7190	Factor VIII - AHF	Monoclate - P	Archimedes	
J7204	factor VIII recombinant	Esperoct	Archimedes	
J7175	Factor X - Human	Coagadex	Archimedes	
J7180	factor XIII	Corifact	Archimedes	
J7180	Factor XIII A-Subunit, Recombinant	Tretten	Archimedes	
J7180	Factor XIII Concentrate - Human	Corifact	Archimedes	
J9358	fam-trastuzumab deruxtecan-nxki	Enhertu	Excluded - Not Covered by the Medical Benefit	
J2777	faricimab	Vabysmo	Excluded - Not Covered by the Medical Benefit	
J1439	ferric carboxymaltose	Injectafer	Archimedes	
J1437	Ferric Derisomaltose	Monoferric	Archimedes	
Q0138	ferumoxytol	Feraheme	Archimedes	
Q0139	ferumoxytol	Feraheme	Archimedes	
J7177	fibrinogen	Riastap	Archimedes	
J7178	fibrinogen	Riastap	Archimedes	
J1440	filgrastim	Neupogen	Archimedes	Zarxio, Granix, Nivestym, Releuko
J1441	filgrastim	Neupogen	Archimedes	Zarxio, Granix, Nivestym, Releuko

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J1442	filgrastim	Neupogen	Archimedes	Zarxio, Granix, Nivestym, Releuko
J1447	filgrastim TBO	Granix	Archimedes	Zarxio, Granix, Nivestym, Releuko
Q5110	filgrastim-aafi	Nivestym	Archimedes	Zarxio, Granix, Nivestym, Releuko
Q5125	filgrastim-ayow	Releuko	Archimedes	Zarxio, Granix, Nivestym, Releuko
Q5101	filgrastim-sndz	Zarxio	Archimedes	Zarxio, Granix, Nivestym, Releuko
J7314	fluocinolone (intravitreal implant)	Yutiq, 0.01 mg inj	Archimedes	
J7313	fluocinolone (intravitreal implant)	ILUVIEN	Archimedes	
C1821	fluocinolone acetonide	Retisert	Archimedes	
J7311	fluocinolone acetonide	Retisert	Archimedes	
J7313	fluocinolone acetonide	Retisert	Archimedes	
J1453	fosaprepitant	Emend	Archimedes	
J3490	Fosdenopterin	Nulibry	Excluded - Not Covered by the Medical Benefit	
C9033	Fosnetupitant Choride-Palonosetron HCl	Akynzeo	Archimedes	
J1454	Fosnetupitant Choride-Palonosetron HCl	Akynzeo	Archimedes	
J8655	Fosnetupitant Choride-Palonosetron HCl	Akynzeo	Archimedes	
J9395	fulvestrant	Faslodex	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J1458	galsulfase	Naglazyme	Archimedes	
S0132	Ganirelix Acetate	Ganirelix Acetate	Excluded - Not Covered by the Medical Benefit	
J8565	gefitinib	Iressa	Archimedes	
J9198	gemcitabine	Infugem	Archimedes	
J9203	gemtuzumab	Mylotarg	Archimedes	
J9300	gemtuzumab	Mylotarg	Archimedes	
J0223	givosiran	Givlaari	Archimedes	
J1595	glatiramer	Copaxone	Excluded - Fill through Pharmacy Benefit	
J1575	globulin, immune	Hyqvia	Archimedes	Gammagard, Bivigam, Flebogamma, Gammaplex, Octagam, Privigen, Gammaked, Gamunex-C
C9293	glucarpidase	Voraxaze	Archimedes	
J1602	golimumab	Simponi Aria	Archimedes	
J1602	golimumab	Simponi	Archimedes	
J1620	gonadorelin	Factrel	Archimedes	
J9202	goserelin acetate	Zoladex	Archimedes	
J1626	granisetron	Kytril	Archimedes	
C9486	granisetron	Sustol	Archimedes	
J1627	granisetron	Sustol	Archimedes	
C9029	Guselkumab	Tremfya	Excluded - Fill through Pharmacy Benefit	
J1628	Guselkumab	Tremfya	Excluded - Fill through Pharmacy Benefit	
J9225	histrelin	Vantas	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J9226	histrelin acetate	Supprelin LA	Excluded - Not Covered by the Medical Benefit	
J7324	hyaluronan	Orthovisc	Excluded - Not Covered by the Medical Benefit	
Q4086	hyaluronan	Orthovisc	Excluded - Not Covered by the Medical Benefit	
C9465	hyaluronic acid	Durolane	Excluded - Not Covered by the Medical Benefit	
J7323	hyaluronic acid	Euflexxa	Excluded - Not Covered by the Medical Benefit	
J7326	hyaluronic acid	Gel-one	Excluded - Not Covered by the Medical Benefit	
J7328	hyaluronic acid	GelSyn	Excluded - Not Covered by the Medical Benefit	
J7321	hyaluronic acid	Hyalgan	Excluded - Not Covered by the Medical Benefit	
J7322	hyaluronic acid	Hymovis	Excluded - Not Covered by the Medical Benefit	
J7327	hyaluronic acid	Monovisc	Excluded - Not Covered by the Medical Benefit	
J7324	hyaluronic acid	Orthovisc	Excluded - Not Covered by the Medical Benefit	
J3490	hyaluronic acid	Sunjoynt	Excluded - Not Covered by the Medical Benefit	
J7321	hyaluronic acid	Supartz, Supartz FX	Excluded - Not Covered by the Medical Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J7325	hyaluronic acid	Synvisc, Synvisc -one	Excluded - Not Covered by the Medical Benefit	
J7321	hyaluronic acid	Visco-3	Excluded - Not Covered by the Medical Benefit	
J7329	hyaluronic acid	Trivisc	Excluded - Not Covered by the Medical Benefit	
J1726	HYDROXYprogesterone	Makena	Excluded - Not Covered by the Medical Benefit	
Q9885	HYDROXYprogesterone	Makena	Excluded - Not Covered by the Medical Benefit	
Q9986	HYDROXYprogesterone	Makena	Excluded - Not Covered by the Medical Benefit	
J1725	hydroxyprogesterone caproate injection	Makena	Excluded - Not Covered by the Medical Benefit	
J1729	hydroxyprogesterone caproate injection, not otherwise specified	Makena	Excluded - Not Covered by the Medical Benefit	
S0176	hydroxyurea	Hydrea	Archimedes	
J7328	hylan G-F 20	Gelsyn	Excluded - Not Covered by the Medical Benefit	
J7322	hylan G-F 20	Hymovis	Excluded - Not Covered by the Medical Benefit	
J7325	hylan G-F 20	Synvisc	Excluded - Not Covered by the Medical Benefit	
Q4084	hylan G-F 20	Synvisc	Excluded - Not Covered by the Medical Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J7320	hylan polymers	Genvisc	Excluded - Not Covered by the Medical Benefit	
Q9980	hylan polymers	Genvisc	Excluded - Not Covered by the Medical Benefit	
J1746	ibalizumab-UIYK	Trogarzo	Archimedes	
A9542	ibrutinib	Zevalin	Archimedes	
A9543	ibrutinib	Zevalin	Archimedes	
J1744	icatibant	Firazyr	Archimedes	
Q2055	Idecabtagene Vicleucel	Abecma	Excluded - Not Covered by the Medical Benefit	
C9232	idursulfase	Elaprase	Archimedes	
J1743	idursulfase	Elaprase	Archimedes	
Q4074	iloprost	Ventavis	Archimedes	
Q4080	iloprost	Ventavis	Archimedes	
S0088	imatinib	Gleevec	Excluded - Fill through Pharmacy Benefit	
J1785	imiglucerase	Cerezyme	Archimedes	
J1786	imiglucerase	Cerezyme	Archimedes	
J1556	immune globulin	Bivigam	Archimedes	Gammagard, Bivigam, Flebogamma, Gammaplex, Octagam, Privigen, Gammaked, Gamunex-C
J1566	immune globulin	Carimune NF	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J1555	immune globulin	Cuvitru SC	Archimedes	Gammagard, Bivigam, Flebogamma, Gammaplex, Octagam, Privigen, Gammaked, Gamunex-C
J1460, J1560	immune globulin	Gamastan S/D	Archimedes	
J1561	immune globulin	Gammaked	Archimedes	
J1557	immune globulin	Gammaplex	Archimedes	
J1561	immune globulin	Gamunex-C	Archimedes	
J1559	immune globulin	Hizentra SC	Archimedes	
J1575	immune globulin	Hyqvia	Archimedes	
J1568	immune globulin	Octagam	Archimedes	
J1599	Immune globulin	Panzyga	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J1459	immune globulin	Privigen	Archimedes	Gammagard, Bivigam, Flebogamma, Gammaplex, Octagam, Privigen, Gammaked, Gamunex-C
J1657	immune globulin	Venoglobulin-S	Archimedes	
J1558	immune globulin	Xembify	Excluded - Not Covered by the Medical Benefit	
J1554	immune globulin	Asceniv	Excluded - Not Covered by the Medical Benefit	
J3590	immune globulin	Cutaquig	Excluded - Not Covered by the Medical Benefit	
J1556	immune globulin intravenous	Bivigam	Archimedes	
J1566	immune globulin intravenous	Carimune	Archimedes	
J1555	immune globulin intravenous	Cuvitru	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J1572	immune globulin intravenous	Flebogamma	Archimedes	Gammagard, Bivigam, Flebogamma, Gammaplex, Octagam, Privigen, Gammaked, Gamunex-C
J1569	immune globulin intravenous	Gammagard	Archimedes	
C9270	immune globulin intravenous	Gammaplex	Archimedes	
J1557	immune globulin intravenous	Gammaplex	Archimedes	
J1470	immune globulin intravenous	Gammar	Archimedes	
J1480	immune globulin intravenous	Gammar	Archimedes	
J1490	immune globulin intravenous	Gammar	Archimedes	
J1500	immune globulin intravenous	Gammar	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J1510	immune globulin intravenous	Gammar	Archimedes	Gammagard, Bivigam, Flebogamma, Gammaplex, Octagam, Privigen, Gammaked, Gamunex-C
J1520	immune globulin intravenous	Gammar	Archimedes	
J1530	immune globulin intravenous	Gammar	Archimedes	
J1540	immune globulin intravenous	Gammar	Archimedes	
J1550	immune globulin intravenous	Gammar	Archimedes	
J1560	immune globulin intravenous	Gammar	Archimedes	
Q4092	immune globulin intravenous	Gamunex	Archimedes	
J1559	immune globulin intravenous	Hizentra	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
90283	immune globulin intravenous	IVIG	Archimedes	Gammagard, Bivigam, Flebogamma, Gammplex, Octagam, Privigen, Gammaked, Gamunex-C
J1567	immune globulin intravenous	IVIG	Archimedes	
J1599	immune globulin intravenous	IVIG	Archimedes	
J1568	immune globulin intravenous	Octagam	Archimedes	
J1459	immune globulin intravenous	Privigen	Archimedes	
J1561	immune globulin intravenous and subcutaneous	Gammaked	Archimedes	
J1562	immune globulin subcutaneous	Vivaglobin	Archimedes	
J1306	inclisiran sodium	Leqvio	Excluded - Fill through Pharmacy Benefit	
J0588	incobotulinumtoxinA	Xeomin	Archimedes	
J1823	Inebilizumab-cdon	Uplinza	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
Q5103	infliximab	Inflectra	Archimedes	Renflexis, Inflectra
J1745	infliximab	Remicade	Archimedes	Renflexis, Inflectra
Q5104	infliximab	Renflexis	Archimedes	Renflexis, Inflectra
Q5102	infliximab	infliximab	Archimedes	Renflexis, Inflectra
Q5121	infliximab-axxq	Avsola	Archimedes	Renflexis, Inflectra
Q5103	infliximab-dyyb	Inflectra	Archimedes	Renflexis, Inflectra
C9028	Inotuzumab Ozogamicin	Besponsa	Archimedes	
J9229	Inotuzumab Ozogamicin	Besponsa	Archimedes	
J9212	interferon alfacon-1	Infergen	Archimedes	
J1825	interferon beta-1a	Avonex	Excluded - Fill through Pharmacy Benefit	
J1826	interferon beta-1a	Avonex	Excluded - Fill through Pharmacy Benefit	
Q3025	interferon beta-1a	Avonex	Excluded - Fill through Pharmacy Benefit	
Q3026	interferon beta-1a	Avonex	Excluded - Fill through Pharmacy Benefit	
Q3027	interferon beta-1a	Avonex	Excluded - Fill through Pharmacy Benefit	
J1830	interferon beta-1b	Betaseron	Excluded - Fill through Pharmacy Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J9216	interferon gamma-1b	Actimmune	Excluded - Fill through Pharmacy Benefit	
C9284	ipilimumab	Yervoy	Archimedes	
J9228	ipilimumab	Yervoy	Archimedes	
J9205	irinotecan liposome	Onivyde	Archimedes	
J9227	isatuximab-irfc	Sarclisa	Excluded - Not Covered by the Medical Benefit	
J1566	IVIG	Gamma globulin	Archimedes	Gammagard, Bivigam, Flebogamma, Gammaplex, Octagam, Privigen, Gammaked, Gamunex-C
J9207	ixabepilone	Ixempra	Archimedes	
J0593	Lanadelumab-flyo	Takhzyro	Excluded - Not Covered by the Medical Benefit	
J1930	lanreotide	Somatuline Depot	Archimedes	
J1930	lanreotide acetate	Somatuline	Archimedes	
J1931	laronidase	Aldurazyme	Archimedes	
J1950	leuprolide	Lupron	Archimedes	
J9217	leuprolide	Lupron	Archimedes	
J9218	leuprolide	Lupron	Archimedes	
J9219	leuprolide	Lupron	Archimedes	
J3490	Leuprolide acetate/norethindrone acetate	Lupaneta Pak	Archimedes	
J7297	levonorgestrel	Liletta	Archimedes	
Q2054	Lisocabtagene maraleucel	Breyanzi	Excluded - Not Covered by the Medical Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
	Loncastuximab tesirine	Zynlonta	Excluded - Not Covered by the Medical Benefit	
J0224	Lumasiran	Oxlumo	Archimedes	
J9223	lurbinectedin for injection	Zepzelca	Archimedes	
J0896	Luspatercept	Reblozyl	Archimedes	
J9353	Margetuximab	Margenza	Archimedes	
J2170	mecasermin	Increlex	Excluded - Fill through Pharmacy Benefit	
C9080	Melphalan flufenamide	Pepaxto	Excluded - Not Covered by the Medical Benefit	
S0122	menotropins	Menopur	Excluded - Not Covered by the Medical Benefit	
C9473	mepolizumab	Nucala	Archimedes	
J2182	mepolizumab	Nucala	Archimedes	
J9250	Methotrexate	Otrexup	Excluded - Fill through Pharmacy Benefit	
J9260	Methotrexate	Otrexup	Excluded - Fill through Pharmacy Benefit	
J2212	methylnaltrexone	Relistor	Archimedes	
J3590	metreleptin	Myalept	Archimedes	
J9281	Mitomycin C instillation		Archimedes	
J9281	mitomycin-C instillation			
J9204	mogamulizumab-kpkc	Poteligeo	Archimedes	
J7402	mometasone furoate sinus implant	Sinuva	Archimedes	
J9313	moxetumomab	Lumoxiti	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J7517	mycophenolate mofetil	Cellcept	Excluded - Fill through Pharmacy Benefit	
J7518	mycophenolate mofetil	Cellcept	Excluded - Fill through Pharmacy Benefit	
J2323	natalizumab	Tysabri	Archimedes	
J9348	Naxitamab	Danyelza	Archimedes	
C9475	necitumumab	Portrazza	Archimedes	
J9295	necitumumab	Portrazza	Archimedes	
J9261	nelarabine	Arranon	Archimedes	
J9299	nivolumab	Opdivo	Archimedes	
J9298	nivolumab and relatlimab	Opdualag	Archimedes	
J2326	Nusinersen	Spinraza	Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
J9301	obinutuzumab	Gazyva	Archimedes	
C9494	Ocrelizumab	Ocrevus	Archimedes	
J2350	ocrelizumab	Ocrevus	Archimedes	
J7316	ocriplasmin	Jetrea	Archimedes	
J2353	octreotide	Sandostatin	Archimedes	
J2354	octreotide	Sandostatin	Archimedes	
C9260	ofatumumab	Arzerra	Archimedes	
J9302	ofatumumab	Arzerra	Archimedes	
C9485	olaratumab	Lartruvo	Archimedes	
J9285	olaratumab	Lartruvo	Archimedes	
J9262	omacetaxine	Synribo	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J2357	omalizumab	Xolair	Archimedes	
J0585	onabotulinumtoxinA	Botox	Archimedes	
J3399	Onasemnogene abeparvovec-xioi	Zolgensma	Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
J2355	oprelvekin	Neumega	Archimedes	
J9264	paclitaxel protein-bound	Abraxane	Archimedes	
J2425	palifermin	Kepivance	Archimedes	
C9003	palivizumab	Synagis	Archimedes	
S9562	palivizumab	Synagis	Archimedes	
90378	palivizumab	Synagis	Archimedes	
J2469	palonosetron	Aloxi	Archimedes	
J9303	panitumumab	Vectibix	Archimedes	
J2501	paricalcitol	Zemplar	Archimedes	
J2502	Pasireotide	Signifor LAR	Archimedes	
C9454	pasireotide	Signifor	Archimedes	
J2502	pasireotide	Signifor	Archimedes	
J0222	patisiran	Onpattro	Archimedes	
C9036	patisiran Sodium	Onpattro	Archimedes	
J2503	pegaptanib ophthalmic	Macugen	Archimedes	
J9266	pegaspargase	Oncaspar	Archimedes	
Q5111	pegfilgrastim	Udenyca	Archimedes	Filgrastim biosimilars preferred. Alternative is pegfilgrastim biosimilars

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
Q5122	pegfilgrastim	Nyvepria	Archimedes	Filgrastim biosimilars preferred. Alternative is pegfilgrastim biosimilars
J2505	pegfilgrastim	Neulasta	Archimedes	
J2506	Pegfilgrastim	Neulasta OnPro	Excluded - Fill through Pharmacy Benefit	
Q5120	pegfilgrastim-bmez	Ziextenzo	Archimedes	
Q5108	Pegfilgrastim-jmdb	Fulphila	Archimedes	
J0890	peginesatide	Omontys	Archimedes	
S0145	peginterferon alfa-2a	Pegasys	Excluded - Fill through Pharmacy Benefit	
S0146	peginterferon alfa-2a	Pegasys	Excluded - Fill through Pharmacy Benefit	
S0148	peginterferon alfa-2a	Pegasys	Excluded - Fill through Pharmacy Benefit	
J2507	pegloticase	Krystexxa	Archimedes	
J9271	pembrolizumab	Keytruda	Archimedes	
J9304	Pemetrexed	PEMFEXY	Archimedes	Generic Alimta Preferred
J9305	Pemetrexed Disodium	Alimta	Archimedes	Generic Alimta Preferred

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
TBD	Pemetrexed Ditromethamine	Pemetrexed Ditromethamine	Archimedes	Generic Alimta Preferred
J9316	pertuzu, trastuzu	Phesgo	Archimedes	
C9292	pertuzumab	Perjeta	Archimedes	
J9306	pertuzumab	Perjeta	Archimedes	
J2998	plasminogen	Ryplazim	Excluded - Not Covered by the Medical Benefit	
J9309	polatuzumab vedotin	Polivy	Archimedes	
TBD	prabotulinumtoxinA - xvfs	Jeuveau	Excluded - Not Covered by the Medical Benefit	
J9307	pralatrexate	Folotyn	Archimedes	
C9132	prothrombin complex	Kcentra	Archimedes	
C9025	ramucirumab	Cyramza	Archimedes	
J9308	ramucirumab	Cyramza	Archimedes	
TBD	ranibizumab	Cimerli	Archimedes	Cimerli, Byooviz, Avastin
J2778	ranibizumab	Lucentis	Archimedes	Cimerli, Byooviz, Avastin
J2779	ranibizumab	Susvimo Ocular Implant	Archimedes	Excluded
Q5124	ranibizumab-nuna	Byooviz	Archimedes	Cimerli, Byooviz, Avastin
J2783	rasburicase	Elitek	Archimedes	
J3590	ravulizumab	Ultomiris	Archimedes	
J1303	ravulizumab-cwvz	Ultomiris	Archimedes	
J0800	repository corticotropin	Acthar Gel	Excluded - Fill through Pharmacy Benefit	
C9481	reslizumab	Cinqair	Archimedes	
J2786	reslizumab	Cinqair	Archimedes	
J7677	Revefenacin	Yupelri	Excluded - Not Covered by the Medical Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J2793	riloncept	Arcalyst	Archimedes	
J0585	rimabotulinumtoxinB	Myobloc	Archimedes	
J0587	rimabotulinumtoxinB	Myobloc	Archimedes	
J9310	rituximab	Rituxan	Archimedes	Ruxience, Truxima
J9312	rituximab	Rituxan	Archimedes	Ruxience, Truxima
Q5123	Rituximab	Riabni	Archimedes	Ruxience, Truxima
Q5115	rituximab-abbs	Truxima	Archimedes	Ruxience, Truxima
C9467	Rituximab-Hyaluronidase Human	Rituxan Hycela	Archimedes	Ruxience, Truxima
J9311	Rituximab-Hyaluronidase Human	Rituxan Hycela	Archimedes	Ruxience, Truxima
Q5119	rituximab-pvvr	RUXIENCE®	Archimedes	Ruxience, Truxima
C9464	rolapitant	Varubi	Archimedes	
J2797	rolapitant	Varubi	Archimedes	
J8670	rolapitant	Varubi	Archimedes	
Q9981	rolapitant	Varubi	Archimedes	
C9265	romidepsin	Istodax	Archimedes	
J9319	romidepsin lyophilized	Istodax	Archimedes	
C9245	romiPLOstim	Nplate	Archimedes	
J2796	romiplostim	Nplate	Archimedes	
J3111	romosozumab-aqqg	Evenity	Archimedes	
J9317	sacituzumab govitecan-hziy	Trodelyz	Archimedes	
J2820	sargramostim	Leukine	Archimedes	
C9478	sebelipase alfa	Kanuma	Archimedes	
J2840	sebelipase Alfa	Kanuma	Archimedes	
S0090	sildenafil	Revatio	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
S0090	sildenafil injection	Revatio	Archimedes	
J2860	siltuximab	Sylvant	Archimedes	
C9273	sipuleucel-T	Provenge	Archimedes	
Q2043	sipuleucel-T	Provenge	Archimedes	
J9931	sirolimus	Fyarro	Archimedes	
J7323	sodium hyaluronate	Euflexxa	Excluded - Not Covered by the Medical Benefit	
Q4085	sodium hyaluronate	Euflexxa	Excluded - Not Covered by the Medical Benefit	
J7326	sodium hyaluronate	Gel-One	Excluded - Not Covered by the Medical Benefit	
J7317	sodium hyaluronate	Hyalgan	Excluded - Not Covered by the Medical Benefit	
J7319	sodium hyaluronate	Hyalgan	Excluded - Not Covered by the Medical Benefit	
J7321	sodium hyaluronate	Hyalgan	Excluded - Not Covered by the Medical Benefit	
Q4083	sodium hyaluronate	Hyalgan	Excluded - Not Covered by the Medical Benefit	
J7331	Sodium Hyaluronate	Synojoynt	Excluded - Not Covered by the Medical Benefit	
J7332	Sodium Hyaluronate	Triluron	Archimedes	
TBD	Spesolimab-sbzo	Spevigo	Excluded - Not Covered by the Medical Benefit	
J1302	Sutimlimab	Enjaymo	Excluded - Not Covered by the Medical Benefit	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J7507	tacrolimus	Prograf	Excluded - Fill through Pharmacy Benefit	
J7525	tacrolimus	Prograf	Excluded - Fill through Pharmacy Benefit	
J9349	tafasitamab-cxix	Monjuvi	Archimedes	
J9269	tagraxofusp-erzs	Elzonris	Archimedes	
J3060	Taliglucerase Alfa	Elelyso	Archimedes	
C9472	talimogene laherparepvec	Imlygic	Archimedes	
J9325	talimogene laherparepvec	Imlygic	Archimedes	
J1446	tbo-filgrastim	Granix	Archimedes	Zarxio, Granix, Nivestym, Releuko
J1447	tbo-filgrastim	Granix	Archimedes	Zarxio, Granix, Nivestym, Releuko
J9274	tebentafusp	Kimmtrak	Archimedes	
J9328	temozolomide	Temodar	Archimedes	
J9330	temsirolimus	Torisel	Archimedes	
TBD	Tepotinib	Tepmetko	Excluded - Not Covered by the Medical Benefit	
J3241	teprotumumab	Tepezza	Archimedes	
J3110	teriparatide	Forteo	Excluded - Fill through Pharmacy Benefit	
J3121	testostero enanthate 1mg inj		Excluded - Fill through Pharmacy Benefit	
S0189	testosterone pellet	Testopel	Archimedes	
J3145	testosterone undecanoate	Aveed	Archimedes	
J9340	thiotepa	Thiotepa	Archimedes	
J3240	thyrotropin alfa	Thyrogen	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J3245	Tildrakizumab-asmn	Ilumya	Archimedes	
Q2042	Tisagenlecleucel	Kymriah	Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
J3262	tocilizumab	Actemra IV/SQ	IV is MEDICAL Benefit, send to Archimedes. SC is PHARMACY benefit. Please submit the claim to a network pharmacy for processing (drug may still need PA on pharmacy benefit).	
C9264	tocilizumab	Actemra		Archimedes
A9544	tositumomab	Bexxar	Archimedes	
A9545	tositumomab	Bexxar	Archimedes	
G3001	tositumomab	Bexxar	Archimedes	
C9480	trabectedin	Yondelis	Archimedes	
J9352	trabectedin	Yondelis	Archimedes	
J9355	trastuzumab	Herceptin	Archimedes	Ontruzant, Kanjinti, Ogivri, Herzuma, Trazimera
Q5117	trastuzumab-anns	Kanjinti	Archimedes	Ontruzant, Kanjinti, Ogivri, Herzuma, Trazimera
Q5114	trastuzumab-dkst	Ogivri	Archimedes	Ontruzant, Kanjinti, Ogivri, Herzuma, Trazimera
Q5112	trastuzumab-dttb	Ontruzant	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J9356	Trastuzumab-Hyaluronidase- oysk	Herceptin Hylecta	Archimedes	Ontruzant, Kanjinti, Ogivri, Herzuma, Trazimera
Q5113	trastuzumab-pkrb	Herzuma	Archimedes	Ontruzant, Kanjinti, Ogivri, Herzuma, Trazimera
Q5116	trastuzumab-qyyp	Trazimera	Archimedes	
J3285	treprostinil	Remodulin	Archimedes	
J7686	treprostinil	Tyvaso	Excluded - Not Covered by the Medical Benefit	
C9078	Trilaciclib	Cosela	Archimedes	
J3315	triptorelin	Trelstar	Archimedes	
J3316	triptorelin	Trelstar	Excluded - Not Covered by the Medical Benefit	
J3355	urofollitropin	Bravelle	Archimedes	
J3358	ustekinumab	Stelara	Excluded - Not Covered by the Medical Benefit	
J3357	ustekinumab SUBQ	Stelara	Archimedes	
J9357	valrubicin	Valstar	Archimedes	
J3380	vedolizumab	Entyvio	Archimedes	
C9271	velaglucerase alfa	Vpriv	Archimedes	
J3385	velaglucerase Alfa	Vpriv	Archimedes	
J3397	vestronidase Alfa-vjbk	Mepsevii	Archimedes	
J1427	viltolarsen	Viltepso	Archimedes	
J7179	von Willebrand factor	Vonvendi	Archimedes	

This document is only official and current on the 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	Brand Name	Where to Send Precertification	Preferred
J3398	voretigene Neparvovec	Luxturna	Drug is not a covered medical benefit. Contact OhioHealthy Pharmacy Services for patient assistance program availability. Email pharmacy@ohiohealthyplans.com	
J0225	vutrisiran	Amvuttra		
J2278	ziconotide	Prialt	Archimedes	
J9400	ziv-aflibercept	Zaltrap	Archimedes	
J3488	zoledronic acid	Reclast	Archimedes	
J3489	zoledronic acid	Reclast	Archimedes	
J1744	icatibant	Firazyr	Excluded - Fill through Pharmacy Benefit	

This document is only official and current on the OhioHealthyPlans.com website. Drug list is subject to change. Use of older forms may be rejected and delay processing and care to members.