gravie

Effective June 1, 2026

Aetna and HPS: Precertification list for participating providers

Use this guide for precertification (also known as prior authorization or prior approval) with patients enrolled in Gravie health plans.

This document includes an overview of best practices for working with Gravie and Current Procedural Terminology (CPT®) codes for services, programs and prescriptions that require approval for coverage.

For more information on how to request a precertification request to Gravie, refer to the How to Request section.

© 2026 Gravie, Inc. | 100626-001

This list reflects prior authorization requirements at a specific point in time and is not updated daily. Requirements may change and may vary based on the member's specific benefit plan design. This list is not intended to guarantee coverage or authorization outcomes. Providers should verify prior authorization requirements, coverage details, and eligibility directly with the applicable third-party administrator (TPA) prior to rendering services.

Table of contents

Click a button to jump to a section

How to request | Services | Specialty Meds | Drugs covered | Drugs policies

How to request precertification 1

Services that require precertification 2

All inpatient admissions 2
Advanced Radiology 2
Chemotherapy/Radiation Therapy 3
Cosmetic Review 4
Durable Medical Equipment 4
Genetic Testing 5
Home Health Care 6
Miscellaneous Services 6
Surgical Procedures 6
Transplants 7

Specialty medications that require precertification 8

Gene, Cell and CAR-T Therapy 8
Specialty Medications 9

Drugs covered by pharmacy benefit only 21

Change Log 24

Medical drug policies 27

How to request precertification

How to submit a precertification request

Medical precertification requests must be submitted at least seven (7) business days in advance. There are two ways to submit a request:

1. Call AHH directly at 833.462.0102
2. Submit the request online at getprecert.com.

How to submit a precertification request for prescription drugs

Precertification requests for prescription drugs must be submitted to Express Scripts at least seven (7) business days in advance. There are two ways to submit a request:

1. Submit the request online here (quickest option).
2. Call Express Scripts directly at 877.608.0355.

All sections of a precertification submission are required. Failure to provide all of the medical records requested may cause delays in our review or result in denial of coverage. You will be notified within five (5) calendar days that we've received your precertification request.

What happens next

Once your request is submitted, we'll perform a clinical review. An initial coverage determination will be made within fifteen (15) calendar days.

If we determine your request is incomplete, you will receive a written notification explaining why.

Questions? We've got you covered.

If you have any questions about submitting a request, our precertification process, or eligibility, call our Provider Customer Service at 877.684.3984, weekdays, 7 a.m. to 7 p.m. CT. You can also visit us online at gravie.com/providers.

Services that require precertification

Please note:

Precertification is required for any and all services and programs which are considered experimental or investigative. All precertification codes listed below are subject to change. Any such changes will be updated and reflected in this document as they occur.

Service name/description	CPT/HCPC code(s)
All Inpatient Admissions ER observation stays 24 hours and greater require a Prior Authorization.	• Acute • Long-Term Acute Care • Rehabilitation • Mental Health/Substance Use Disorder • Transplant • Skilled Nursing Facility • Residential Treatment Facility • Obstetric (only required if days exceed federal mandate)
Advanced Radiology	
CT/CTA (for non-orthopedic)	0042T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71271, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75580, 75635, 76380, 77078, G0288, S8092
MRI/MRA (for non-orthopedic)	0865T, 0866T, 70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 70557, 70558, 70559, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 74181, 74182, 74183, 74185, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8918, C8919, C8920, C8931, C8932, C8933, C8937, S8042
PET	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
SPECT	0331T, 0332T, 78071, 78072, 78451, 78452, 78453, 78454, 78469, 78494, 78803, 78830, 78831, 78832

Service name/description	CPT/HCPC code(s)
All cancer treatment require precertifiction	
Chemotherapy	96401, 96402, 96405, 96406, 96409, 96413, 96416, 96420, 96422, 96425, 96440, 96446, 96450, 96542, G0498, J9000, J9015, J9017, J9019, J9020, J9021, J9025, J9027, J9030, J9032, J9037, J9039, J9040, J9043, J9045, J9050, J9051, J9052, J9057, J9060, J9064, J9065, J9071, J9072, J9073, J9074, J9075, J9098, J9100, J9118, J9120, J9130, J9150, J9151, J9153, J9165, J9171, J9172, J9175, J9178, J9179, J9181, J9185, J9190, J9196, J9198, J9200, J9201, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9218, J9219, J9225, J9226, J9230, J9245, J9246, J9247, J9248, J9249, J9255, J9258, J9260, J9261, J9262, J9263, J9266, J9267, J9268, J9269, J9270, J9280, J9285, J9286, J9293, J9294, J9295, J9296, J9297, J9301, J9302, J9305, J9307, J9313, J9314, J9318, J9319, J9320, J9322, J9323, J9324, J9328, J9330, J9332, J9333, J9334, J9340, J9351, J9352, J9357, J9360, J9361, J9370, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q0083, Q0084, Q0085
Gene Therapy	J1412, J1413
Oncology & Transplant Related Injections/Infusions/ Treatment	0263T, 0264T, 0265T, 0481T, 0489T, 0490T, 0537T, 0538T, 0539T, 0540T, A9542, A9543, M0075, Q2042, S2107
Radiation Therapy	61796, 61798, 63620, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77422, 77423, 77424, 77425, 77431, 77432, 77435, 77470, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, G0173, G0251, G0339, G0340, G0458, G6015, G6016, G6017

Service name/description	CPT/HCPC code(s)
Cosmetic Review	
Potentially Cosmetic Abdominoplasty Blepharoplasty Cervicoplasty (neck lift) Facial skin lesions (Phototherapy laser therapy - excluding MOHS) Hernia repair abdominal and incisional (only when associated with a cosmetic procedure) IDET (thermal intradiscal procedures) Liposuction/lipectomy Mammoplasty augmentation and reduction (including removal of implant) Mastectomy (including gynecomastia and prophylactic) Morbid obesity procedures (included in inpatient and outpatient Cigna) Orthognathic procedures (e.g. Genioplasty LeFort osteotomy Mandibular ORIF TMJ) Otoplasty Panniculectomy Rhinoplasty Rhytidectomy Scar revisions Septoplasty Varicose vein surgery	0419T, 0420T, 0524T, 15769, 15771, 15773, 15819, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17106, 17107, 17108, 17110, 17111, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 21010, 21050, 21060, 21070, 21073, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21230, 21235, 21240, 21242, 21243, 21247, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21280, 21282, 21295, 21296, 21431, 21432, 21433, 21435, 21436, 21440, 21445, 21450, 21451, 21452, 21453, 21454, 21461, 21462, 21465, 21470, 21480, 21485, 21490, 21740, 21742, 21743, 26590, 29800, 29804, 30120, 30124, 30125, 30150, 30160, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469, 30520, 30620, 31830, 36465, 36466, 36468, 36470, 36471, 36473, 36475, 36478, 36482, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 40500, 40510, 40520, 40525, 40527, 40530, 41510, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43881, 43882, 43886, 43887, 43888, 49250, 51715, 56620, 61586, 64590, 64595, 67221, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, 67961, 67966, 67971, 67973, 67974, 67975, 69300, 96567, 96573, 96900, 96910, 96912, 96913, 96920, 96921, 96922, S2066, S2067, S2068, S2202, J0585
Durable Medical Equipment	
DME	E0650, E0651, E0652, E0675, E0676, E1230, E1239, K0010, K0011, K0012, K0013, K0014, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899

Service name/description	CPT/HCPC code(s)
Genetic Testing	
Genetic Testing (including BRCA)	0001U, 0004M, 0008U, 0009U, 0010U, 0016U, 0017M, 0021U, 0023U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0039U, 0060U, 0068U, 0070U, 0078U, 0079U, 0084U, 0086U, 0087U, 0088U, 0089U, 0094U, 0101U, 0102U, 0103U, 0111U, 0118U, 0129U, 0154U, 0156U, 0169U, 0170U, 0172U, 0173U, 0175U, 0177U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0203U, 0205U, 0209U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0221U, 0222U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0246U, 0252U, 0253U, 0254U, 0258U, 0260U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0282U, 0283U, 0284U, 0286U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0299U, 0300U, 0301U, 0302U, 0306U, 0307U, 0318U, 0319U, 0320U, 0327U, 0335U, 0336U, 0339U, 0341U, 0345U, 0347U, 0348U, 0349U, 0350U, 0355U, 0369U, 0371U, 0372U, 0373U, 0374U, 0378U, 0380U, 0389U, 0392U, 0396U, 0398U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U, 0438U, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81212, 81215, 81216, 81217, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81234, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81262, 81263, 81265, 81267, 81268, 81269, 81271, 81274, 81277, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81306, 81307, 81308, 81310, 81312, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81335, 81336, 81337, 81343, 81344, 81346, 81349, 81350, 81353, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81417, 81418, 81419, 81425, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81448, 81457, 81458, 81459, 81460, 81462, 81463, 81465, 81470, 81471, 81490, 81493, 81506, 81535, 81546, 81554, 81595, 83080, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870

Service name/description	CPT/HCPC code(s)
Home Health Care	
Home Health Care	G0151, G0152, G0153, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0490, G0493, G0494, G0495, G0496, S9122, S9123, S9124, T1002, T1003, T1004, T1021, T1030, T1031
Miscellaneous Services	*All dialysis treatments require precertification.*
Capsule Endoscopy	91110, 91111, 91112, 91113
Hyperbaric Oxygen Therapy (HBOT)	99183, G0277
Sleep Study	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, G0398, G0399, G0400
Surgical Procedures	
Autologous Chondrocyte Implantation, Knee	27412, 29870, S2112
Balloon Sinuplasty	31295, 31296, 31297, 31298
Hysterectomy (including Prophylactic)	58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59525
Oophorectomy - Unilateral & Bilateral	58661, 58720, 58940, 58943
Osteochondral Allograft, Knee	27415, 29867
Prostatectomy, Open	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845
Sleep Apnea Procedures	30801, 30802, 41530, 42145, 42160, 42890, S2080, 64582, 21685

Service name/description	CPT/HCPC code(s)
Spinal Procedures	0200T, 0201T, 0202T, 0219T, 0220T, 0221T, 0274T, 0275T, 0790T, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22510, 22511, 22513, 22514, 22526, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22586, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22836, 22837, 22838, 22849, 22850, 22852, 22855, 22856, 22857, 22861, 22862, 22864, 22865, 22867, 22869, 27278, 27279, 27280, 61343, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63600, 63610, C9757, S2348, S2350
Thyroidectomy - Partial or Complete	60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271
Transplants	
Transplants	0584T, 0585T, 0586T, 32851, 32852, 32853, 32854, 33927, 33928, 33930, 33935, 33940, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38242, 38243, 44133, 44136, 44137, 47135, 47140, 47141, 47142, 48160, 48550, 48554, 48556, 50320, 50340, 50360, 50365, 50370, 50380, 50547, G0341, G0342, G0343, S2053, S2054, S2060, S2061, S2065, S2102, S2103, S2140, S2142, S2150, S2152

Specialty medications that require precertification

Gene, Cell and CAR-T Therapy

Drugs new to market will have a Miscellaneous Code. Call customer service to determine if your new to market or Miscellaneous drug is subject to this policy.

All transplants including Gene, Cell and CAR-T therapy require PA. Not limited to the list below.

Category	Drug Name	Code
CAR-T/Transplant	Aucatzyl	C9301
Gene therapy	Qalsody	J1304
Gene therapy	Hemgenix	J1411
Gene therapy	Roctavian	J1412
Gene therapy	Elevidys	J1413
Gene therapy	Beqvez	J1414
Gene therapy	Spinraza	J2326
Gene therapy	Casgevy	J3392
Gene therapy	Zynteglo	J3393
Gene therapy	Lyfgenia	J3394
Gene therapy	Luxturna	J3398
Gene therapy	Zolgensma	J3399
Gene therapy	Vyjuvek	J3401
Gene therapy	Amtagvi	J3590
Gene therapy	Lenmeldy	J3590
Gene therapy	Skysona	J3590
Gene therapy	Kebildi	J3590
Gene therapy	Adstiladrin	J9029
Gene Therapy	Injection, tofersen, 1 mg	J1304
Gene Therapy	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	J1411
Gene Therapy	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	J1412
Gene Therapy	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	J1413
Gene Therapy	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	J1414
Gene Therapy	Injection, eteplirsen, 10 mg	J1428
Gene Therapy	Injection, nusinersen, 0.1 mg	J2326

Category	Drug Name	Code
Gene Therapy	Topical administration, prademagene zamikeracel, per treatment	J3389
Gene Therapy	Injection, atidarsagene autotemcel	J3391
Gene Therapy	Injection, exagamglogene autotemcel, per treatment	J3392
Gene Therapy	Injection, betibeglogene autotemcel, per treatment	J3393
Gene Therapy	Injection, lovotibeglogene autotemcel, per treatment	J3394
Gene Therapy	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	J3398
Gene Therapy	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10	J3399
Gene Therapy	Revakinagene taroretcel-lwey, per implant	J3403
Gene Therapy	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2057
Gene Therapy	Injection, tofersen, 1 mg	J1304
Gene Therapy	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	J1411
Gene Therapy	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	J1412
CAR-T/Transplant	Yescarta	Q2041
CAR-T/Transplant	Kymriah	Q2042
CAR-T/Transplant	Tecartus	Q2053
CAR-T/Transplant	Breyanzi	Q2054
CAR-T/Transplant	Abecma	Q2055
CAR-T/Transplant	Carvykti	Q2056
CAR-T/Transplant	Teccelra	Q2057
CAR-T/Transplant	Ryoncil	S2150

Specialty Medications

Drugs new to market will have a Miscellaneous Code. Call customer service to determine if your new to market or Miscellaneous drug is subject to this policy.

Category	Drug Name	Code	Effective Date
Unclassified	Unclassified Drugs or Biologics	C9399* J3591*	1/1/2025
Unclassified	Unclassified Drugs	J0799* J3490* J7199* J7599* J7999* J9999* S9379* S9542* S9810*	1/1/2025

Category	Drug Name	Code	Effective Date
Unclassified	Unclassified Biologics	J3590*	1/1/2025
Immune Deficiencies And Related Disorders	IVIG	90283	1/1/2026
Immune Deficiencies And Related Disorders	IVIG	90284	1/1/2026
Respiratory Syncytial Virus	Synagis	90378	1/1/2025
Oncology	Lutathera	A9513	9/1/2025
Oncology	Xofigo	A9606	1/1/2025
Oncology	Pluvicto	A9607	1/1/2025
Thrombocytopenia	Cablivi	C9047	1/1/2025
Enzyme Replacement	Revcovi	C9399	1/1/2026
Autoimmune	Orencia	J0129	1/1/2025
Neurological Disorders	Aduhelm	J0172	1/1/2025
Neurological Disorders	Leqembi	J0174	1/1/2025
Ocular Disorders	Eylea HD	J0177	1/1/2025
Anti-VEGF	Eylea	J0178	1/1/2026
Ocular Disorders	Beovu	J0179	1/1/2025
Enzyme Replacement	Fabrazyme	J0180	1/1/2026
Multiple Sclerosis	Lemtrada	J0202	1/1/2025
Oncology	Pedmark	J0208	1/1/2025
ASMD	Xenpozyme	J0218	1/1/2026
Enzyme Replacement	Nexviazyme	J0219	1/1/2026
Enzyme Replacement	Lumizyme	J0221	1/1/2026
Amyloidosis	Onpattro	J0222	1/1/2025
Rare Disorders - Other	Givlaari	J0223	1/1/2025
Renal Disease	Oxlumo	J0224	1/1/2025
Amyloidosis	Amvuttra	J0225	1/1/2025
Alpha-1 Antitrypsin Deficiency	Aralast NP	J0256	1/1/2025
Alpha-1 Antitrypsin Deficiency	Prolastin-C	J0256	1/1/2025
Alpha-1 Antitrypsin Deficiency	Zemaira	J0256	1/1/2025
Alpha-1 Antitrypsin Deficiency	Glassia	J0257	1/1/2026
Immunosupressant	Nulojix	J0485	1/1/2026
Systemic Lupus Erythematosus	Benlysta	J0490	1/1/2025
Systemic Lupus Erythematosus	Saphnelo	J0491	1/1/2025
Asthma	Fasenera	J0517	1/1/2026

Category	Drug Name	Code	Effective Date
Lysosomal Storage Disorder	Brineura	J0567	1/1/2025
Rare Disorders - Other	Crysvita	J0584	1/1/2025
Hereditary Angioedema	Ruconest	J0596	1/1/2026
Hereditary Angioedema	Berinert	J0597	1/1/2026
Hereditary Angioedema	Cinryze	J0598	1/1/2026
Renal Disease	Parsabiv	J0606	1/1/2025
Hormonal Therapies	Miacalcin	J0630	1/1/2025
Cryopyrin-associated Periodic Syndromes	Ilaris	J0638	1/1/2025
Oncology	Levoleucovorin Calcium	J0641	1/1/2025
Oncology	Khapzory	J0642	1/1/2025
Alzheimer's disease	Kisunla	J0715	9/1/2025
Inflammatory Bowel Disease	Cimzia	J0717	1/1/2025
HIV infections	Cabenuva	J0741	1/1/2026
Sickle Cell Disease	Adakveo	J0791	1/1/2025
CMV	Cytogam	J0850	1/1/2026
Anemia	Aranesp	J0881	1/1/2026
Anemia	Procrit/Epogen	J0885	1/1/2026
Anemia	Mircera (ESRD use)	J0887	1/1/2025
Anemia	Mircera (non-ESRD use)	J0888	1/1/2025
Anemia	Reblozyl	J0896	1/1/2025
Osteoporosis	Prolia	J0897	1/1/2025
Oncology	Xgeva	J0897	1/1/2025
Hereditary Angioedema	Kalbitor	J1290	1/1/2026
Paroxysmal Nocturnal Hemoglobinuria	Soliris	J1300	1/1/2025
Movement Disorders	Radicava	J1301	1/1/2025
Anemia	Enjaymo	J1302	1/1/2025
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris	J1303	1/1/2025
Lipid Disorders	Evkeeza	J1305	1/1/2025
Lipid Disorders	Leqvio	J1306	1/1/2025
Enzyme	Vimizim	J1322	1/1/2026
Oncology	Elrexfio	J1323	1/1/2025
Muscular Dystrophy	Amondys 45	J1426	1/1/2025
Muscular Dystrophy	Viltepso	J1427	1/1/2025
Muscular Dystrophy	Exondys 51	J1428	1/1/2025

Category	Drug Name	Code	Effective Date
Muscular Dystrophy	Vyondys 53	J1429	1/1/2025
Short-Acting GCSF	Neupogen	J1442	1/1/2026
Short-Acting GCSF	Granix	J1447	1/1/2026
Oncology	Cosela	J1448	1/1/2025
Long-Acting GCSF	Rolvedon	J1449	1/1/2026
Enzyme Replacement	Naglazyme	J1458	1/1/2026
Immune Deficiencies And Related Disorders	Privigen	J1459	1/1/2025
Immune Deficiencies And Related Disorders	Gamastan (1cc)	J1460	1/1/2025
Immune Deficiencies And Related Disorders	Cutaquig	J1551	1/1/2026
Immune Deficiencies And Related Disorders	Asceniv	J1554	1/1/2025
Immune Deficiencies And Related Disorders	Cuvitru	J1555	1/1/2025
Immune Deficiencies And Related Disorders	Bivigam	J1556	1/1/2025
Immune Deficiencies And Related Disorders	Gammaplex	J1557	1/1/2025
Immune Deficiencies And Related Disorders	Xembify	J1558	1/1/2025
Immune Deficiencies And Related Disorders	Hizentra	J1559	1/1/2025
Immune Deficiencies And Related Disorders	Gamastan (>10cc)	J1560	1/1/2025
Immune Deficiencies And Related Disorders	Gammaked	J1561	1/1/2025
Immune Deficiencies And Related Disorders	Gamunex	J1561	1/1/2025
Immune Deficiencies And Related Disorders	Gamunex-C	J1561	1/1/2025
Immune Deficiencies And Related Disorders	Gammagard S/D	J1566	1/1/2026
Immune Deficiencies And Related Disorders	Octagam	J1568	1/1/2025
Immune Deficiencies And Related Disorders	Gammagard	J1569	1/1/2025
Immune Deficiencies And Related Disorders	Flebogamma DIF	J1572	1/1/2025

Category	Drug Name	Code	Effective Date
Immune Deficiencies And Related Disorders	Hyqvia	J1575	1/1/2025
Immune Deficiencies And Related Disorders	Panzyga	J1576	1/1/2025
Immune Deficiencies And Related Disorders	Alygo	J1599	1/1/2026
Autoimmune	Simponi Aria	J1602	1/1/2025
Mental Health Conditions	Zulresso	J1632	1/1/2025
Enzyme Replacement	Elaprase	J1743	1/1/2026
Hereditary Angioedema	Firazyr	J1744	1/1/2025
Hereditary Angioedema	Icatibant Acetate	J1744	1/1/2025
Hereditary Angioedema	Sajazir	J1744	1/1/2025
Infliximab	Remicade	J1745	1/1/2026
HIV infections	Trogarzo	J1746	1/1/2026
Oncology	Zymfentra	J1748	1/1/2026
Enzyme Replacement	Cerezyme	J1786	1/1/2026
Rare Disorders - Other	Uplizna	J1823	1/1/2025
Acromegaly	Somatuline Depot	J1930	1/1/2025
Enzyme Replacement	Aldurazyme	J1931	1/1/2026
Acromegaly	Lanreotide Acetate	J1932	1/1/2025
Hormonal Therapies	Lupron Depot (3.75mg)	J1950	1/1/2026
Hormonal Therapies	Fensolvi	J1951	1/1/2026
Hormonal Therapies	Camcevi	J1952	1/1/2025
Hormonal Therapies	Leuprolide Acetate (3 Month)(7.5mg)	J1954	1/1/2025
HiV infections	Sunlenca	J1961	1/1/2026
Asthma	Nucala	J2182	1/1/2026
Ulcerative Colitis	Omvoh	J2267	1/1/2025
Multiple Sclerosis	Tysabri	J2323	1/1/2025
Inflammatory Bowel Disease	Skyrizi	J2327	1/1/2025
Multiple Sclerosis	Briumvi	J2329	1/1/2025
Multiple Sclerosis	Ocrevus	J2350	1/1/2025
Acromegaly	Sandostatin LAR Depot	J2353	1/1/2025
Acromegaly	Octreotide Acetate	J2354	1/1/2025
Acromegaly	Sandostatin	J2354	1/1/2025
Asthma	Tezspire	J2356	1/1/2026

Category	Drug Name	Code	Effective Date
Asthma	Xolair	J2357	1/1/2026
Acromegaly	Signifor LAR	J2502	1/1/2025
Neutropenia	Neulasta	J2506	1/1/2025
Neutropenia	Neulasta Onpro	J2506	1/1/2025
Gout	Krystexxa	J2507	1/1/2026
Ocular Disorders	Vabysmo	J2777	1/1/2025
Ocular Disorders	Lucentis	J2778	1/1/2025
Ocular Disorders	Susvimo	J2779	1/1/2025
Ocular Disorders	Syfovre	J2781	1/1/2025
Ocular Disorders	Izervay	J2782	1/1/2025
Asthma	Cinqair	J2786	1/1/2026
Immune Deficiencies And Related Disorders	Nplate	J2802	1/1/2026
Antibiotic	Kanuma	J2804	1/1/2026
Neutropenia	Leukine	J2820	1/1/2025
Enzyme Deficiency Disorders - Other	Ryplazim	J2998	1/1/2025
Migraine	Vyepti	J3032	1/1/2025
Oncology	Talvey	J3055	1/1/2025
Enzyme Replacement	Elelyso	J3060	1/1/2026
Osteoporosis	Forteo	J3110	1/1/2025
Osteoporosis	Teriparatide (Recombinant)	J3110	1/1/2025
Osteoporosis	Evenity	J3111	1/1/2025
Hormonal Therapies	Aveed	J3145	1/1/2025
Ocular Disorders	Tepezza	J3241	1/1/2025
Psoriasis	Ilumya	J3245	1/1/2025
Psoriasis	Cosentyx	J3247	1/1/2025
Autoimmune	Actemra	J3262	1/1/2026
Autoimmune	Actemra	J3262	1/1/2026
Oncology	Loqtorzi	J3263	1/1/2025
Hormonal Therapies	Trelstar Mixject	J3315	1/1/2025
Hormonal Therapies	Triptodur	J3316	1/1/2026
Psoriasis	Stelara SQ	J3357	1/1/2025
Inflammatory Bowel Disease	Stelara IV	J3358	1/1/2025
Inflammatory Bowel Disease	Entyvio	J3380	1/1/2025

Category	Drug Name	Code	Effective Date
Enzyme Replacement	VPRIV	J3385	1/1/2026
Anemia	Zynteglo	J3393	1/1/2025
Lysosomal Storage Disorder	Mepsevii	J3397	1/1/2025
Oncology	Besremi	J3490	1/1/2025
Psoriasis	Bimzelx	J3490	1/1/2025
Thrombocytopenia	Doptelet	J3490	1/1/2025
Rare Disorders - Other	Enspryng	J3490	1/1/2025
Gastrointestinal Disorders-other	Gattex	J3490	1/1/2025
Lipodystrophy	Myalept	J3490	1/1/2025
Enzyme Deficiency Disorders - Other	Nulibry	J3490	1/1/2025
Hereditary Angioedema	Orladeyo	J3490	1/1/2025
Pulmonary Arterial Hypertension	Revatio	J3490	1/1/2025
Metabolic Disorder Agent	Rivfloza	J3490	1/1/2025
Pulmonary Arterial Hypertension	Sildenafil Citrate	J3490	1/1/2025
Acromegaly	Somavert	J3490	1/1/2025
Amyloidosis	Tegsedi	J3490	1/1/2025
Pulmonary Arterial Hypertension	Uptravi	J3490	1/1/2025
Amyloidosis	Wainua	J3490	1/1/2025
Pulmonary Arterial Hypertension	Winrevair	J3490	1/1/2025
Oncology	Bexarotene	J3490	1/1/2025
Neuromuscular	Evrysdi	J3490	1/1/2025
Oncology	Gavreto	J3490	1/1/2025
Movement Disorders	Kynmobi	J3490	1/1/2025
Oncology	Metastron	J3490	1/1/2025
Hematological Agent	Omisirge	J3490	1/1/2025
Oncology	Onureg	J3490	1/1/2025
Ocular Disorders	Oxervate	J3490	1/1/2025
Hemophilia	Stimate	J3490	1/1/2025
Oncology	Strontium Chloride Sr-89	J3490	1/1/2025
Oncology	Targretin	J3490	1/1/2025
not listed	Kynmobi	J3490/ J0364	1/1/2026
Respiratory Syncytial Virus	Virazole	J3490/ J3590	9/1/2025
Oncology	Bomyntra	J3590	1/1/2026

Category	Drug Name	Code	Effective Date
Fabry Disease	Elfabrio	J3590	1/1/2026
Myasthenia Gravis	Imaavy	J3590	9/1/2025
Oncology	Osenvelt	J3590	1/1/2026
Oncology	Stobocio	J3590	1/1/2026
Immune Deficiencies And Related Disorders	Tyenne	J3590	1/1/2026
Hereditary Angioedema	Andembry	J3590	9/1/2025
Oncology	Emrelis	J3590	9/1/2025
Macular Telangiectasia	Encelto	J3590	9/1/2025
L-amino acid decarboxylase deficiency	Kebilidi	J3590	9/1/2025
Type 1 Diabetes	Lantidra	J3590	9/1/2025
DiGeorge Syndrome	Rethymic	J3590	9/1/2025
Monoclonal Antibody	Piasky	J3591	1/1/2026
Pomp Disease	Pombiliti	J3592	1/1/2026
THROMBOCYTOPENIA	Adzynma	J7171	1/1/2025
Intraocular	Iluvien	J7313	9/1/2025
Erythropoietic protoporphyria	Scenesse	J7352	9/1/2025
Pulmonary Arterial Hypertension	Tyvaso	J7686	1/1/2025
Pulmonary Arterial Hypertension	Tyvaso DPI Maintenance Kit	J7686	1/1/2025
Pulmonary Arterial Hypertension	Tyvaso DPI Titration Kit	J7686	1/1/2025
Pulmonary Arterial Hypertension	Tyvaso Refill	J7686	1/1/2025
Pulmonary Arterial Hypertension	Tyvaso Starter	J7686	1/1/2025
Oncology	Tecentriq	J9022	1/1/2025
Oncology	Bavencio	J9023	1/1/2025
Oncology	Tecentriq Hybreza	J9024	1/1/2026
Oncology	Imdelltra	J9026	1/1/2025
Oncology	Anktiva	J9028	1/1/2025
Oncology	Adstiladrin	J9029	1/1/2025
Oncology	Treanda	J9033	1/1/2025
Oncology	Bendeka	J9034	1/1/2025
Oncology	Avastin	J9035	1/1/2026
Oncology	Bendamustine HCL (Belrapzo/ bendamustine)	J9036	1/1/2025
Oncology	Bortezomib	J9041	1/1/2025
Oncology	Velcade	J9041	1/1/2025

Category	Drug Name	Code	Effective Date
Oncology	Adcetris	J9042	1/1/2025
Oncology	Bortezomib (Dr. Reddy's)	J9046	1/1/2025
Oncology	Kyprolis	J9047	1/1/2025
Oncology	Bortezomib (Fresenius Kabi)	J9048	1/1/2025
Oncology	Bortezomib (Hospira)	J9049	1/1/2025
Oncology	Erbitux	J9055	1/1/2025
Oncology	Vivimusta	J9056	1/1/2025
Oncology	Bendamustine HCl (Apotex)	J9058	1/1/2025
Oncology	Bendamustine HCl (Baxter)	J9059	1/1/2025
Oncology	Rybrevant	J9061	1/1/2025
Oncology	Elahere	J9063	1/1/2025
Oncology	Libtayo	J9119	1/1/2025
Oncology	Darzalex Faspro	J9144	1/1/2025
Oncology	Darzalex	J9145	1/1/2025
Hormonal Therapies	Firmagon	J9155	1/1/2025
Oncology	Imfinzi	J9173	1/1/2025
Oncology	Empliciti	J9176	1/1/2025
Oncology	Padcev	J9177	1/1/2025
Hormonal Therapies	Zoladex	J9202	1/1/2025
Hormonal Therapies	Eligard	J9217	1/1/2025
Hormonal Therapies	Lupron Depot (1-Month)	J9217	1/1/2025
Hormonal Therapies	Lupron Depot (3-Month)	J9217	1/1/2025
Hormonal Therapies	Lupron Depot (4-Month)	J9217	1/1/2025
Hormonal Therapies	Lupron Depot (6-Month)	J9217	1/1/2025
Hormonal Therapies	Lupron Depot-Ped (1-Month)	J9217	1/1/2025
Hormonal Therapies	Lupron Depot-Ped (3-Month)	J9217	1/1/2025
Hormonal Therapies	Lupron Depot-Ped (6-Month)	J9217	1/1/2025
Oncology	Zepzelca	J9223	1/1/2025
Oncology	Sarclisa	J9227	1/1/2025
Oncology	Yervoy	J9228	1/1/2025
Oncology	Besponsa	J9229	1/1/2025
Oncology	Hepzato	J9248	1/1/2025
Oncology	Paclitaxel Protein-Bound Part	J9259	1/1/2025
Oncology	Abraxane	J9264	1/1/2025

Category	Drug Name	Code	Effective Date
Oncology	Paclitaxel Protein-Bound Part	J9264	1/1/2025
Oncology	Keytruda	J9271	1/1/2025
Oncology	Jemperli	J9272	1/1/2025
Oncology	Tivdak	J9273	1/1/2025
Oncology	Kimmtrak	J9274	1/1/2025
Oncology	Jelmyto	J9281	1/1/2025
Oncology	Opdivo Qvantig	J9289	1/1/2026
Oncology	Opdualag	J9298	1/1/2025
Oncology	Opdivo	J9299	1/1/2025
Oncology	Vectibix	J9303	1/1/2025
Oncology	Pemfexy	J9304	1/1/2025
Oncology	Alimta (pemetrexed)	J9305	1/1/2026
Oncology	Perjeta	J9306	1/1/2025
Oncology	Cyramza	J9308	1/1/2025
Oncology	Polivy	J9309	1/1/2025
Oncology	Rituxan Hycela	J9311	1/1/2025
Oncology	Rituxan	J9312	1/1/2026
Oncology	Phesgo	J9316	1/1/2025
Oncology	Trodelvy	J9317	1/1/2025
Oncology	Epkinly	J9321	1/1/2025
Oncology	Imlygic	J9325	1/1/2025
Oncology	Tevimbra	J9329	9/1/2025
Oncology	Fyarro	J9331	1/1/2025
Myasthenia Gravis	Vyvgart	J9332	1/1/2026
Myasthenia gravis	Rystiggo	J9333	9/1/2025
Myasthenia Gravis	Vyvgart Hytrulo	J9334	1/1/2026
Oncology	Zynyz	J9345	1/1/2025
Oncology	Imjudo	J9347	1/1/2025
Oncology	Danyelza	J9348	1/1/2025
Oncology	Monjuvi	J9349	1/1/2025
Oncology	Lunsumio	J9350	1/1/2025
Oncology	Margenza	J9353	1/1/2025
Oncology	Kadcyla	J9354	1/1/2025
Oncology	Herceptin	J9355	1/1/2026

Category	Drug Name	Code	Effective Date
Oncology	Herceptin Hylecta	J9356	1/1/2025
Oncology	Enhertu	J9358	1/1/2025
Oncology	Zynlonta	J9359	1/1/2025
Coagulation Disorders	Veopoz	J9376	1/1/2025
Oncology	Tecvayli	J9380	1/1/2025
Endocrine Disorders - Other	Tzield	J9381	1/1/2025
Oncology	Faslodex	J9395	1/1/2026
Oncology	Provenge	Q2043	1/1/2025
Oncology	Tecelra	Q2057	9/1/2025
Pulmonary Arterial Hypertension	Ventavis	Q4074	1/1/2025
Inflammatory Bowel Disease	Yesintek	Q5100	9/1/2025
Neutropenia	Zarxio	Q5101	1/1/2025
Inflammatory Bowel Disease	Inflectra	Q5103	1/1/2025
Inflammatory Bowel Disease	Renflexis	Q5104	1/1/2025
Anemia	Retacrit	Q5106	1/1/2026
Oncology	Mvasi	Q5107	1/1/2025
Neutropenia	Fulphila	Q5108	1/1/2025
Neutropenia	Nivestym	Q5110	1/1/2025
Long-Acting GCSF	Udenyca	Q5111	1/1/2026
Oncology	Ontruzant	Q5112	1/1/2025
Oncology	Herzuma	Q5113	1/1/2025
Oncology	Ogivri	Q5114	1/1/2025
Oncology	Truxima	Q5115	9/1/2025
Oncology	Trazimera	Q5116	1/1/2026
Oncology	Kanjinti	Q5117	1/1/2025
Oncology	Zirabev	Q5118	1/1/2025
Oncology	Ruxience	Q5119	1/1/2026
Neutropenia	Ziextenzo	Q5120	1/1/2025
Inflammatory Bowel Disease	Avsola	Q5121	1/1/2025
Long-Acting GCSF	Nyvepria	Q5122	1/1/2026
Oncology	Riabni	Q5123	1/1/2025
Ocular Disorders	Byooviz	Q5124	1/1/2025
Short-Acting GCSF	Releuko	Q5125	1/1/2026
Anti-VEGF	Alymsys	Q5126	1/1/2026

Category	Drug Name	Code	Effective Date
Neutropenia	Stimufend	Q5127	1/1/2025
Ocular Disorders	Cimerli	Q5128	1/1/2025
Oncology	Vegzelma	Q5129	1/1/2026
Long-Acting GCSF	Fylnetra	Q5130	1/1/2026
Autoimmune	Tofidence	Q5133	1/1/2025
Osteoporosis	Wyost/Jubbonti	Q5136	9/1/2025
Inflammatory Bowel Disease	Wezlana	Q5138	9/1/2025
Oncology	Hercessi	Q5146	1/1/2026
paroxysmal nocturnal hemoglobinuria	Epysqli	Q5151	9/1/2025
paroxysmal nocturnal hemoglobinuria	Bkemv	Q5152	9/1/2025
Inflammatory Bowel Disease	Pyzchiva	Q9997	9/1/2025
Inflammatory Bowel Disease	Selarsdi	Q9998	9/1/2025
Mental Health Conditions	Spravato (56 MG Dose)	S0013	1/1/2025
Mental Health Conditions	Spravato (84 MG Dose)	S0013	1/1/2025

Drugs covered by pharmacy benefit only

The following medications are covered on the Pharmacy Benefit ONLY and **will be excluded from coverage under the medical benefit effective 1/1/2025**. Please consult the Express Scripts Formulary for coverage. You can contact Express Scripts for details at 877.608.0355.

Category	Drug Name	Code	Effective Date
Asthma	Fasenra Pen	J0517	2/1/2024
Botulinum Toxins	DYSPORT	J0586	2/1/2024
Botulinum Toxins	MYOBLOC	J0587	2/1/2024
Botulinum Toxins	XEOMIN	J0588	2/1/2024
Botulinum Toxins	Daxxify	J0589	1/1/2025
Hereditary Angioedema	HAEGARDA	J0599	2/1/2024
Endocrine Disorders - Other	Acthar	J0801	1/1/2025
Endocrine Disorders - Other	Cortrophin	J0802	1/1/2025
Lysosomal Storage Disorder	Opfolda	J1202	1/1/2025
Alpha-glucodidase Deficiency	Pombiliti	J1203	1/1/2025
Pulmonary Arterial Hypertension	Epoprostenol Sodium	J1325	2/1/2024
Pulmonary Arterial Hypertension	Flolan	J1325	2/1/2024
Pulmonary Arterial Hypertension	Veletri	J1325	2/1/2024
Hemophilia	Hemgenix	J1411	2/1/2024
Lysosomal Storage Disorder	ELAPRASE	J1743	1/1/2025
Growth Hormone and Related Disorders	Increlex	J2170	1/1/2025
Asthma	Nucala	J2182	2/1/2024
Asthma	XOLAIR	J2357	2/1/2024
Lysosomal Storage Disorder	Kanuma	J2840	1/1/2025
Growth Hormone	Genotropin	J2941	1/1/2025
Growth Hormone	Humatrope	J2941	1/1/2025
Growth Hormone	Norditropin Flexpro	J2941	1/1/2025
Growth Hormone	Norditropin Nordiflex	J2941	1/1/2025
Growth Hormone	Nutropin	J2941	1/1/2025
Growth Hormone	Omnitrope	J2941	1/1/2025

Category	Drug Name	Code	Effective Date
Growth Hormone	Saizen	J2941	1/1/2025
Growth Hormone	Saizenprep	J2941	1/1/2025
Growth Hormone	Serostim	J2941	1/1/2025
Growth Hormone	Skytrofa	J2941	1/1/2025
Growth Hormone	Sogroya	J2941	1/1/2025
Growth Hormone	Zomacton	J2941	1/1/2025
Growth Hormone	Zorbtive	J2941	1/1/2025
Pulmonary Arterial Hypertension	REMODULIN	J3285	2/1/2024
Pulmonary Arterial Hypertension	Treprostinil	J3285	2/1/2024
Atopic Dermatitis	Adbry	J3490	1/1/2025
Hemophilia	Beqvez	J3490	1/1/2025
Asthma/Atopic Dermatitis	Dupixent	J3490	1/1/2025
Growth Hormone And Related Disorders	EGRIFTA	J3490	1/1/2025
Bone Disorders - Other	Voxzogo	J3490	1/1/2025
Hemophilia	Hemlibra	J7170	2/1/2024
Hemophilia	Coagadex	J7175	1/1/2025
Hemophilia	Fibryga	J7177	1/1/2025
Hemophilia	RiaSTAP	J7178	1/1/2025
Hemophilia	VONVENDI	J7179	1/1/2025
Hemophilia	Tretten	J7181	1/1/2025
Hemophilia	Novoeight	J7182	2/1/2024
Hemophilia	Wilate	J7183	2/1/2024
Hemophilia	XYNTHA	J7185	2/1/2024
Hemophilia	Xyntha Solofuse	J7185	2/1/2024
Hemophilia	Alphanate	J7186	2/1/2024
Hemophilia	HUMATE-P	J7187	2/1/2024
Hemophilia	Obizur	J7188	2/1/2024
Hemophilia	NovoSeven RT	J7189	1/1/2025
Hemophilia	Hemofil M	J7190	2/1/2024
Hemophilia	Koate	J7190	2/1/2024
Hemophilia	Advate	J7192	2/1/2024
Hemophilia	Kogenate FS	J7192	2/1/2024
Hemophilia	Recombinate	J7192	2/1/2024
Hemophilia	AlphaNine SD	J7193	1/1/2025

Category	Drug Name	Code	Effective Date
Hemophilia	PROFILNINE	J7194	1/1/2025
Hemophilia	BeneFIX	J7195	2/1/2024
Hemophilia	Feiba	J7198	1/1/2025
Hemophilia	Rixubis	J7200	1/1/2025
Hemophilia	Alprolix	J7201	2/1/2024
Hemophilia	Idelvion	J7202	2/1/2024
Hemophilia	Rebinyn	J7203	2/1/2024
Hemophilia	Esperoct	J7204	2/1/2024
Hemophilia	Eloctate	J7205	2/1/2024
Hemophilia	Adynovate	J7207	2/1/2024
Hemophilia	Jivi	J7208	2/1/2024
Hemophilia	Nuwiq	J7209	2/1/2024
Hemophilia	Afstyla	J7210	2/1/2024
Hemophilia	Kovaltry	J7211	2/1/2024
Hemophilia	Sevenfact	J7212	1/1/2025
Hemophilia	Ixinity	J7213	2/1/2024
Hemophilia	Altuviiio	J7214	1/1/2025
Osteoarthritis	Durolane	J7318	2/1/2024
Osteoarthritis	GenVisc 850	J7320	2/1/2024
Osteoarthritis	Hyalgan	J7321	2/1/2024
Osteoarthritis	Supartz FX	J7321	2/1/2024
Osteoarthritis	Visco-3	J7321	2/1/2024
Osteoarthritis	HYMOVIS	J7322	2/1/2024
Osteoarthritis	Euflexxa	J7323	2/1/2024
Osteoarthritis	ORTHOVISC	J7324	2/1/2024
Osteoarthritis	SYNVISC	J7325	2/1/2024
Osteoarthritis	SYNVISC ONE	J7325	2/1/2024
Osteoarthritis	GEL-ONE	J7326	2/1/2024
Osteoarthritis	MONOVISC	J7327	2/1/2024
Osteoarthritis	GELSYN-3	J7328	2/1/2024
Osteoarthritis	TriVisc	J7329	2/1/2024
Osteoarthritis	SynoJoynt	J7331	2/1/2024
Osteoarthritis	Triluron	J7332	2/1/2024

Change Log

Effective Date	Change	CPT Codes
11/19/2024	**Advanced Radiology**	
	Added Codes	0306U, 0307U, 0318U, 0319U, 0320U, 0335U, 0339U, 0865T, 0866T, 75580
	Deleted Codes	G0297
	Chemotherapy/Radiation Therapy	
	Added Codes	J1304, J1411, J1412, J1413, J9029, J9051, J9052, J9056, J9058, J9059, J9063, J9064, J9072, J9073, J9074, J9075, J9172, J9248, J9249, J9255, J9258, J9259, J9286, J9321, J9322, J9323, J9324, J9333, J9334, J9345, J9347, J9361, J9376, J9381
	Deleted Codes	J9031, J9044, J9070, J9160, J9199, J9250, J9315, J9371
	Cosmetic Review	
	Added, Codes	15819, 15824, 15829, 15876, 15879, 19300, 19316, 19325, 21120, 21180, 21188, 21235, 21740, 21743, 30620, 36468, 36471, 40500, 43644, 43645, 43770, 43775, 43842, 43848, 67900, 67924, 67950, 69300
	Deleted Codes	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0479T, 13100, 13101, 13120, 13121, 13131, 13132, 13151, 13152, 19304, 19366, 21245, 21246, 21248, 21249, 49560, 49561, 49565, 49566, 49652, 49653, 49654, 49655, 49656, 49657
	Dialysis	
	Deleted Category Per AHH Update	36800, 36810, 36815, 36818, 36819, 36820, 36821, 36825, 36830, 49418, 49419, 49421, 90935, 90937, 90945, 90947, G0491, G0492
	Genetic Testing	
	Added Codes	0169U, 0203U, 0205U, 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0378U, 0380U, 0389U, 0392U, 0396U, 0398U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U, 0438U, 81457, 81458, 81459, 81462, 81463
	Deleted Codes	0005U, 0006M, 0007M, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0016M, 0017U, 0018U, 0019U, 0022U, 0026U, 0027U, 0037U, 0040U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0057U, 0067U, 0069U, 0081U, 0085U, 0090U, 0091U, 0092U, 0113U, 0120U, 0153U, 0155U, 0168U, 0171U, 0179U, 0211U, 0227U0229U, 0242U, 0244U, 0245U, 0250U, 0262U, 0285U, 0287U, 0288U, 0296U, 0297U, 0298U, 0313U, 0314U, 0315U, 0326U, 0332U, 0333U, 0340U, 0356U, 0362U, 0363U, 81120, 81121, 81168, 81194, 81206, 81207, 81208, 81210, 81218, 81219, 81233, 81235, 81236, 81237, 81245, 81246, 81261, 81264, 81270, 81272, 81273, 81275, 81276, 81278, 81279, 81305, 81309, 81311, 81313, 81314, 81315, 81316, 81320, 81334, 81338, 81339, 81340, 81341, 81342, 81345, 81347, 81348, 81351, 81352, 81357, 81360, 81445, 81449, 81450, 81451, 81455, 81456, 81500, 81503, 81504, 81507, 81508, 81509, 81510, 81511, 81512, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81538, 81539, 81540, 81541, 81542, 81545, 81551, 81552, 82105, 82106, 82397, 82677, 83006, 83520, 83950, 83951, 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88291, 88323, 88342, 88344, 88360, 88361, 88363, 88365, 88366, 88367, 88368, 88381, S3854
	Home Health Care	
	Added Codes	G0162, G0490, G0496

Effective Date	Change	CPT Codes
11/19/2024	**Labs**	
	Deleted Category Per AHH Update	0002M, 0002U, 0003M, 0003U, 0006U, 0007U, 0011U, 0020U, 0024U, 0025U, 0038U, 0041U, 0042U, 0043U, 0044U, 0051U, 0052U, 0054U, 0058U, 0059U, 0061U, 0062U, 0063U, 0064U, 0065U, 0066U, 0077U, 0080U, 0082U, 0083U, 0093U, 0095U, 0096U, 0097U, 0098U, 0099U, 0100U, 0104U, 0105U, 0106U, 0107U, 0108U, 0109U, 0110U, 0112U, 0114U, 0115U, 0116U, 0117U, 0119U, 0121U, 0122U, 0123U, 0124U, 0125U, 0126U, 0127U, 0128U, 0139U, 0140U, 0141U, 0142U, 0152U, 0500T, 81420, 81422, 81528, 81596, 86153, 86294, 86316, 86352, 86386, 88120, 88121, G0452, G0461
	Miscellaneous	
	Added Codes	G0398, G0400
	Deleted Codes	0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0232T, 0299T, 0300T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0470T, 0475T, 0476T, 0477T, 0478T, 0512T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 28890, 84163, 84702, 84703, 84704, 86152, 86336, 95803, J0585, M0076, P9020, S9055
	Surgery	
	Added Codes	0790T, 22102, 22836, 22837, 22838, 27278, 58575, 60270, G0398, G0400
	Deleted Codes	0375T, 28890, 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36572, 36573, 58293, 63180, 63182, 69705, 69706
12/20/2024	**Specialty Medical Drugs**	
	Added Codes Effective 1/1/25	90378, A9606, A9607, C9047, J0129, J0172, J0174, J0177, J0179, J0202, J0208, J0222, J0223, J0224, J0225, J0256, J0490, J0491, J0567, J0584, J0606, J0630, J0638, J0641, J0642, J0717, J0791, J0882, J0885, J0887, J0888, J0896, J0897, J1300, J1301, J1302, J1303, J1305, J1306, J1323, J1426, J1427, J1428, J1429, J1448, J1459, J1460, J1554, J1555, J1556, J1557, J1558, J1559, J1560, J1561, J1568, J1569, J1572, J1575, J1576, J1602, J1632, J1744, J1823, J1930, J1932, J1952, J1954, J2267, J2323, J2327, J2329, J2350, J2353, J2354, J2502, J2506, J2777, J2778, J2779, J2781, J2782, J2820, J2998, J3032, J3055, J3110, J3111, J3145, J3241, J3245, J3247, J3263, J3315, J3357, J3358, J3380, J3393, J3394, J3397, J3490, J7171, J7686, Q4074, Q4081, Q5101, Q5103, Q5104, Q5105, Q5106, Q5107, Q5108, Q5110, Q5112, Q5113, Q5114, Q5117, Q5118, Q5120, Q5121, Q5123, Q5124, Q5127, Q5128, Q5133, S0013
	Moved Codes from Other Sections	J0585, J1304, J2326, J3398, J3399, J9022, J9023, J9029, J9033, J9034, J9036, J9041, J9042, J9046, J9047, J9048, J9049, J9055, J9056, J9058, J9059, J9061, J9063, J9119, J9144, J9145, J9155, J9173, J9176, J9177, J9202, J9217, J9223, J9227, J9228, J9229, J9259, J9264, J9271, J9272, J9273, J9274, J9281, J9298, J9299, J9303, J9304, J9306, J9308, J9309, J9311, J9316, J9317, J9321, J9325, J9331, J9345, J9347, J9348, J9349, J9350, J9353, J9354, J9356, J9358, J9359, J9376, J9380, J9381, Q2041, Q2043, Q2053, Q2054, Q2055, Q2056
	Drugs Covered by Pharmacy Benefit	
	Added Codes Effective 1/1/25	J0180, J0218, J0219, J0221, J0257, J0589, J0801, J0802, J1202, J1203, J1290, J1322, J1458, J1743, J1931, J2170, J2840, J2941, J3357, J7175, J7177
	Excluded Drugs	
	Added Codes Effective 1/1/25	J0178, J1442, J1447, J1449, J3262, J1745, J9035, J9312, J9355, Q5111, Q5116, Q5122, Q5125, Q5126, Q5129, Q5130

Effective Date	Change	CPT Codes
2/19/2025	**Chemo/Radiation Therapy**	
	Removed Codes	J1411 J1428 J9035 J9312 J9355 Codes are now addressed under pharmacy categories
	Specialty Medical Drugs	
	Removed Code	J3357 Code is now addressed under pharmacy category

Medical drug requiring Site of Care (SOC) Steerage

How to request | Services | Specialty Meds | Drugs covered | **Drugs policies**

Please refer to the mandatory site of care policy outlining the requirements for the site of care for the administration of certain injectable and infusible medications covered by Gravie.

VIEW POLICY